

Iowa's Disability Employment Services Workgroup
Service Definitions Meeting #1
Story County Community Life, Ames Iowa
July 11, 2013

Members Present:

Bob Bartles	Hope Haven Area Development Center, Burlington
Sherry Becker	North Iowa Vocational Center (NIVC) & parent of PwD, Mason City
Larry Boeve	Hope Haven Inc., Rock Valley
Mindy Burr	Easter Seals, Des Moines
Chalsea Carroll	Howard County Social Services, Cresco
Ron Christensen	Story County Community Life, Ames
Sherri Clark	Nisha Productions Inc., Shenandoah
Paula Connolly	Parent /ASK Resource Center, Johnston
Deb Davis	Horizons Unlimited, Emmetsburg
Glenda Farrier	CASS Incorporated, Atlantic
Carmen Heck	Goodwill of the Heartland, Cedar Rapids
Kelly Kratz	North Iowa Vocational Center (NIVC), Mason City
Catherine Miller	Southeast Iowa Case Management, Fairfield
SueAnn Morrow	MFP/APSE, Mount Pleasant
Keri Osterhaus	Iowa Department for the Blind, Des Moines
Sandy Pingel	Genesis, Storm Lake
Nicole Rand	Exceptional Persons Inc. (EPI), Waterloo
LeeAnn Russo	Iowa Vocational Rehabilitation Services (IVRS), Des Moines
Sheila Stoeckel	IowaWorks/IowaWINS/DEI, Mason City
Ann Trotter	Systems Unlimited, Iowa City
Carrie Wilde	Genesis, Jefferson
Scott Witte	Hope Haven Inc. / & parent of PwD, Rock Valley

Facilitator:

Lisa Mills	Subject Matter Expert, Employment First State Leadership Mentor Program (EFLSMP), US Dept of Labor, Office of Disability Employment Policy (ODEP) Madison, WI
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Staff:

LeAnn Moskowitz	DHS/Iowa Medicaid Enterprise
Lin Nibbelink	DHS/Mental Health Disability Services / & sibling of PwD
Tammie Amsbaugh	CDD
Sarah Renner	CDD / & sibling of PwD

Members Absent:

Marcy Davis	CANDEO, Johnston
Barb Driscoll	Christian Opportunity Center, Pella
Steve Johnson	Magellan, West Des Moines
Maureen McClain	Story County Community Life, Ames

Welcome & Introductions:

Lisa Mills was introduced as a disability/employment Subject Matter Expert (SME) associated with the Employment First State Leadership Mentor Program (EFLSMP). Iowa is one of three EFLSMP Protégé states and therefore receives 400 hundred hours of technical assistance provided by a variety of nationally recognized SMEs. Lisa's expertise is working with state Medicaid agencies regarding disability/employment system change efforts, particularly moving states' funding structure toward an "Employment First" perspective. The EFLSMP initiative is funded by the Office of Disability Employment Policy (ODEP) within the US Department of Labor.

Lisa will facilitate all of Iowa's Employment Workgroups, starting with today's workgroup and continuing through October. She stressed that the goal for these workgroups is to hear from Iowa's employment service providers/Community Rehab Partners (CRPs) regarding their recommendations for revising employment services provided under Iowa Medicaid's HCBS waiver services, as well as rates and rules. Iowa DHS expects that the consultation and collaboration from Iowa's provider community will result in a more individualized and community-based Medicaid support model that will move Iowa's system and resources toward individualized, flexible service delivery.

The meeting today and the next workgroup meeting, scheduled for July 23rd, will focus on Service Definitions. Lisa agreed with one of the State Employment Leadership Network's (SELN) recommendations stressing that clear service definitions must be developed that are directly linked to billable activities allowed under each type of service. Successive workgroup meetings will focus on capacity-building and rates. New draft HCBS waiver rules for Iowa Medicaid are expected for review by this workgroup this fall.

Lisa and other EFLSMP SMEs have been mentoring Iowa and the other EFLSMP states (Tennessee and Oregon) for several months through the use of twice-monthly teleconferences, called Vision Quest. Vision Quest conferences are intended to help states use HCBS waivers renewal or amendment dates as opportunities to leverage changes in waiver services and language that will align with recent CMS guidance related to employment and will move states toward an "Employment First" perspective. She pointed out that waiver language and service definitions can cultivate the assumption that integrated competitive employment is the state's preferred goal.

Lisa highlighted Iowa's Employment Vision:

Employment in the general workforce is the first priority and the expected and preferred outcome in the provision of publically funded services for all working age Iowans with disabilities.

Then she pointed out what Iowa hopes to achieve -- the outcome that is hoped for from this important work:

A service and funding system that is individualized and flexible over the person's Employment lifecycle and that coordinates the use of all available resources toward individual jobs.

Iowa Vocational Rehabilitation Services (IVRS) and Iowa's Department for the Blind are committed to this effort. IVRS serves as lead agency for Iowa's EFLSMP initiative. Both agencies have agreed to work in collaboration with Iowa Medicaid Enterprise (IME) and Iowa's CRP community to revise rate structures within their own organizations that will complement Iowa's system.

CMS Guidance:

Guidance from the Center for Medicare and Medicaid (CMS) issued in September 2011 makes it clear that the purpose of CMS-funded HCBS waiver services is to assist waiver participants to obtain and maintain community employment in the most integrated setting. The part about "getting" a job is new, Lisa stated. Currently HCBS waiver services are now about both getting a job and keeping a job. Volunteering and other unpaid activities are now considered to be pre-vocational or day services, not supported employment.

New CMS guidance divides supported employment into two services and two codes: 1) individual supported employment and 2) small group supported employment. Best Practice and Innovative Models, such as Customized Supported Employment, Evidence-Based Supported Employment, and Supported Self-Employment are encouraged. It clarifies that small group supported (crews, enclaves, etc.) are intended to lead to individual integrated employment at minimum wage or higher. And an outcome statement has been added by CMS to all definitions.

New CMS Core Definition for Individual Supported Employment:

Individual Employment Support services are the ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

Individual Supported Employment services allowable by CMS:

1. Vocational/job-related discovery or assessment
2. Person-centered employment planning
3. Job placement, job development
4. Negotiating with prospective employers
5. Job carving
6. Job analysis, training and systematic instruction
7. Job coaching
8. Benefits support, training and planning
9. Transportation
10. Asset development
11. Career advancement services
12. Support to establish or maintain self-employment
13. Other workplace support services including services not specifically related to job skill training that enable the waiver participant to be successful integrating into the job setting

States are encouraged to include a variety of service delivery options such as paid co-worker models of support and self-directed services. In addition, it was clarified that Ticket-to-Work payments are not considered “double dipping” if HCBS waiver funds are used to provide employment services to a Ticket holder.

A new service option – Career Planning – was added to menu of waiver services:

Career planning is a person-centered, comprehensive employment planning and support service that provides assistance for waiver program participants to obtain, maintain, or advance in competitive employment or self-employment. It is a focused, time limited service engaging a participant in identifying a career direction and developing a plan for achieving competitive, integrated employment at or above the state’s minimum wage. The outcome of this service is documentation of the participant’s stated career objective and a career plan used to guide individual employment support.

Lisa explained that once time came for HCBS waiver renewal and/or amendment, the easiest strategy would be to simply submit the CMS approved definition for various services as their state’s approved definition. If states wish to vary their definition from the CMS approved definition, then CMS approval is needed.

The following are recommendations from SMEs related to new CMS guidance for the HCBS waivers:

- Adopt new core definition for Individual Supported Employment
- Ensure language clarifies that Supported Employment only occurs in integrated work settings in the general workforce (or at home in case of supported self-employment)
- Include career planning in this service rather than establishing it as a separate service
- Consider adding a statement that “participants will be supported to work towards a living wage”
- A living wage is the amount needed to enable a participant to meet or exceed his/her current living expenses
- Goal would be 86 or more hours per month
- Transportation should be a separate service with many options for who could be paid, including the Supported Employment provider if that proves the most cost-effective option
- Include an option for paid co-worker supports
- Include customized employment, self-employment, and evidence-based self-employment as covered models of supported employment
- Add this sentence to new core definitions – “A participant’s ISP may include two or more types of non-residential habilitation services (e.g., prevocational services, supported employment, day habilitation); however, more than one service may not be billed during the same period of time (e.g., the same hour)

- Add statement that a provider can receive Ticket to Work payments in addition to payment for Medicaid services to a waiver participant

The entire workgroup was divided into three small groups to provide recommendations related to the service definitions that follow; comments that were reported by each of the three small groups are provided in italics.

SE EMPLOYER DEVELOPMENT SERVICE DEFINITION

441 IAC 78.27(10) 78.41(7) 78.43(4)

(1) Activities to obtain a job. Covered services directed to obtaining a job must be provided to or on behalf of a member for whom competitive employment is reasonably expected within less than one year. Services must be focused on job placement, not on teaching generalized employment skills or habilitative goals. Three conditions must be met before services are provided. First, the member and the interdisciplinary team described in subrule 78.27(4) must complete the form that Iowa vocational rehabilitation services uses to identify the supported employment services appropriate to meet a person’s employment needs. Second, the member’s interdisciplinary team must determine that the identified services are necessary. Third, the Iowa Medicaid enterprise medical services unit must approve the services. Available components of activities to obtain a job are as follows

2. Employer development services. The focus of employer development services is to support employers in hiring and retaining members in their workforce and to communicate expectations of the employers to the interdisciplinary team described in subrule 78.27(4). Employer development services may be provided only to members who are reasonably expected to work for no more than 10 hours per week. A unit of service is one job placement that the member holds for 30 consecutive calendar days or more. Payment for this service may be made only after the member holds the job for 30 days. A member may receive two units of employer development services during a 12-month period if the member is competitively employed for 30 or more consecutive calendar days and the other conditions for service approval are met. The services provided may include: developing relationships with employers and providing leads for individual members when appropriate; job analysis for a specific job; development of a customized training plan identifying job-specific skill requirements, employer expectations, teaching strategies, time frames, and responsibilities; identifying and arranging reasonable accommodations with the employer; providing disability awareness and training to the employer when it is deemed necessary; and providing technical assistance to the employer regarding the training progress as identified on the member’s customized training plan.

Group #1

- *Modify first paragraph, second sentence to take out first condition of the three*
- *In second paragraph, delete sentences 2 - 5*

Group #2 –

- *Combine with job development*
- *Enhance upfront payment*
- *In paragraph two, delete sentences 2 - 5*

Group #3 –

- *Combine with job development (could eliminate employer development and just include specifics about time spent with employer on behalf of person served)*
- *How to teach retention skills*

SE JOB DEVELOPMENT SERVICE DEFINITION

441 IAC 78.27(10) 78.41(7) 78.43(4)

(1) Activities to obtain a job. Covered services directed to obtaining a job must be provided to or on behalf of a member for whom competitive employment is reasonably expected within less than one year. Services must be focused on job placement, not on teaching generalized employment skills or habilitative goals. Three conditions must be met before services are provided. First, the member and the interdisciplinary team described in subrule 78.27(4) must complete the form that Iowa vocational rehabilitation services uses to identify the supported employment services appropriate to meet a person's employment needs. Second, the member's interdisciplinary team must determine that the identified services are necessary. Third, the Iowa Medicaid enterprise medical services unit must approve the services. Available components of activities to obtain a job are as follows

1. Job development services. Job development services are directed toward obtaining competitive employment. A unit of service is a job placement that the member holds for 30 consecutive calendar days or more. Payment is available once the service is authorized in the member's service plan. A member may receive two units of job development services during a 12-month period. The activities provided to the member may include job procurement training, including grooming and hygiene, application, résumé development, interviewing skills, follow-up letters, and job search activities; job retention training, including promptness, coworker relations, transportation skills, disability-related supports, job benefits, and an understanding of employee rights and self-advocacy; and customized job development services specific to the member

Group #1 –

- *Don't limit to two units*
- *Delete second sentence*
- *CE is not outcome based – less viable than fee-for-service*
- *CE might include benefits planning (two sentences conflict)*
- *Find middle ground between hourly and outcomes payments*
- *Job development could be stand alone; must be flexible*

Group #2 –

- *Eliminate less than one year and 30 days*
- *Team meeting could be held for a second code – reauthorize service*
- *3 units/year; 3 placements/year*
- *Need to be fair – milestones or tiers*

Group #3—

- *Don't want 13 allowable services to be mutually exclusive; can be used in different ways*
- *Provide payment for community assessments*

SE JOB COACHING SERVICE DEFINITION

441 IAC 78.27(10) 78.41(7) 78.43(4)

(2) Supports to maintain employment, including the following services provided to or on behalf of the member:

1. Individual work-related behavioral management.
2. Job coaching.
3. On-the-job or work-related crisis intervention.
4. Assistance in the use of skills related to sustaining competitive paid employment, including assistance with communication skills, problem solving, and safety.
5. Assistance with time management.
6. Assistance with appropriate grooming.

7. Employment-related supportive contacts.
8. On-site vocational assessment after employment.
9. Employer consultation.

b. Setting. Supported employment may be conducted in a variety of settings, particularly work sites where persons without disabilities are employed.

- (1) The majority of coworkers at any employment site with more than two employees where members seek, obtain, or maintain employment must be persons without disabilities.
- (2) In the performance of job duties at any site where members seek, obtain, or maintain employment, the member must have daily contact with other employees or members of the general public who do not have disabilities, unless the absence of daily contact with other employees or the general public is typical for the job as performed by persons without disabilities.
- (3) When services for maintaining employment are provided to members in a teamwork or “enclave” setting, the team shall include no more than eight people with disabilities.

c. Service requirements. The following requirements shall apply to all supported employment services:

- (1) All supported employment services shall provide individualized and ongoing support contacts at intervals necessary to promote successful job retention.
- (2) The provider shall provide employment-related adaptations required to assist the member in the performance of the member’s job functions as part of the service.
- (3) Community transportation options (such as carpools, coworkers, self or public transportation, families, volunteers) shall be attempted before the service provider provides transportation. When no other resources are available, employment-related transportation between work and home and to or from activities related to employment may be provided as part of the service.
- (4) Members may access both services to maintain employment and services to obtain a job for the purpose of job advancement or job change. A member may receive a maximum of three job placements in a 12-month period and a maximum of 40 units per week of services to maintain employment.

d. Exclusions. Supported employment habilitation payment shall not be made for the following:

- (1) Services that are available under a program funded under Section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.). Documentation that funding is not available under these programs shall be maintained in the file of each member receiving supported employment services.
- (2) Incentive payments made to an employer to encourage or subsidize the employer’s participation in a supported employment program.
- (3) Subsidies or payments that are passed through to users of supported employment programs.
- (4) Training that is not directly related to a member’s supported employment program.
- (5) Services involved in placing or maintaining members in day activity programs, work activity programs, or sheltered workshop programs.
- (6) Supports for volunteer work or unpaid internships.
- (7) Tuition for education or vocational training.
- (8) Individual advocacy that is not member-specific.

Group #1 –

- *Iowa should adopt all 13 Supported Employment services considered allowable by CMS*
- *Asset development services should include budgeting*

- *Career Planning should be a free-standing service*
- *Use clear language and examples*
- *Don't exclude enclaves or provider-paid employment*
- *Don't take away from the good things already happening*
- *Look to VR as a guide*

Group #2 –

- *Like all 13 allowable services*
- *Add activities, meetings, and contacts [on behalf of client] to career planning*
- *Delete b3 related to enclaves and number of people and c3 related to transportation*
- *15 minute units of service*
- *Guidance assessment activities should be coordinated among DOE, IVRS, and DHS*

Group #3 –

- *Like all 13 allowable services*
- *Look at outdated language e.g., “setting” and “supports to maintain employment”*
- *Continue benefits planning*
- *Delete or clarify Exclusion c4*

SE ENHANCED JOB SEARCH SERVICE DEFINITION

441 IAC **78.27(10) 78.41(7) 78.43(4)**

(1) Activities to obtain a job. Covered services directed to obtaining a job must be provided to or on behalf of a member for whom competitive employment is reasonably expected within less than one year. Services must be focused on job placement, not on teaching generalized employment skills or rehabilitative goals. Three conditions must be met before services are provided. First, the member and the interdisciplinary team described in subrule 78.27(4) must complete the form that Iowa vocational rehabilitation services uses to identify the supported employment services appropriate to meet a person's employment needs. Second, the member's interdisciplinary team must determine that the identified services are necessary. Third, the Iowa Medicaid enterprise medical services unit must approve the services. Available components of activities to obtain a job are as follows

3. Enhanced job search activities. Enhanced job search activities are associated with obtaining initial employment after job development services have been provided to the member for a minimum of 30 days or with assisting the member in changing jobs due to layoff, termination, or personal choice. The interdisciplinary team must review and update the Iowa vocational rehabilitation services supported employment readiness analysis form to determine if this service remains appropriate for the member's employment goals. A unit of service is 15 minutes. A maximum of 104 units may be provided in a 12-month period. The services provided may include: job opening identification with the member; assistance with applying for a job, including completion of applications or interviews; and work site assessment and job accommodation evaluation.

Group #1 –

- *Combine with job development*

Group #2 –

- *Combine with job development*

Group #3 --

- *Roll into job development*

LeAnn Moskowitz from IME explained that if the information is important statutorily, it should be included as a Medicaid rule. If it is an explanation for how services will be delivered, it belongs in the Medicaid manual. LeAnn explained that she would gather all feedback from today's meeting. She will process the information into meetings notes that will be distributed. Opportunities for feedback are provided via Feedback Webinars -- open to anyone -- and scheduled for July 31, August 28, September 25, and November 6.

Ample opportunities for feedback were scheduled purposely, LeAnn explained, so as to invite others, who were not selected to be a part of this workgroup, to provide feedback and recommendations. A draft proposed rule package will be forthcoming. It is the intent to pilot these rules then make any changes necessary, based on the pilot data.

The draft rules will become the amendments to the 1915 (c) ID and BI Waiver applications and the 1915(i) state plan Habilitation service which will be submitted to CMS for approval. Concurrently the final draft rules will be moving through the DHS Council Administrative Rules process which includes the DHS Council's review and approval of rules, a 20-day public comment period and final review and approval based on revisions that may result from public comment.

The next Workgroup Meeting is scheduled for July 23 at Candeo, 9550 White Oak Lane, Johnston

Iowa's Disability Employment Services Workgroup
Meeting #2: Service Definitions
Candeo, Johnston, Iowa
July 23, 2013

Members Present:

Bob Bartles Hope Haven Area Development Corporation
Mindy Burr Easter Seals
Chalsea Carroll..... Howard County Social Services
Sherri Clark..... Nishna Productions Inc.
Deb Davis Horizons Unlimited
Marcy Davis..... CANDEO
Brenda Doppenberg Hope Haven Inc.
Glenda Farrier CASS Incorporated
Carmen Heck Goodwill of the Heartland
Kelly Kratz..... North Iowa Vocational Center (NIVC)
Catherine Miller Southeast Iowa Case Management
Keri Osterhaus Iowa Department for the Blind
Sandy Pingel Genesis
Nicole Rand Exceptional Persons Inc. (EPI)
Sheila Stoeckel..... IowaWorks/IowaWINS/DEI
Ann Trotter Systems Unlimited

Facilitator:

Lisa Mills Subject Matter Expert via EFSLMP

Staff:

Tammie Amsbaugh CDD
LeAnn Moskowitz DHS/Iowa Medicaid Enterprise
Lin Nibbelink DHS/Mental Health Disability Services & sibling of PwD
Jess Pruitt ICIE
Sarah Renner CDD & sibling of PwD

Members Absent:

Paula Connolly..... Parent/ASK Resource Center
 Barb Driscoll..... Christian Opportunity Center
 Steve Johnson..... Magellan
 Maureen McClain Story County Community Life
 SueAnn Morrow..... MFP/APSE
 LeeAnn Russo..... Iowa Vocational Rehabilitation Services (IVRS)

Welcome & Introductions:

This meeting again focused on Service Definitions. Today's work is on small-group employment, prevocational, and day habilitation. Lisa took us through the CMS guidance and Subject Matter Expert (SME) recommendations starting with small group employment.

New CMS Core Definition for SMALL GROUP Employment:

Supported Employment Small Group employment support are services and training activities provided in regular business, industry and community settings for groups of two (2) to eight (8) workers with disabilities. Examples include mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Supported employment small group employment support must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces. The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which an individual is compensated at or above minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Small group employment support does not include vocational services provided in facility based work settings.

Service may include any combination of the following:

Vocational/job-related discovery or assessment
 Person-centered employment planning
 CAREER PLANNING
 Job placement, job development, negotiation with prospective employers
 Job analysis, training/systematic instruction, job coaching
 Benefits support
 Training and planning for transportation
 Career advancement services

Services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

SME recommendations related to new CMS definition and guidance:

- ▶ Adopt new CMS core definition
- ▶ Modify definition to ensure that small group service activities/models other than crews and enclaves are also allowable.
- ▶ Examples could include small group Discovery, small group career exploration/planning, etc. Transportation should be a separate service with many options for who could be paid, including the Supported Employment provider if that proves the most cost-effective option
- ▶ Make specific reference to career planning as a covered activity in the service definition
- ▶ Add: "Service does not include support for volunteer work."
- ▶ Include transportation in the service and in the rate
- ▶ Do not allow this service to be provided by employers or co-workers
- ▶ Add: "A participant's ISP may include two or more types of expanded habilitation services (e.g. prevocational services, supported employment-individual, supported employment-small group, day services); however, more than one service may not be billed during the same period of time (e.g. the same hour)."

- ▶ When individual & group supported employment become two separate services, guidance for Service Coordinators /Case Managers on facilitating informed choice should be developed.
- ▶ Revise expectations of case managers and providers to presume:
 - ▶ Interest in integrated employment can be cultivated;
 - ▶ Lack of interest can and should be proactively addressed as part of service planning & delivery;
 - ▶ Efforts will focus on furthering each individual's interest in or achievement of integrated employment.

The workgroup was then divided into three small groups to discuss and provide recommendations related to the service definitions and guidance.

SE SMALL-GROUP Employment Report Out

Group 1—

- *Recommend to keep that members in enclaves are paid at less than minimum wage*
 - *Commensurate experience*
- *Remove compensating at or above minimum wage*
- *Remove “does not include facility based setting”-classroom may be in building workshop is in....*
- *Delete instruction--job placement, job development, placement-employer development don't belong in an enclave or group--should be individualized*
- *Transportation--keep rate individualized and within rate-reimburse at cost*
- *Outcome --individuals are referred to individualized employment supports*

Group 2--

- *Supports for small groups--language change-(2)*
- *Add 13 items--CMS list*
- *Remove job placement/development*
- *Delete “variety” and change to integrated or community*
- *Remove B(1)*
- *Get rid of enclave and replace with small group*
- *C4--SE individual*
- *Per encounter/unit of service rather than flat fee outcome payment*

Group 3--

- *Small group job development—rename???*
- *Like CMS definition, strike chap 78 definition--replace*
- *Career planning as an activity under both small group and individual*
- *Benefits planning--ongoing support--individual employment*
- *Keep job development and employer development under group--could happen and allows for opportunity and creativity*

New CMS Core Definition for PREVOCATIONAL Employment:

Services that provide learning and work experiences, including volunteer work, where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated settings. Services are expected to occur over a defined period of time and with specific outcomes to be achieved, as determined by the individual and his/her service and supports planning team through an ongoing person-centered planning process.

Individuals receiving prevocational services must have employment-related goals in their person-centered services and supports plan; the general habilitation activities must be designed to support such employment goals. Competitive, integrated employment in the community for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities is considered to be the optimal outcome of prevocational services.

Prevocational services should enable each individual to attain the highest level of work in the most integrated setting and with the job matched to the individual's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines. Services are intended to develop and teach general

skills; Examples include, but are not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; general workplace safety and mobility training.

Participation in prevocational services is not a required pre-requisite for individual or small group supported employment services provided under the waiver. Many individuals, particularly those transitioning from school to adult activities, are likely to choose to go directly into supported employment. Similarly, the evidence-based Individual Placement and Support (IPS) model of supported employment for individuals with behavioral health conditions emphasizes rapid job placement in lieu of prevocational services.

Examples of covered service activities updated:

Learning experiences

Work experiences

Volunteer work opportunities

Ability to communicate effectively with supervisors, co-workers and customers

Generally accepted community workplace conduct and dress

Ability to follow directions

Ability to attend to tasks

Workplace problem solving skills and strategies

General workplace safety and mobility training

CAREER PLANNING

SME recommendations related to new CMS definition and guidance:

- ▶ Adopt new core service definition
- ▶ Adopt new name (e.g. Employment Path Services) to reflect change in service intent
- ▶ Include career planning and financial literacy in definition and covered activities
- ▶ Address expectation of time-limitedness in way that ensures:
 - ▶ Prevocational services can be used as wrap-around
 - ▶ Participants don't inadvertently end up in day services
- ▶ Implement time-limit on prevocational services if a service recipient is not either:
- ▶ Also working in individual, integrated employment (with supported employment supports as needed); or
- ▶ Also actively engaged in seeking integrated employment through job development or self-employment start-up services funded through VR, Ticket to Work, Workforce system, HCBS waiver, IDEA funds, private pay or other identifiable source).
- ▶ Note: Time limit could be different for new entrants to prevocational services versus existing participants.
- ▶ “Competitive, integrated employment in the community for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities is the expected and priority considered to be the optimal outcome of prevocational services. A person-centered approach to achieving this outcome is taken with each individual receiving prevocational services.”
- ▶ Include the following statement in the new definition: “Services may be provided in integrated community venues and fixed-site facilities.” Do not permit home-based provision of this service.
- ▶ Establish different codes for facility-based and community-based prevocational services
- ▶ Add statement that prevocational services may be used as a wraparound to someone who is working part-time in integrated employment with the expected **outcome** being that the individual maintains and advances in the number of hours in integrated employment.
- ▶ Include the following statement in the definition:
“Prevocational services are distinguishable from non-covered vocational services by the following criteria:
 - A. The services are provided to persons who are expected to be able to join the general work force with the assistance of supported employment;
 - B. The service is primarily directed at teaching non-job task specific skills that will lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage;
 - C. The plan of care does not define the goal or purpose of the service as maintaining the individual in prevocational or sheltered employment.”
- ▶ Adopt new expectations regarding transitions from prevoc to integrated employment:

- ▶ Presume interest in integrated employment can be cultivated;
- ▶ Expect lack of interest can and should be proactively addressed as part of service planning & delivery;
- ▶ Expect that action plans will focus on furthering the individual's interest in - or achievement of - integrated employment.
- ▶ These expectations should be embedded in waiver individual service plan process and applied to case managers, not just embedded within service provider and service delivery expectations

PREVOCATIONAL Services Report Out

Group 1-

- *CMS core definition in its entirety-SME recommendations imbedded*
- *Job readiness activities should be included i.e. job apps, preparing for interviews*
- *“Competitive” is included-just so you know*
- *Transportation happens in pre-voc services so should be included*
- *SME recommendations for time limits*
 - *Concerned though that this may result in folks being forced out of paid positions due to misinterpretation---training for case managers*
- *Rule in pre-voc services that if you work more than 50% of minimum wage then can't do pre-voc (made ineligible)---applied to ID but not folks with CMI-----recommendation is to apply SME's impression---don't mention it*

Group 2-

- *Liked SME new core definitions and also add new CMS definition*
- *Don't like the word compliance*
- *Different fee schedule for community-based vs. facility-based services*
- *Liked SME's time limit and set limit of 12-24 months*
 - *1-2 years to get on board with wrap-around services ---pushes folks and their guardians to decide to pick another wrap-around employment service to move towards community employment*
 - *Can always return to pre-voc*
- *Take out paid or unpaid employment*

Group 3-

- *Name change recommendation---employability skills development or job journey*
- *Define what “vocational” is*
- *Include wrap-around piece i.e. those employed (SME recommendation)*
- *Take out “considered to be the optimal” and replace with “the expected and priority”*
- *Don't understand why in paragraph #4 why it is in there*
- *Add financial literacy as a separate piece*
- *Add discovery activities---i.e. to determine potential tasks and conditions for employment*
- *Internship vs. job shadow*
- *Take out “work” from volunteer opportunities-and clarify or add charitable organizations where other volunteer*
- *Transportation as separate*

New CMS Core Definition for DAY HABILITATION:

Provision of regularly scheduled activities in a non-residential setting, separate from the participant's private residence or other residential living arrangement, such as assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living.

Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. Services are furnished consistent with the participant's person-centered plan. Meals provided as part of these services shall not constitute a “full nutritional regimen” (3 meals per day).

Day habilitation services focus on enabling the participant to attain or maintain his or her maximum potential and shall be coordinated with any needed therapies in the individual's person-centered services and supports plan, such as physical, occupational, or speech therapy.

CMS Guidance:

Day habilitation may be furnished in a variety of settings in the community... Day habilitation services are not limited to fixed-site facilities.

Day habilitation may not provide for the payment of services that are vocational in nature (i.e., for the primary purpose of producing goods or performing services).

SME recommendations related to new CMS definition and guidance:

- ▶ Adopt CMS updated core service definition
- ▶ Add language clearly stating that the service can be provided in integrated, community settings
- ▶ Include supported retirement as covered activities with condition that it is limited to participants aged 65 (or 60) and older who have identified a desire to participate in retirement activities in their person-centered services and supports plan.
- ▶ Include career planning as covered activity for working-age service recipients. Suggested language:
- ▶ "Activities also include career planning, which enables each participant to explore the opportunity to work in integrated employment, to learn about career and employment options, and to develop skills that can be used in employment, as well as daily and community living activities. Covered career planning activities include facilitated Discovery process done on individual or small group basis."
- ▶ Add the following: "Day habilitation may not provide for the payment of services delivered in a sheltered workshop or other similar facility-based employment program."
- ▶ Add this sentence to new core definition: "A participant's ISP may include two or more types of non-residential habilitation services (e.g. prevocational services, supported employment, day habilitation); however, more than one service may not be billed during the same period of time (e.g. the same hour)."
- ▶ Consider how to structure transportation reimbursement to support integrated service delivery models. Ensure calculation of reimbursement of transportation is not based on assumption the service is provided in a segregated, fixed-site facility.

DAY HABILITATION Report Out

Group 1—

- *Retirement on lower end vs. higher end—suggest 60...but also have to consider impact of disability on aging i.e. individuals with down syndrome*
- *Leave career planning out*
- *Folks on BI waiver should have the choice of day hab---all PWD should be able to access any services --- add employment supports and day hab to all waivers*
- *Students may struggle when transitioning from school to work---incentivize students getting into work services prior to graduation---maybe under pre-voc...this includes transition services to transition aged youth....*
 - *Expectation should be to move into SE and not pre-voc*
 - *Incentivize kids using employment supports*
 - *Pre-voc services to kids starting at 14*

Group 2-

- *Career planning should be added---could stand alone as well*
- *Add retirement activities*
- *C---day hab in facility---get rid of but if needs to be there then clarify*
- *Put units of service within the service definition*
- *Exclusions exclude pre-vocation services but if we add career planning and exploration then we are contradicting ourselves---need to clarify*
- *Volunteering—clarify that does not lead to employment*
- *Different rate structure for community vs. facility based—incentivize community-based*
 - *Do part of the day in facility and part out in the community*

Group 3-

- *Delete meals---not allow day hab to be provided in RCF setting, but if not, then specify when*
- *Add a list of services that could be provided (SME recommendations)*
 - *Career exploration & discovery activities*
 - *Volunteer activities (not leading to employment)*
 - *ADLs & community living*
- *Retirement age recommend as 60-62 but really should be up to the individual and activities if they chose to not work*
- *Specify what "non-residential" is*

**The next Workgroup Meeting is scheduled for August 8
at Story County Community Life, 104 S. Hazel, Ames, Iowa**

**Iowa's Disability Employment Services Workgroup
Service Definitions Feedback and Capacity Building Meeting #3
Story County Community Life, Ames, Iowa
August 8, 2013**

Members Present:

Bob Bartles..... Hope Haven Area Development Ctr
Sherry Becker..... North Iowa Vocational Center (NIVC) & parent
Chalsea Carroll..... Howard County Social Services
Paula Connolly Parent /ASK Resource Center
Sherri Clarke Nishna Productions, Inc.
Deb Davis..... Horizons Unlimited
Marcy Davis..... CANDEO
Barb Driscoll..... Christian Opportunity Center
Glenda Farrier CASS Incorporated
Carmen Heck Goodwill of the Heartland
Maureen McClain Story County Community Life
Catherine Miller Southeast Iowa Case Management
Keri Osterhaus Iowa Department for the Blind
Chris Peterson Systems Unlimited
Sandra Pingel Genesis
Nicole Rand Exceptional Persons, Inc. (EPI)
Lee Ann Russo Iowa Vocational Rehabilitation Services (IVRS)
Sheila Stoeckel..... IowaWorks/Iowa WINS/DEI
Scott Witte Hope Haven, Inc. & parent

Facilitator:

Lisa Mills EFLSMP / US DOL-ODEP

Staff:

LeAnn Moskowitz DHS/Iowa Medicaid Enterprise
 Lin Nibbelink DHS/Mental Health & Disability Services & sibling
 Tammie Amsbaugh..... Center for Disabilities & Development
 Sarah Renner Center for Disabilities & Development & sibling

Members Absent:

Mindy Burr..... Easter Seals
 Steve Johnson..... Magellan
 SueAnn Morrow..... MFP/APSE

Welcome & Introductions:

Lisa Mills introduced the agenda for today’s meeting – 1) solicit comments and feedback from this workgroup about service definitions drafts; and 2) review current provider qualifications.

Individual Supported Employment – Supports to **Obtain** Employment

Marcy Davis commented about comment box #14 on page two, provided by Lisa Mills that states “need to ensure service is individualized and one outreach effort is not billed to multiple waiver participants.” Marcy provided an example where a job developer may visit many businesses, spending time with each to discuss their unmet workforce needs, and determining which businesses would be good to track as potential employers for job-seeker clients with disabilities. That scenario, Marcy explained, could create the appearance of Medicaid fraud.

Scott Witte referenced the bottom of page one, comment three – He is concerned that the service discussed is delivered in a small group setting but there may not always be a small group to work with. He would prefer that service not be limited to small group.

Carmen Heck commented about “integrated work setting in the general workforce” (first page, third bullet) and how that definition would work for after-hours janitorial work. She worries that the current definition may preclude that type of job. It was suggested to add a phrase such as: “unless contact with the public wouldn’t be typical.”

Lee Ann Russo provided VR’s definition for “integrated work setting.” The group decided to insert VR’s definition into bullet three on page one – both for clarity and for optimal collaboration between VR and Medicaid funding systems.

Lisa explained her comment in comment box #13 – she thinks job retention skills belong more appropriately under supports to *retain* employment rather than *obtain* employment.

Sherry Becker was concerned about micro entrepreneurs and newly-launched businesses owners not yet making minimum wage. Bob Bartles agreed. As an example, one of Bob’s clients owns and runs a shoeshine stand but this entrepreneur has no real control

over how much money he makes. Bob cautioned the group not to throw up barriers to self-employment for entrepreneurs making less than minimum wage while they are getting their business off the ground.

Lisa Mills promised to seek clarification from self-employment experts and CMS -- and add clarifying language. In addition, Iowa should consider adding clarifying language and a statewide standard related to Independent Contractors.

LeAnn Moskowitz explained that DOL wage and hour laws apply to wage-earners not self-employed people.

Scott Witte commented on comment box #15 (page two). He suggested keeping language as flexible as possible, perhaps with the disclaimer “as identified in the member’s service plan.”

LeAnn Moskowitz explained that the goal of this process was to remove as much ambiguity as possible within the service definitions while still retaining as much flexibility as possible in order to achieve employment outcomes.

Glenda Farrier inquired whether case management services will be integrated into Iowa’s Integrated Health Homes (IHH) initiative. LeAnn Moskowitz explained that there are currently no plans to integrate case management services within IHHs and that case management will remain within HCBS waivers. There’s always the possibility that might change but currently case management will stay within waivers.

Sherri Becker asked if Magellan plans to conform/adapt to what is decided within this group. LeAnn Moskowitz hopes so and thinks it would make sense. Magellan has been invited to attend all workgroup meetings.

Lisa Mills pointed out that in regard to page three, second to last bullet; each state has different requirements as to how to document payer of last resort.

LeAnn Moskowitz explained that customarily, the case manager can maintain a letter or document case notes -- although providers pointed out that often times that documentation is maintained by the funding entity. Iowa Medicaid Enterprise’s ISIS system sets things in motion. LeAnn would like to hear about delays with services authorizations, etc. HCBS Waiver Specialists are the people to consult with waiver documentation questions or needs.

Sheila Stoeckel commented that in regards to the last bullet on page three, less prescriptive is preferable.

Individual Supported Employment – Supports to **Maintain** Employment

Scott Witte advised that regarding the second bullet from the bottom of page one, to make sure description is flexible.

Sherry Becker inquired about the first bullet on page one – why specify “customized employment” when that’s a strategy? Lisa Mills clarified that customized employment is

also a defined type of job. Some people mistakenly think that customized is not competitive employment.

Carmen Heck wondered if there was a need to define competitive employment for this work. Lisa Mills thought that would be helpful.

Lee Ann Russo will provide Iowa Vocational Rehabilitation Services (IVRS) definition of “integrated work setting” (Insert VR definition and add “with or without supports”)

Lisa Mills explained that transportation is unique within service definitions and rates. Iowa needs to consider whether transportation should be a separate service.

Transportation is difficult to build into rates and precludes competition, such as taking the bus. If transportation is not built into rate, coordination could be part of the service Lisa advises, not the service itself.

LeAnn Moskowitz wondered how many providers provide transportation to members. Is it realistic for transportation to be a stand-alone service?

Scott Witte wondered how exactly, the rate would cover the cost. He pointed out that there is great variability: vehicle cost, the area of state served, the number of job opportunities available, etc.

LeAnn Moskowitz stated that currently rates are all over the board but on October 1, 2013, TMS’ (Medicaid contracted transportation entity for non-Medical transportation) provider rates will apply.

Bob Bartles clarified that TMS Providers will charge an hourly rate -- \$55/hour.

Paula Connolly supported a separate rate for transportation services. Others agreed.

LeAnn Moskowitz affirmed that Iowa may need to negotiate rates with Magellan. Ultimately transportation will stand-alone. She wonders if transportation could be added as an amendment to the 1915i waiver.

Carmen Heck pointed out that the fifth bullet on the first page, referred to “sustained” employment. She thought sustained should be clarified and thought “maintained” may be preferable.

Tammie Amsbaugh pointed out that the fourth bullet on page two related to employment services provided by co-workers -- is included in a group of bullets of what cannot be done. She suggested rearranging within a group of bullets of what can be done for parallel construction.

Glenda Farrier wondered what qualifications are required to provide individual services.

LeAnn Moskowitz clarified that under Iowa’s Consumer Choices Option (CCO) members determine qualifications for their service providers. She went on to report that individual Consumer Directed Attendant Care (CDAC) services are transitioning to agencies or CCO.

Lisa and LeAnn will flesh out guidance related to CCO. Under CCO, co-workers/natural supports can be paid for providing support. It is also possible to enter into agreement with business and pay business to provide that support. Lisa will also add clarifying language about “Scattered Site” work.

Supported Employment -- Small Group

Scott Witte wondered if sub-minimum wage is allowable and if the service provider may be employer of record.

Lisa Mills replied that yes, although the outcome is intended to be wage at or above minimum wage. She likes the term “commensurate” wage. And yes, she clarified -- a service provider can be employer of record. There was some discussion about if a service provider serves as employer of record, are benefits included? That varies from situation to situation. Sometimes it is pay, worker’s compensation and possibly PTO.

LeAnn Moskowitz commented that when Iowa gets into rates and exclusions, transportation costs are part of the rate. Some providers don’t have a fleet of vehicles and don’t want to transport people. She thought it would be good to have language that allows for both.

Lisa Mills suggested that Iowa may want to establish a rate for small group and then a rate modifier/different rate for small group plus transporting -- with different CPT codes to differentiate.

Glenda Farrier asked about the term assessment/assessed need. What exactly is that?

LeAnn Moskowitz replied that it meant whatever assessment was current at the time, including team assessment.

Scott Witte inquired about how people connect with small group. How does a person end up in small group?

LeAnn Moskowitz suggested that people may go from pre-voc services in the morning to small group services in afternoon perfecting work skills so they can ultimately go on to an individual position. She stressed that small group is not the end goal.

Lin Nibbelink observed that the first bullet references eight workers and there has been some talk about limiting group size to six.

Sherri Becker (and others) pointed out that limiting group size to six limits workers. What do you do with an enclave of eight people, she asked? And what about absorbing extra staff costs?

LeAnn Moskowitz asserted that Iowa needs to think about establishing ratios/tiers based on group size/staffing ratios.

Paula Connolly wondered about the guidance around what constitutes personal care assistance (now CDAC) and does that need clarification or limits established?

LeAnn Moskowitz pointed out that people need to be working to receive personal care assistance. Supervision may be a component of service but not the entire service. This can be rephrased.

Lee Ann Russo added that IVRS phrases this as a stand-alone service.

Day Habilitation

Bob Bartles suggested changing the fifth bullet on first page from “should” to “may” although Chelsea Carroll is concerned the work “should” is not strong enough.

It was suggested to eliminate the “working age” language from the second bullet under Guidelines for Authorization on page two.

Sheila Stoeckel and Carmen Heck support Career Planning as part of Day Hab services.

LeAnn Moskowitz clarified that Pre Voc is specific to skill training rather than exploration.

Glenda Farrier asked for clarification of sheltered work. She pointed out that a service provider can provide sheltered work services without being a sheltered workshop.

Can Habilitation people get pre-voc services if they want to pursue employment? Can Career Exploration include pre-vocational services?

Lisa Mills offered to tighten language and tie to service definition.

Employment Path Services (Prevocational)

Scott Witte suggested deleting “it is preferred that services are offered and delivered in the most integrated setting possible” from the fifth bullet and that the time limits on page two need to be highest.

Deb Davis commented that some people are in pre-voc and they don’t realize they are in pre-voc because of county funding. People are scared. She suggested Iowa must look at sheltered workshop as a training center. People don’t want to go to day hab. A time limit will be difficult at least at the beginning.

Bob Bartles suggested dropping ages as the criteria and instead, after 24 month review (CMS reviews annually), use impairment as the criteria. If people are in pre-vocational services for five years, he added, something’s wrong.

Tammie Amsbaugh offered that with Balanced Incentive Payment Program (BIPP), there will be assessed levels of need.

Scott Witte worried that once Iowa closes the doors to pre-vocation services there will be a large number of people who are not working.

Lisa Mills clarified that with pre-vocational services, it's not one service and done. She will flesh out suggestions so they can be looked at side-by-side. Assessment needs to be done with a vocational provider that has regular contact.

Paula Connolly reminded the group that parents want better employment outcomes for their children.

Prevocational Service Providers

441 IAC 77.25(8), 77.37(26), 77.39(22)

Habilitation

441—77.25(249A) Home- and community-based habilitation services. To be eligible to participate in the Medicaid program as an approved provider of home- and community-based habilitation services, a provider shall meet the general requirements in subrules 77.25(2), 77.25(3), and 77.25(4) and shall meet the requirements in the subrules applicable to the individual services being provided

77.25(1) Definitions.

77.25(2) Organization and staff.

- a. The prospective provider shall demonstrate the fiscal capacity to initiate and operate the specified programs on an ongoing basis.
- b. The provider shall complete child abuse, dependent adult abuse, and criminal background screenings pursuant to Iowa Code section 249A.29 before employing a person who will provide direct care.
- c. A person providing direct care shall be at least 16 years of age.
- d. A person providing direct care shall not be an immediate family member of the member.

77.25(3) Incident management and reporting

77.25(4) Restraint, restriction, and behavioral intervention

77.25(8) Prevocational habilitation. The following providers may provide prevocational services:

- a. An agency that is accredited by the Commission on Accreditation of Rehabilitation Facilities as an organizational employment service provider or a community employment service provider.
- b. An agency that is accredited by the Council on Quality and Leadership in Supports for People with Disabilities.
- c. An agency that is accredited by the International Center for Clubhouse Development.
- d. An agency that is certified by the department to provide prevocational services under:
 - (1) The home- and community-based services intellectual disability waiver pursuant to rule 441—77.37(249A); or
 - (2) The home- and community-based services brain injury waiver pursuant to rule

441—77.39(249A)

ID Waiver

441—77.37(249A) Home- and community-based services intellectual disability waiver service providers. Providers shall be eligible to participate in the Medicaid HCBS intellectual disability waiver program if they meet the requirements in this rule and the subrules applicable to the individual service.

The standards in subrule 77.37(1) apply only to providers of supported employment, respite providers certified according to subparagraph 77.37(15) “a” (8), and providers of supported community living services that are not residential-based. The standards and certification processes in subrules 77.37(2) through 77.37(7) and 77.37(9) through 77.37(12) apply only to supported employment providers and non-residential-based supported community living providers.

77.37(1) *Organizational standards*

77.37(2) *Rights and dignity*

77.37(3) *Contracts with consumers*

77.37(4) *The right to appeal*

77.37(5) *Storage and provision of medication*

77.37(6) *Research*

77.37(7) *Abuse reporting requirements*

77.37(8) *Incident management and reporting*

77.37(9) *Intake, admission, service coordination, discharge, and referral*

77.37(10) *Certification process*

77.37(11) *Initial certification.*

77.37(12) *Period of certification*

77.37(13) *Review of providers*

77.37(26) *Prevocational services providers.* Providers of prevocational services must be accredited by one of the following:

- a. The Commission on Accreditation of Rehabilitation Facilities as a work adjustment service provider or an organizational employment service provider.
- b. The Council on Quality and Leadership

BI Waiver

441—77.39(249A) HCBS brain injury waiver service providers. Providers shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements in this rule and the subrules applicable to the individual service. Providers and each of their staff members involved in direct consumer service must have training regarding or experience with consumers who have a brain injury, with the exception of providers of home and vehicle modification, specialized medical equipment, transportation, personal emergency response, financial management, independent support brokerage, self-directed personal care, individual-directed goods and services, and self-directed community supports and employment.

Services shall be rendered by a person who is at least 16 years old (except as otherwise provided in this rule) and is not the spouse of the consumer served or the parent or stepparent of a consumer aged 17 or under. People who are 16 or 17 years old must be employed and supervised by an enrolled HCBS provider unless they are employed to provide self-directed personal care services through the consumer choices option. A person hired for self-directed personal care services need not be supervised by an enrolled HCBS provider. A person hired through the consumer choices option for independent support brokerage, self-directed personal care, individual-directed goods and services, or self-directed community support and employment is not required to enroll as a Medicaid provider and is not subject to review under subrule 77.39(11). Consumer-directed attendant care and interim medical monitoring and treatment providers must be at least 18 years of age.

In addition, behavioral programming, supported community living, and supported employment providers shall meet the outcome-based standards set forth below in subrules 77.39(1) and 77.39(2) evaluated according to subrules 77.39(8) to 77.39(10), and the requirements of subrules 77.39(3) to 77.39(7). Respite providers shall also meet the standards in subrule 77.39(1).

77.39(22) *Prevocational services providers.* Providers of prevocational services must meet the

Commission on Accreditation of Rehabilitation Facilities standards for work adjustment service providers.

Workgroup Comments:

Change “direct care” to “direct support” in the first section.

Change to 18 years of age.

A person providing direct services must be 18; or leave it at age 16 and let the agency work it out.

For age 18 staff, and add high school diploma or equivalent degree -- or age 16 with line-of-sight supervision.

Within 6 months of hire, professional development opportunities must include 9.5 or ____ number of hours of online training and pass with 80%; should have background of community integration/values (not indicated in current training) to produce evidence of competency-based training.

Providers must have policies and procedures regarding consumer’s rights, medication, identifying child abuse in 1b.

Add CQL to make all waivers consistent.

Question: How to deal with staff who have been with organization for years?

LeAnn: Iowa is moving toward national accreditation and away from Chapter 24.

441 IAC 77.25(6), 77.37(27)

441—77.25(249A) Home- and community-based habilitation services. To be eligible to participate in the Medicaid program as an approved provider of home- and community-based habilitation services, a provider shall meet the general requirements in subrules 77.25(2), 77.25(3), and 77.25(4) and shall meet the requirements in the subrules applicable to the individual services being provided

77.25(1) Definitions.

77.25(2) Organization and staff.

a. The prospective provider shall demonstrate the fiscal capacity to initiate and operate the specified programs on an ongoing basis.

b. The provider shall complete child abuse, dependent adult abuse, and criminal background screenings pursuant to Iowa Code section 249A.29 before employing a person who will provide direct care.

c. A person providing direct care shall be at least 16 years of age.

d. A person providing direct care shall not be an immediate family member of the member.

77.25(3) Incident management and reporting

77.25(4) Restraint, restriction, and behavioral intervention

77.25(6) Day habilitation. The following providers may provide day habilitation:

- a. An agency that is accredited by the Commission on Accreditation of Rehabilitation Facilities to provide services that qualify as day habilitation under 441—subrule 78.27(8).
- b. An agency that is accredited by the Commission on Accreditation of Rehabilitation Facilities to provide other services and began providing services that qualify as day habilitation under 441—subrule 78.27(8) since the agency’s last accreditation survey. The agency may provide day habilitation services until the current accreditation expires. When the current accreditation expires, the agency must qualify under paragraph “a,” “d,” “g,” or “h.”
- c. An agency that is not accredited by the Commission on Accreditation of Rehabilitation Facilities but has applied to the Commission within the last 12 months for accreditation to provide services that qualify as day habilitation under 441—subrule 78.27(8). An agency that has not received accreditation within 12 months after application to the Commission is no longer a qualified provider.
- d. An agency that is accredited by the Council on Quality and Leadership in Supports for People with Disabilities.
- e. An agency that has applied to the Council on Quality and Leadership in Supports for People with Disabilities for accreditation within the last 12 months. An agency that has not received accreditation within 12 months after application to the Council is no longer a qualified provider.
- f. An agency that is accredited under 441—Chapter 24 to provide day treatment or supported community living services.
- g. An agency that is certified by the department to provide day habilitation services under the home- and community-based services intellectual disability waiver pursuant to rule 441—77.37(249A).
- h. An agency that is accredited by the International Center for Clubhouse Development.
- i. An agency that is accredited by the Joint Commission on Accreditation of Healthcare Organizations.
- j. A residential care facility of more than 16 beds that is licensed by the Iowa department of inspections and appeals, was enrolled as a provider of rehabilitation services for adults with chronic mental illness before December 31, 2006, and has applied for accreditation through one of the accrediting bodies listed in this subrule.
 - (1) The facility must have policies in place by June 30, 2007, consistent with the accreditation being sought.
 - (2) A facility that has not received accreditation within 12 months after application for accreditation is no longer a qualified provider.

Workgroup Comments

Align pre-voc and day hab training (career exploration/discovery) in services/career exploration strategies.

Day habilitation may become a stand-alone community programs; phase out -- after a certain date, day habilitation will no longer be provided in a ~~community~~ facility setting. States given one year to come into compliance -- January 2017, maybe.

77.25 c d direct support and then the age of 16.

Benefits planning services EVERYWHERE.

441—77.37(249A) Home- and community-based services intellectual disability waiver service providers. Providers shall be eligible to participate in the Medicaid HCBS intellectual disability waiver program if they meet the requirements in this rule and the subrules applicable to the individual service.

The standards in subrule 77.37(1) apply only to providers of supported employment, respite providers certified according to subparagraph 77.37(15) “a” (8), and providers of supported community living services that are not residential-based. The standards and certification processes in subrules 77.37(2) through 77.37(7) and 77.37(9) through 77.37(12) apply only to supported employment providers and non-residential-based supported community living providers.

77.37(1) *Organizational standards*

77.37(2) *Rights and dignity*

77.37(3) *Contracts with consumers*

77.37(4) *The right to appeal*

77.37(5) *Storage and provision of medication*

77.37(6) *Research*

77.37(7) *Abuse reporting requirements*

77.37(8) *Incident management and reporting*

77.37(9) *Intake, admission, service coordination, discharge, and referral*

77.37(10) *Certification process*

77.37(11) *Initial certification.*

77.37(12) *Period of certification*

77.37(13) *Review of providers*

77.37(27) *Day habilitation providers.* Day habilitation services may be provided by:

a. Agencies accredited by the Commission on Accreditation of Rehabilitation Facilities to provide services that qualify as day habilitation under 441—subrule 78.41(14).

b. Agencies accredited by the Commission on Accreditation of Rehabilitation Facilities to provide other services that began providing services that qualify as day habilitation under 441—subrule 78.41(14) since their last accreditation survey. The agency may provide day habilitation services until the current accreditation expires. When the current accreditation expires, the agency must qualify under paragraph “a” or “d.”

c. Agencies not accredited by the Commission on Accreditation of Rehabilitation Facilities that have applied to the Commission within the last 12 months for accreditation to provide services that qualify as day habilitation under 441—subrule 78.41(14). An agency that has not received accreditation within 12 months after application to the Commission is no longer a qualified provider.

d. Agencies accredited by the Council on Quality and Leadership.

e. Agencies that have applied to the Council on Quality and Leadership for accreditation within the last 12 months. An agency that has not received accreditation within 12 months after application to the Council is no longer a qualified provider

Iowa's Disability Employment Services Workgroup
Service Definitions Feedback and Capacity Building Meeting #4
Story County Community Life, Ames, Iowa
August 13, 2013

Members Present:

Bob Bartles Hope Haven Area Development Corp.
Sherry Becker North Iowa Vocational Center (NIVC), Parent
Larry Boeve Hope Haven Inc.
Chalsea Carroll Howard County Social Services
Sherri Clarke Nishna Productions, Inc.
Deb Davis Horizons Unlimited
Marcy Davis CANDEO
Barb Driscoll Christian Opportunity Center
Glenda Farrier CASS Incorporated
Carmen Heck Goodwill of the Heartland
Maureen McClain Story County Community Life
Catherine Miller Southeast Iowa Case Management
Keri Osterhaus Iowa Department for the Blind
Chris Peterson Systems Unlimited
Sandra Pingel Genesis
Nicole Rand Exceptional Persons, Inc. (EPI)
Lee Ann Russo Iowa Vocational Rehabilitation Services (IVRS)

Facilitator:

Lisa Mills EFLSMP/ US DOL-ODEP

Staff:

LeAnn Moskowitz DHS/Iowa Medicaid Enterprise
Lin Nibbelink DHS/Mental Health Disability Services, sibling
Tammie Amsbaugh Center for Disabilities and Development
Sarah Renner Center for Disabilities and Development, sibling

Members Absent:

Mindy Burr Easter Seals
Paula Connolly Parent/ASK Resource Center
Steve Johnson Magellan
SueAnn Morrow MFP/APSE
Sheila Stoeckel IowaWorks/Iowa WINS/DEI

Lisa introduced the meeting by requesting feedback from participants regarding the Core Service Definition documents (Version A and Version B) related to Iowa's Prevocational Services (dated August 13, 2013) that Lisa drafted from discussion at the last meeting.

Glenda Farrier asked about "x" hours of work per week (page two, first sub-bullet). She wondered if this group would make that determination. SueAnn Morrow/APSE did a survey and found that most Iowans with disabilities were not working 20 or more hours/week.

Lisa Mills advised creating a standard (more than 2 – 3 hours/week) for Iowa based on the average number of hours worked/week.

Sherry Becker commented that many NIVC clients who are competitively employed still work with NIVC staff during their days.

Marcy Davis commented that typically people with Intellectual Disabilities work fewer hours than those with Mental Health disabilities.

Chris Peterson related a story of a person using Hab services who would work more if he could but he must keep income levels low to continue eligibility for Medicaid that he receives through Hab services. Chris also suggested adding an "or" to the second bullet on both versions which Lisa noted.

Sherry Becker observed that using months to limit participation in prevocational services is complex for people to track. Marcy Davis agreed. She prefers Version B.

Larry Boeve cautioned that the group not to restrict regulations so tightly that it would make implementation difficult.

Tammie Amsbaugh pointed out that Provider Manuals could contain the month's classification system (Version A) as guidance – guidance that would not need to be specified in the rule.

Lin Nibbelink mentioned that her fear is what is documented in rule is the bare minimum of what will get done. She stressed the importance of specificity to drive accountability.

Marcy Davis suggested Iowa could delineate a limit of 60 months for prevocational services with the option of using a needs based assessment to request an extension of x months.

Lisa Mills threw out the idea of creating performance based contracts for providers. A performance based contract could stipulate that a certain percentage of job-seekers served would acquire employment. Providers could determine who those job-seekers would be based on factors such as a person's eagerness to get a job, the job market in rural Iowa, transportation issues, etc. At the end of the contract period, outcomes are assessed with suggestions for performance improvement.

Tammie Amsbaugh clarified that Iowa does not contract with providers, although regional MHDS redesign will require performance-based contracting with outcomes specified.

LeAnn Moskowitz added that the administrative burden of contracting with 400 separate providers under a performance-based contracting system for Iowa Medicaid Enterprise is not insignificant.

Glenda Farrier favors a system where providers are expected to perform the minimum but an incentive/bonus is offered for those providers that perform above and beyond minimal expectations.

LeAnn Moskowitz reminded the group that Iowa came to agreement about employment outcomes – in terms of which outcome indicators e.g., work status (individual integrated job, self-employment, group integrated job, facility-based employment), hours worked, and wages -- should be collected across systems in Iowa in April 2012.

Iowa is considering adopting a system like Washington's where the reporting of employment outcomes is tied to billing for Medicaid reimbursement. The simplest way for Iowa to collect and track that data, it was determined, would be to require reporting outcomes quarterly. LeAnn pointed out that Employment outcomes have also been part of the discussion at the MHDS Redesign outcomes workgroup within the context of DHS' goal of developing a "Dashboard" of outcome indicators for all DHS services. There has also been discussion of developing an all-Iowa employment website, either under the auspices of EFLSMP or ICIE. LeAnn clarified that Medicaid has federal rules against making incentive payments. Medicaid wants to work within the acceptable reimbursement limits. Other states have been able to offer incentive-like payments through subcontracts with Managed Care Organizations (MCO) like Magellan. Marcy Davis added that Polk County pays an incentive payment related to data collection.

Larry Boeve supports Version B and he likes the suggestion related to a 60 month time period with a needs assessment required to request an extension. He worries about demonstrating progress, particularly in rural areas where jobs are scarce. Bob Bartles also likes the 60 month with a needs assessment to request an extension option. Chelsea Carroll reminded the group that prevocational services are reviewed yearly.

Larry Boeve referenced southwest Minnesota VR which incentivizes providers by paying providers for every hour their clients are working. It is a tiered system. The second tier is community based employment including group employment. There is a tier to reimburse providers for center based employment but the payment is less.

Several people discussed language related to prevocational services delivered in segregated settings such as on page three of Version A. Lisa explained that delivering prevocational services in segregated setting is clarified in CMS guidance. The next bullet delineates that. LeAnn is expecting new guidance from CMS related to HCBS settings that she thinks will clarify what language is acceptable and what is not.

Lee Ann Russo mentioned that IVRS tracks a lot of data. IVRS could add accreditation requirement to that also. She added that IVRS is hoping to increase the number of people who can benefit from IVRS services and are served by IVRS services no matter the complexity or nature of their disabling condition.

Lisa Mills mentioned that Maryland has established presumptive eligibility for their HCBS waiver service and Voc Rehab. She sees no “downside” to that arrangement.

Nicole Rand wondered what the time frame is for actively seeking employment. Is there a minimum or average number of hours for small group activities?

LeAnn Moskowitz is somewhat resistant to defining hours.

Marcy Davis explained that at her agency, most job development is not tied to a specific person and yet, Medicaid reimbursement is tied to a specific individual. She feels that some job-seekers need an individualized/customized employment approach. People who, for whatever reason, languish during their job search should be coded separately because \$955.00 is not enough money to cover cost.

Chris Peterson mentioned that with Iowa’s Mental Health redesign, there is broad interpretation among counties and whether an agency can bill up front or after placement needs clarification.

LeAnn Moskowitz envisions a per unit payment for activities on behalf of that person and she agrees that some limit needs to be set.

Carmen Heck asked what happens if someone tries a job but the job didn't work out, how services would start over for a person (lifetime limit or per episode).

Bob Bartles suggested that on page three, related to transportation options, to delete the phrase "between residence and service delivery site" so as to not limit the service.

LeAnn Moskowitz envisions transportation to be provided in Iowa as a stand-alone service. Transportation could part of provider rate and when not, could be billed as a stand-alone service. Glenda Farrier asked if there could there be two distinctive rates: one built in to services and one not built into services, or stand-alone. Lisa and LeAnn affirmed that could be established.

Conversation shifted to discussing organizational and staff capacity building and staff training requirements.

Lee Ann Russo explained federal regulations and training available to certify CRPs as specified by IVRS. Tammie Amsbaugh explained supported employment training available. And Lisa Mills presented a short power point presentation about hiring and retaining qualified staff.

Glenda Farrier supports the idea of continuing education units (CEU). She feels the most important training occurs on the job.

Bob Bartles suggested to take what IVRS has compiled -- acceptable training to satisfy IVRS requirements and modify to add APSE/ACRE, TACE, CDS/CES – and give people a certain time limit (say 6-months or 12-months) to comply.

Carmen Heck noted there were as many different definitions for the term or function of job coach as there were agencies that employed job coaches. Instead it may be preferable to focus on specific skills – functions vs. job titles. It may also be helpful to define and put definitions in manual and rule.

Lisa Mills asked if people would be willing to submit job descriptions – through Lin Nibbelink lnibbel@dhs.state.ia.us – to assess. It may be useful to separate the expectations/competencies for those people who do only job coaching from those people who do job coaching and job development. It may also be helpful to redefine job coach per federal definition.

Marcy Davis wondered if there would or should be a requirement for supervisors to have employment-related training. Chris Peterson wondered about requirements for part-time staff who only work on-call or a couple hours/month. And Lee Ann wondered about a former Special Education teacher working as a job coach – what training requirements would suffice in that case.

Organizations vary a lot but they must have qualified staff. Qualified staff must acquire a certificate for either coaching or development, e.g., CARF or CQL within it one year. Bob Bartles suggested that if organizations are already CARF or CQL, those are grandfathered in -- but new providers must acquire CARF or CQL accreditation.

Lisa Mills wonder about quality issues – what about sub-standard work, for example, and what about people delivering small group supported employment

Chris Peterson wondered if one person could be required to get all training offered and then supervise all other staff providing employment services.

LeAnn Moskowitz suggested possible language such as “people providing employment support services will have a minimum ___ hours of training in _____ from these approved training providers ...” Organizations can make their own determination about how that occurs. “Support staff shall receive training in _____ but not limited to _____ ...”

LeAnn supports capped services with an outcome payment for acquiring a job. If people seem to languish in prevocational services, then a meeting is needed with providers to problem-solve.

Lin Nibbelink promised to send out the BIG SELN report and full funding study with salary survey and benefits planning survey results prior to the next meeting.

Bob Bartles suggest not basing rates on salaries. Bob would like to pay his employees more. He suggests considering the federal poverty rate for a family of four.

Iowa's Disability Employment Services Workgroup

Reimbursement Methodologies for Employment & Day Services, Mtg #5

September 10, 2013 -- Candeo, Johnston, Iowa

Members Present:

Bob Bartles..... Hope Haven Area Development Center
Sherry Becker..... North Iowa Vocational Center (NIVC) & parent of PwD
Mindy Burr..... Easter Seals
Sherri Clarke Nishna Productions, Inc.
Deb Davis..... Horizons Unlimited
Marcy Davis..... Candeo
Barb Driscoll..... Christian Opportunity Center
Glenda Farrier..... CASS Incorporated
Carmen Heck..... Goodwill of the Heartland
Kelly Kratz..... North Iowa Vocational Center (NIVC)
Maureen McClain..... Story County Community Life
Catherine Miller..... Southeast Iowa Case Management
SueAnn Morrow..... MFP/APSE
Keri Osterhaus..... Iowa Department for the Blind
Chris Peterson..... Systems Unlimited
Sandy Pingel..... Genesis
Jessica Pruitt..... ICIE
Nicole Rand..... Exceptional Persons, Inc. (EPI)
Lee Ann Russo..... Iowa Vocational Rehabilitation Services (IVRS)
Ann Trotter..... Systems Unlimited
Scott Witte..... Hope Haven, Inc. & parent of PwD
Duane Obbink..... Hope Haven, Inc.

Facilitator:

Lisa Mills..... EFLSMP / US DOL - ODEP

Presenters:

Rie Kennedy Lizotte..... SELN /NASDDDS
John Butterworth..... SELN / ICI U-Mass Boston
Jean Winsor..... SELN / ICI U-Mass Boston

Staff:

LeAnn Moskowitz..... DHS/Iowa Medicaid Enterprise
Lin Nibbelink..... DHS/Mental Health & Disability Services & sibling of PwD
Tammie Amsbaugh..... Center for Disabilities and Development
Sarah Renner..... Center for Disabilities and Development & sibling of PwD

Members Absent:

Chalsea Carroll..... Howard County Social Services
Paula Connolly..... Parent of PwD/ASK Resource Center
Steve Johnson..... Magellan
Sheila Stoeckel..... IowaWorks/Iowa WINS/DEI

Lin Nibbelink began the meeting by introducing Rie Kennedy-Lizotte, John Butterworth, and Jean Winsor from the State Employment Leadership Network (SELN) and the Institute for Community Inclusion (ICI) as presenters for today's meeting as well as Lisa Mills, Subject Matter Expert with the Employment First State Leadership Mentor Program (EFLSMP) brought to us by the US Dept. of Labor's Office of Disability Employment Policy (ODEP), who will facilitate today's discussion.

Glenda Farrier announced that Sheila Stoeckel was unable to attend today's meeting. Sheila asked Glenda to remind the group about benefits planning -- as appropriate or perhaps a bit more often than appropriate -- as an important part of Iowa's employment service mix.

Rie Kennedy Lizotte explained that funding is only one part of a larger strategy to prioritize individual integrated employment. Money alone does not accomplish the task. She explained that it is important to support an infrastructure at the individual, provider, and state levels that also prioritizes individual integrated employment. The true outcome is individual integrated employment and for that, a well-trained staff is also needed.

Jean Winsor provided a summary of Iowa's involvement with SELN. Iowa's SELN membership began in 2009 and expanded in 2012 with the award of the Partnerships in Employment Systems Change grants for youth (ICIE) to Iowa's Development Disabilities Council. SELN provides Technical Assistance to the Partnerships in Employment Systems Change grants nationwide.

One of the areas identified in the Findings and Observations Report developed for Iowa in 2010 by SELN was the need to rebalance funding for employment in ways that incentivize integrated employment. SELN was asked to provide Iowa with a review of selected states and how funding for employment is structured in those states.

A 2012 report, developed by SELN for Iowa, compared selected states -- the pros and cons for each state's structure and recommendations of funding aspects that might be applicable to Iowa. SELN was careful to take into account Iowa's goals, legacy, and infrastructure.

Several elements of funding/pricing employment services were discussed, including establishing service definitions that define billable activities. In terms of "career planning,"—Rie wondered what Iowa means by career planning and what is the desired outcome of career planning. Determining units of service is important also – whether that means 15-minute increments or hourly or daily. Rie recommended against using a daily rate. In addition whether to establish a service payment unit rate, or benchmark payment, or both, should be considered. A combined payment structure may be a way to meet most needs. Rie noted that today's discussion was about rate payment methodology.

Rie continued pointing out that there needs to be a process to fade supports as well as address increases in support need. Good delivery of employment services ultimately means fading as appropriate. Employers don't want provider staff shadowing workers unnecessarily. Also

contingencies need to be built into methodology to respond to spikes in support needs (such as being offered a promotion, or a personal crisis, etc.).

Rie discussed the other recommendations from SELN. A unit based on hours of work is good incentive but it needs to be practical. Simplicity is essential. Budget allocation process is distinct from payment rate process. Individual level of need matters. Transportation must be a separate allocation. Funding systems need to have complementary case management systems that support the individual. Supports need to be set up to respond rapidly to changes in need. People need information, an adequate individual budget to address employment support needs, and knowledgeable case management that support wrap-around supports and budget prioritization. Rates must be based upon staff cost and include the cost of indirect staff time. Providers' skill set should be consistent across the state.

It is helpful if states have a quality assurance process that prioritizes individual employment and case management staff capable of managing short and long term employment costs. There needs to be a clear process for determining transition from job coaching to ongoing support, a process to adjust authorizations quickly (Georgia has an individual allocation process where case managers can adjust up or down by 20%), and a clear process of how to use IDD funding support while waiting for VR services.

SELN reviewed rate structures for Connecticut, Minnesota, Oklahoma, New Mexico, and Oregon for comparison. Minnesota is undergoing change. New Mexico has identified different competencies for job development versus job coaching and a community inclusion job aid gets paid for providing ADL support at the jobsite. Oklahoma has developed a third party review plan via case management. This "arm's length" approach assures impartial decisions are being made. An hourly rate is paid until long term stabilization rates kick in. Oklahoma allocates twice the amount of money for integrated employment as what Iowa allocates and Iowa spends twice the amount of money on prevocational services as is spent in Oklahoma.

Bob Bartles did the math: During job coaching, if people are working full-time, then the provider loses money, he pointed out. He supports fading as good practice but does not support losing money for providers. He wondered about employment results experienced by states that provide incentive payments.

Rie observed that most states with incentive payments (like Connecticut) have not seen much affect.

SELN recommends a simple rate structure with tiered supports and adding Career Planning as a service with the outcome of a career plan. SELN advises a maximum of 60 hours; otherwise it mirrors prevocational services. Further, SELN recommends an hourly rate structure, authorized in blocks with monthly payments for long-term support.

SELN recommends a rate model for Iowa based on staff salaries and includes costs associated with benefits, program support, administration (supervision, office costs, equipment, etc.) within billable hours.

LeAnn Moskowitz clarified that Iowa has a Quality Assurance process for service authorization. Case managers work with ISIS, Medicaid's mechanism for communicating with providers and functions as work flow. All services are looked at under the lens as being "medically necessary." Iowa's structure would need to be finessed.

Questions were raised about how cost-of-living raises and costs for CARF would be handled. Is there an incentive for providing training/credentialing for staff? Must that cost – the cost of improving quality, well-trained staff -- be supported by fund-raising within the organization?

Another question was raised about transporting clients to jobs. The transportation costs in the SELN model are for staff to attend meetings, not transporting clients to jobs.

LeAnn Moskowitz explained that as of October 1, 2012 Medicaid will be paying transportation providers at same rate as emergency transportation is paid. She went on to say that at the last meeting, this group talked about career planning with an individual and group – and with the option of using different level staff with a modifier, specifying which level of funding was accessed. Iowa will need to come to agreement about that for Medicaid rules.

Lisa Mills explained that there are alternatives for long term support. For example, there could be a straight unit rate for ongoing support, a monthly rate for group supported employment, benchmark payments, and an hourly rate for hours worked. People in Connecticut are paid \$4.48/hour worked forever. People don't have much incentive to get people new jobs or better jobs because the up-front costs are not recouped. Montana has tiered system. Oklahoma pays \$16.20/hour for job coaching and \$5.08/hour once stabilized. As states move toward providing functional assessments that are divorced from case manager, that won't be such an issue.

Glenda Farrier suggested that Iowa providers might offer to plug their numbers into a blank employment rate spreadsheet, provided by SELN and submit documentation to Lin Nibbelink by September 19th. Jean Winsor offered to help providers with that process. She could provide aggregate data or provide a range. Jean is especially interested in transportation costs. Providers were given Jean's contact information.

Additionally, providers were asked to send job descriptions for their employment staff to Lin Nibbelink for comparison.

Bob Bartles mentioned that Affordable Care Act provisions will change healthcare and costs will go up. Bob will do a bit of research and bring back information about those projections to the next meeting. Bob would like to pay staff atleast \$1.00 more than the federal poverty level. Tammie Amsbaugh suggested targeting earnings to the third quartile of the pay range. Bob suggests a floor or minimum.

Rie Kennedy-Lizotte mentioned market basket indexing. After the meeting, she provided the link below with this message: “For long term services it is mostly home health care agencies in states that have been able to lobby for this indexing to be legislatively included annual rate adjustments” (added as an element in the calculations/methodology of the rate formula).

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketResearch.html>

Transcription of Lisa Mill’s Flip Chart/Facilitation notes:

Parking Lot

Career Planning

Service

Staff Level

Line-of-Sight or not alone service level

Homework for next meeting, September 26th

1. Providers fill in SELN worksheet based on costs. Send to Lin by 9-19, Call Jean with questions.
2. Performance incentive? – Develop employment service provider agreement with Medicaid or a separate contract with deliverables

Agenda Ideas

1. Futures Modeling-current versus desired cost model
2. Provider Service Mix- Changes to come out ahead?
3. Distinction between intensive service phase and ongoing services- when to go to ongoing services?
4. Transportation rates-separate?
5. Funding for ongoing support based on hours worked.
6. State-do cost modeling based on last year’s utilization (after 9-26)

Addressing Tweaks

1. Exceptions for on-going support tiers?
No one denied Individual SE
SELN tiers are based on 14 hours worked average.
Consider a 1-2 hours tier?
2. VR Blended Model – What would it look like?
Menu of available services: Waiver versus VR
How to pay for services a) separate –how to ensure equitability, b) or blended- How to incent cost sharing?

3. Poverty level for family of four=\$23,550. Pay entry level DSP \$1.00 per hour more= \$12.32/hr. Use this when building rate. Put Minimum in rule?
4. Revisit training and Qualifications after rate discussions
5. Benefits Planning as Waiver Service Rate and qualifications?

Principles

1. KEEP IT SIMPLE
2. Incentive for One Job/One Person
3. Providers cover cost plus a reasonable ROI to allow for increasing capacity over time
4. Model must help change balance of state investment in facility-based versus integrated services and increase outcomes
5. Quick authorizations when needed.
6. Medicaid as a good partner- model allows this
7. Build in Methods for rewarding providers and/or adjusting rates for cost of living, align with VR, (e.g. CPI or ‘Market Basket’ rate adjustments)
8. Fee Base, no Longer cost based- but exceptions still possible with justification
9. What model (or combination) will best incent our desired outcome of more individual integrated employment
10. Model needs to address people who are in facility and resistant to changes?
11. Model needs to incentivize ‘Conversion’ – offset or bridge costs?

**Iowa’s Disability Employment Services Workgroup
Rate Building Meeting #2 (Workgroup Mtg #6)**

Story County Community Life, Ames, Iowa
September 26, 2013

Members Present:

Bob Bartles..... Hope Haven Area Development Center, Burlington
 Sherry Becker..... North Iowa Vocational Center (NIVC), Mason City & parent of PwD
 Mindy Burr..... Easter Seals, Des Moines
 Chalsea Carroll..... Howard County Social Services, Cresco
 Sherri Clarke Nishna Productions, Inc., Shenandoah
 Deb Davis..... Horizons Unlimited, Emmetsburg
 Marcy Davis..... CANDEO, Johnston
 Glenda Farrier CASS Incorporated, Atlantic
 Kelly Kratz..... North Iowa Vocational Center (NIVC), Mason City
 Maureen McClain..... Story County Community Life, Ames
 Duane Obbink Hope Haven, Inc., Rock Valley
 Keri Osterhaus..... Iowa Department for the Blind, Des Moines
 Chris Peterson Systems Unlimited, Iowa City
 Sandy Pingel..... Genesis, Storm Lake

Nicole Rand..... Exceptional Persons, Inc. (EPI), Waterloo
 Lee Ann Russo Iowa Vocational Rehabilitation Services (IVRS), Des Moines
 Sheila Stoeckel IowaWorks/Iowa WINS/DEI, Mason City
 Ann Trotter..... Systems Unlimited, Cedar Rapids
 Scott Witte..... Hope Haven, Inc., Rock Valley & parent of PwD

Facilitator:

Lisa Mills..... EFLSMP, Madison WI

Staff:

Brooke Lovelace Center for Disabilities and Development, MFP
 LeAnn Moskowitz..... DHS/Iowa Medicaid Enterprise
 Lin Nibbelink DHS/Mental Health Disability Services & sibling of PwD
 Tammie Amsbaugh Center for Disabilities and Development
 Sarah Renner Center for Disabilities and Development & sibling of PwD

Members Absent:

Paula Connolly Parent of PwD /ASK Resource Center
 Barb Driscoll Christian Opportunity Center, Pella
 Carmen Heck..... Goodwill of the Heartland, Cedar Rapids
 Steve Johnson..... Magellan, West Des Moines
 Catherine Miller Southeast Iowa Case Management, Fairfield

Participants introduced themselves and the organization they represented. Lisa Mills reviewed the previous Employment Workgroup, September 10, 2013, and outlined the goals for this meeting.

Whether Iowa arrives at a rate structure that is a “fee-for-service” model, an outcome/milestone model, or an outcomes-only model -- or a combination of all -- it is important to consider what kind of staff will be doing the work and what the cost of that staff person is likely to be.

Lisa advised approaching the process systematically, breaking down decisions to be made. She suggested that today’s meeting be dedicated to developing recommendations for calculations of hours of staff time. Today’s agenda will include breaking into four small workgroups. The next meeting could then be dedicated to exploring various rate models.

Lisa distributed the latest draft version of Iowa’s “Individual Supported Employment” service definition that includes both services to *obtain* employment and services to *maintain* employment. The section containing supports to obtain employment section has a long list of services; the section containing supports to maintain employment has bulleted services.

Lin Nibbelink explained the “Averages of Data Received from Workgroup CRPs” worksheet she developed with the information submitted by most of this workgroup’s employment providers. She calculated averages, medians, and ranges related to wages, benefits, mileage, support/administration percentage, etc. for individual employment support, ongoing

support/career planning, group supported employment, and facility-based employment – that will inform today’s decision-making.

Tammie Amsbaugh invited other providers who have not yet submitted their financial information to Lin, to please do so. Lin mentioned that one provider submitted cost information about what that provider hoped to be able to pay staff – and she thought that was helpful information to keep in mind as we go forward.

LeAnn Moskowitz has received the job descriptions that were submitted – some organizations submitted several reflecting different levels of responsibility. She is in the process of sorting through the job descriptions and organizing them.

Scott Witte pointed out the goal of this group was to build a system that supports a realistic cost modeling. What providers pay today is not sufficient. He would like to confer with colleagues at Hope Haven. There are several categories that he has tabbed (e.g., mileage) that will cost more to deliver in rural areas. He noted there is a distinction in costs between rural areas in Iowa versus urban areas. Bob Bartles agreed, noting that because of the larger catchment area in rural areas, productivity expectations need to be adjusted.

All participants self-selected into four smaller workgroups to address the various service activities that may need distinct rates. Lisa asked workgroup participants to consider:

- What kind of person do you see delivering this service?
- What skill level is required? A = lowest and D = Highest
- What are the minimum qualifications to ensure this skill level?
- What are typical job titles that are used now?
- What else should be included in the cost categories? Look at what SELN suggested – Are there some things you recommend adding and some things you recommend deleting?
- FTE Salary/Hourly Wage -- entry level salary versus experienced salary levels; What would be 75% of range?

The following recommendations were reported to the large group by workgroups:

Benefits Services

- Adopt broader range of service categories to reflect range of things paid for currently
- \$35 to \$75 range (75% = \$60 – all costs included)
- Certification – degree/equivalent experience consistent with Medicaid rules or higher to justify higher wage + pass background check + certification: Iowa course endorsed by SSA, VCU or Cornell or similar benefits planning training that results in certification

Career Exploration

- Tours, information interviews, job shadows, on-line searches/market research in local area, volunteering
- Minimum Qualifications: BA or commensurate (C or D) + Supported Employment or Customized Employment certified; some could be done by A (Prevocational staff) B (Job Coach type) if that person is Supported Employment or Customized Employment certified and under supervision of C or D

- Entry level : \$34,000 to \$42-44,000 (4+ years) to \$50,000
- 75% range = \$46,000
- This career planning process is critical to a success of employment of the individual. Lays the foundation. Should be higher level position

Discovery/Assessment

- D = Customized Employment tasks, observation in consumer's most familiar setting, interviews, written/visual profile volunteering
- A = community-based assessments, internships, reports
- Minimum qualifications BA or commensurate (C or D) + Supported Employment or Customized Employment certified; Skill/Expertise Level (A,B,C,D)
- Entry level: \$34,000 to \$42-44,000 (4+ years) to \$50,000
- 75% range = \$46,000
- Typical Job Title – Employment Specialist/Job Developer

Career Plan Development

- Develop employment plan, resume, determining supports necessary to be successful, networking/engaging individuals network
- Critical to the success of Job Development
- Minimum Qualifications: C to D; BA or commensurate, Certified in Support Employment or Customized Employment
- Entry level: \$34,000 to \$42-\$44,000 (4+ years) to \$50,000
- 75% range = \$46,000 (based on 40 hours)
- Typical Job Title – Employment Specialist

Other Costs

- Mileage – Rural 12-15,000/year; Urban 7,000/year
- Benefits 40-45%
- Maybe less if only doing these three activities
- Program support/administration = 33%
- Vacation/Holiday/Sick = 33%
- Training = 65-70 hours; year #1 certification hours
- Costs for continuing education? (beyond hours)
- Non-billable – 17.5 hours out of 37.5
- Non billable time (12.5 out of 37.5 hours)
 - 1 hour supervision
 - 9 hours progress note/documentation, general set up of community opportunities for service recipients (tours, informational interviews, internships volunteer sites etc.)
 - 1.5 productivity adjustments
 - 1 hour team meetings

Job Development/Placement

- BA degree or commensurate experience in business/sales/marketing or human services (grandfather existing people in?) must be able to talk with employers – not human services
- Certification (TBD) within x months
- APSE Competencies for Job Developer

- Title: “Job Developer” in rule
- Entry \$40k - \$60k; 75% = \$55,000 (37.5 hours)

Other Costs

- Non-billable (can’t know without administrative time study)
 - Especially non person specific job development
 - SELN recommended 12 hours/week (32%)
- Group thinks it could be higher than that
- Providers will conduct time study for two weeks minimum to determine total non-billable hours; then turn that info in to Lin please.

Training to Stabilization

- Job coach role
- Minimum Qualifications = HS diploma or GED, disability awareness, APSE competencies, ability to obtain certification with x months, capacity to teach/coach/educate, strong communication skills
- Entry - \$13.50 to \$20 75% = \$18.73 (37.5 hours)
- Benefits 36%, Mileage = \$.55 (400/week blended average); PTO 40 days
- 60 hours ongoing training
- Program Support/Administration = 50%

Non Billable for Training to Stabilization

- 32% non-billable (includes progress notes) (32% is SELN suggestion)
Providers willing to go back to accounting to pin it down

On-Going Support

- Minimum qualifications – 2 years’ experience + HS Diploma/GED or AA Degree
- Expertise level = B
- Job Coach, employment training specialist, vocational instructor
- \$12.00 to \$18.00 (40 hour week) 75% = \$16.50
- 40% benefits, mileage 47c (U=4200; R=10,000)
- PTO (247 hours)
- Program Support/Administration = 40%
- Training 40 hours/year (part-time minimum of 20)

Workplace Personal Care/Assistance

- CDAC – is available in the workplace \$13.47 is cap for individual; agency is at \$19.01/hour
- Question to answer: If Job Coach provides personal care because the coach is already on the site, how is it billed?
 - At Coach rate (if most cost effective option)
 - At Personal Care rate (even though done by Coach)
 - Or say personal care only through CDAC even if Job Coach is on site

Certification

- Allow x number of months after hire to become certified

Lisa presented a PowerPoint presentation related to outcome-based reimbursement for job coaching – reasons to consider this approach. The paradox, she noted, when paying by hour of service was that the more capable an organization the less hours they need to deliver the service. Therefore, the more capable organizations receive less funding as a result of being more capable.

Finding a person a job ends job-development funding; fading of job coaching reduces funding to the provider. In addition, increasing the hours worked does not result in any financial reward for provider so there is no financial incentive to assist a wage earner to seek advancement or promotion or to earn more money. Increasing the hours of support (while not increasing the hours the person works) results in financial reward for the provider.

The advantage of the VR Milestone Payment system is that it pays for an outcome rather than on-going service which may not lead to an outcome. The shortcoming of the VR Milestone Payment system is that a single milestone payment may not reflect:

- A person's level of disability
- A person's barriers to employment
- The quality of employment outcome produced
- Hours the job offers
- Wages the job offers

In addition, they Milestone Payment system is not adjusted for changes in the economy that produce greater challenges for all job-seekers and may discourage risk on the part of providers to accept certain referrals. Providers may be discouraged to work with people who are harder to serve.

A better approach may be tiered payments to reflect level of disability and barriers to employment.

One payment tier would be available for initial training and stabilization that reflects the hours the person is working. Reimbursement would be higher for more hours worked. Bonus payments would be offered if certain quality indicators were met beyond the ordinary requirements for successful VR closure.

Pay that is based on hours the person works rewards fading (no loss of income) and rewards moving people toward full employment (increase for income). Tiered rates per hour worked can help to account for level of individual disability. In Wisconsin, the payment continues so long as the person maintains employment.

For providers, the incentives in an Outcome-Based payment model are:

- More net revenue (less support need) if member hours worked increase without increasing the support percentage needed from provider
- More net revenue if member hours worked are maintained with lower support percentage from provider
- Encourage provider to assist worker to avoid reduction in hours worked when possible
- Facilitating provider use of best practices (e.g., technology, natural supports, systematic instruction) to avoid the need for job coaching when possible

- Encourages providers to assist people find jobs with paid time off and other benefits

The provider gets paid for all paid hours worked, including PTO. Fading is built into the rate structure. Pay is higher serving people with higher needs and lower for people with lower needs (not like Oklahoma).

Payment occurs when members achieves more hours on the job (outcomes). Authorizations are not dependent on ongoing provider case manage negotiations. This model allows for immediate response if a change in job coaching level is required.

It saves Case Managers and providers time and aggravation!

Lisa shared examples that show a financial incentive to maximize hours worked and minimize job coaching supports. And she offered to share Oregon’s tiered payment model with Iowa.

The model must account for people who have unique support needs. There is a potential for “outliers” and they must be taken into consideration too.

Tammie handed out the newest report received from SELN, “Addendum to the Funding Report 9.25.13”. Lin will subsequently email this to workgroup members as well.

NEXT MEETING

The next meeting will focus on potential funding models, including SELN, based from the pricing that was suggested today.

The next meeting is October 31st @ Story County Community Life.

 Iowa’s Disability Employment Services Workgroup
 Part II: Reimbursement
 Story County Community Live, 104 S. Hazel St., Ames, IA
 October 31, 2013

Members Present:

- Bob Bartles..... Hope Haven Area Development Ctr
- Mindy Burr..... Easter Seals
- Chalsea Carroll..... Howard County Social Services
- Sherri Clarke Nishna Productions, Inc.
- Paula Connolly Parent /ASK Resource Center
- Deb Davis..... Horizons Unlimited
- Barb Driscoll Christian Opportunity Center
- Glenda Farrier CASS Incorporated
- Kelly Kratz..... North Iowa Vocational Center (NIVC)

Ashlea Lantz.....	Candeo/APSE & sibling of PwD
Brooke Lovelace	MFP
SueAnn Morrow	MFP/APSE
Maureen McClain.....	Story County Community Life
Cathy Miller	Southeast Iowa Case Management
Duane Obbink	Hope Haven, Inc.
Sandy Pingel.....	Genesis Development
Nicole Rand.....	Exceptional Persons, Inc.
Ann Trotter.....	Systems Unlimited
Scott Witte.....	Hope Haven, Inc. / parent

Facilitator:

Lisa Mills.....	EFLSMP
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Staff:

LeAnn Moskowitz.....	DHS/Iowa Medicaid Enterprise
Lin Nibbelink	DHS/Mental Health Disability Services / sibling
Lee Ann Russo	Iowa Vocational Rehabilitation Services
Tammie Amsbaugh	Center for Disabilities and Development
Sarah Renner	Center for Disabilities and Development / sibling

Members Absent:

Carmen Heck.....	Goodwill of the Heartland
Steve Johnson.....	Magellan
Keri Osterhaus.....	Iowa Dept. for the Blind
Sheila Stoeckel	IowaWorks

Welcome & Introductions

Lisa Mills reviewed the goals for today’s meeting. She noted the goals were ambitious. Today’s discussion will focus on:

- Prevocational Services
- Individual Supported Employment Cost/Rate Models
- Individual Supported Employment Payment Methodologies.

Lisa would like to review and discuss the principles for establishing a time limit for services during today’s meeting along with the most recent version of service definitions. In addition she would like to discuss standards/expectations/staff qualifications/units for Career Exploration, what happens the first time someone receives services after the definition/rule change, and how to go about acquiring a reauthorization after the loss of an integrated job. There may be other scenarios to examine as well.

Lisa noted there may be several “outlier” scenarios that may come up during Iowa’s transition to a broader array of employment services and they should be discussed and problem-solved in advance if possible, by this group. Once Iowa’s transition to a broader array of employment options is complete, there will be fewer “outliers” or exceptions.

IVRS will pay for employment services when people have an employment goal – when they want to pursue a particular job or career path; Medicaid will pay for employment services as people are still deciding whether to pursue employment or not. Lisa thought it would be wise to check with IVRS to see if any services between IVRS and IME are redundant. She thinks perhaps, the process of Discovery will serve as a vehicle for “informed choice.”

Ensuring informed choice requires Iowa to establish minimum expectations. This will include “career exploration.” Where career exploration is authorized as a distinct component of this service, rules will need to contain specific expectations regarding activities, time allocated, expected outcomes, and requirement for written summary report to be submitted within 14 days after the end of service.

At the end of career exploration, a person will be asked if he/she wishes to pursue integrated employment or transition to a service other than prevocational.

After conferring with IME, these are some suggested guidelines: If choosing to pursue integrated employment, a three year time limit on prevocational services will be in effect after career exploration is completed. After one year, prevocational reauthorization will require documentation that job development services are received from IVRS, IME, the county, Ticket-to-Work, or private pay. The three year time limit can be extended if documentation is provided that job development services continue through one of the afore-mentioned sources because integrated employment has not been secured.

If after three years, integrated employment cannot be secured, he/she will be assisted to transition to Group Supported Employment with a requirement that job development for integrated employment be re-attempted for at least 12 months, no less often than every three years. If a suitable integrated job is secured but turned down and therefore prevocational services would no longer be appropriate given the intent of the service; he/she will be transitioned to Group Supported Employment, Day Habilitation, or another appropriate service.

In order to ensure provider capacity and cost-neutrality for IME, the requirement for when each prevocational service participant needs to engage in an informed choice process (including career exploration) will be determined based on data that is being obtained that will help Iowa assess how many people (statewide and by provider) will be impacted by this new policy.

For all new entrants to prevocational services, the case manager will clearly explain the prevocational services are preparatory to integrated employment. All new authorizations will require documentation that the member:

- Desires integrated employment as the outcome of prevocational services
- Has been informed that he/she does not have to participate in prevocational services but could go directly to Supported Employment services
- Has been informed that he/she could choose to participate in group Supported Employment rather than prevocational services

For all new entrants to prevocational services, a three year time limit will be in effect.

- After the first year, a reauthorization of prevocational services will require documentation that he/she is receiving job development services through IVRS, IME, county, Ticket-to-Work, or private pay
- The three year time limit can be extended if documentation is provided that job development services continue through one of the authorizations because employment has not yet been secured
- If at some point after at least three years, it is determined that integrated employment cannot be secured at this time, he/she will be assisted to transition to Group Supported Employment with a requirement that job development be re-attempted for at least 12 months, no less often than every three years
- If integrated employment is offered that is sufficient match to employment goal and is turned down, prevocational services will no longer be appropriate given the intent of the service and so therefore, he/she will be transitioned to Group Supported Employment, Day Habilitation, or another appropriate service

If any person obtains part-time, integrated employment but has a documented need for daytime, wraparound supports, in addition to integrated employment supports; he/she may choose Group Supported Employment, Day Habilitation, or another appropriate service. If any person loses an integrated employment position, he/she may return to prevocational services and career exploration will be reauthorized as part of the first year of service authorization so that efforts to secure new integrated employment can commence in a timely manner.

Across all services and regardless of peoples' choices; services -- including prevocational services -- will be delivered in the most integrated setting that meets people's needs.

LeAnn Moskowitz provided information about how states determine indirect costs. CMS wants states to be specific about which costs are direct and which costs are indirect. Also the Social Security Act has guidelines. Accounting and human resources costs are allowable but there is a cap. Salary figures are typically reflective of facility-based services. Fee-based is different from cost-based. Typically, CMS examines areas close by (e.g., contiguous states) to determine regionally based average salaries for similar positions. LeAnn suggests looking at contract work funds and other sources of funds besides Medicaid. She thought Resource Center salaries would provide important information too. There is an entire section in OMB, she stated, about establishing indirect costs such as advisory board costs, professional services, etc.

Bob Bartles wondered what salaries were found for job coaches and job developers. He though \$34,000 (75%) seem reasonable.

Tammie Amsbaugh provided job titles and wage levels from other states with similar job descriptions. Iowa's state employees range from \$28k/year to \$48k/year. Duane Obbink offered IVRS ranges -- \$42k/year to \$64k/year. A rehab assistant, like a job coach, is lower -- \$37k/year to \$55k/year.

This workgroup suggested a range of \$20,800 to \$37,418 for job coach.

Lisa mentioned that benefits planning rates that were recommended at the last meeting were all-inclusive and ranged from \$35k/year to \$65k/year.

Lee Ann Russo distributed rates paid by IVRS. They will be reducing the number of “D” codes in the future. She noted that IVRS rates had some documentation as a basis for setting rates, but not totally adequate documentation.

The SELN Model and the Outcome-based Model were compared and contrasted. People were asked to list three things they liked about each model, three concerns, and three questions that they have remaining. Responses were sorted and distributed as a document.

INSERT LISA’S POWERPOINT PRESENTATION HERE

The group discussed hours of service versus outcome payment. A hybrid model may be Iowa’s selection – although more complicated. It would be good to look at other examples of tier-structured VR and Medicaid payment models.

Bob Bartles thinks Iowa should pass on a tiered payment structure all together.

The group also discussed ongoing contact (e.g., one contact/month) in perpetuity, reauthorized annually as a follow-along service like Wisconsin. It would be paid at a token rate, for example, \$50/month or possibly even less.

Bob likes the one visit/month-in-perpetuity follow-along service and then if more services are needed, six hours could be flexed without requesting additional authorization.

Kelly Kratz wondered about documentation of hours worked, noting that acquiring the same documentation, as needed by Ticket-to-Work, has been problematic. Her organization is offering gift cards as an incentive for people to report their work hours.

Future Plans

Lisa will work with IME, MHDS, and IVRS to clarify details for a hybrid model for Iowa incorporating the assumptions that have been articulated.

Lin announced hopes for a Community of Practice-like experience being planned for Iowa in 2014, using any/all SMEs expertise available to us, and open to broader community of providers, families, case managers, etc. She added that these workgroup meetings may continue, if needed, as “Go To Meeting” webinars rather than in person. Lin will assume everyone is interested in continued involvement with this group’s activities unless she is notified you’re no longer interested. She clarified that this process involves an ongoing discussion and conversation -- and that the dialogue must continue, respecting all, for Iowa to be successful.