

# Appendix G

Employment Recommendation A. 5.

Funding Options

**Charge of Committee:**

- **Research and recommend alternate funding options for community employment**
- **Clarify what can/cannot be paid for with DDD funding and what mechanisms can be used**
- **Identify where DDD funding mechanism is getting in the way**

The subgroup met on 2/16/05, 3/21/05, and 4/18/05. Attendees included:

Shelly Richardson and Rob DeHerrera, DDRC

Jean Hoffman and Bob Lawhead, Employment Link

Mark Emery, Imagine

Erin Eulenfeld, Foothills Gateway

Al Orlofsky, Division for Developmental Disabilities

Kathy Athens, Denver Options Chairperson

**Background:**

- System change dismantled previous managed care approach for supported employment. Emphasis on supported employment needs to start with DDD.
- CCBs stated their finance people reviewed the CIE data that was sent to each CCB. Information of the #'s of people in CIE may be statistically invalid because CCB's entered data differently in 1997 than they do now.
- Job development is very expensive – especially with up-front costs. As a provider, it is important to have a guaranteed level of funding. SLS less likely to fund community participation than enclaves.
- Transition kids are critical (getting them working before they get a chance to choose recreation program).

**Community Participation:**

- When SLS came into being, community accessibility was an enhancement to day services at that time. Major issue for families is supervision during the day so they can work. (Safety net) Imagine's grant project found that families didn't necessarily want individuals to work full time. Part of reasons families don't choose employment is because people don't understand promise of CIE.
- Agencies get \$16,000 to do recreation. In SLS, more money is spent on 1 to 1 Community Accessibility services. It is burgeoning with no fading or outcomes. As long as it is an option under SLS it is hard to restrict persons from choosing it.
- The issue for 1:4 or 1:5 CP is higher cost and there is never the potential for savings (like you do with CIE).
- The state is not obligated to provide 1 to 1 services. If wise use of public dollars indicates that CIE is the way to go, need state leadership.
- All choices should not be available to all people.
- Need clearer definition of community participation, especially around volunteer jobs. Volunteer crews should be the only groups allowed for volunteer activities.

- Need support of DDD to change community participation. It is going to take the state saying, “this is what you will spend \$ on” to make changes.
- Have to understand that limiting Community Participation may drive people back into congregate settings because families want person in program certain # of hours a day.
- Hard to change definition of community accessibility – may be more doable to define supported community connections.

Ohio used local and state funds to pay anybody to find a person a job – that person received a percentage of the amount the client eventually earned (performance based). This was geared more toward family members. In reality, this did not seem to be a tremendously successful program since a small number of people were employed even though a lot of time and effort was put into it.

Basic need is more money in the system. **Brainstorming ideas for freeing up more dollars:**

- Squeeze DVR to increase rates for supported employment.
- Carve out true community connecting that is more akin to supported employment (individual connections in which support can gradually be faded) – would have to see if we have to change waiver to could create new category called Community Connecting (current waiver doesn’t pay for sheltered employment - its called supervision)
- Decrease current rates for community participation and call it either day supervision or Leisure/Recreation/Supervision. Levels of supervision should be tied to dollar amounts.
- Rationing of funds (e.g., 100 people get higher funding and the rest receive supervision).
- Creation of ‘set-aside’ to match DVR dollars.
- Carve funds out of SLS pool (a pool within a pool) for employment.
- Set aside transition day program \$

**Ideas to increase people in CIE without increasing funds:**

- DDD establish increased #'s in CIE as a priority. CCB’s have to develop a plan on how to increase number of clients in CIE.
- Set some criteria for CCBs – X number or percentage of folks should be employed (although we should be sure to factor out persons of retirement age).
- Set some base requirements for individuals who should be in CIE (e.g., age range, IQ range, etc.)
- Need to eliminate DVR barriers (hard to meet goals if don’t have the tools to complete the goal).

There was a question as to whether increases in the number of persons in employment may evolve naturally with the implementation of Self-Determination because of its focus on producing income. However, we may not want to rely only on Self-Determination to increase the numbers of people in supported employment.

There was discussion around a new policy announced in Washington State that will be effective July 2006. They currently have a lot of people in community accessibility, and the policy will be:

- Every adult between 21 and 64 must be working or on a “Pathway to Employment” (individualized employment) unless a waiver has been approved from top DD management
- If families or individuals don’t accept this, Washington state will not pay for on-going community participation.

- There will be 2 years to get ready for it
- Several questions:
  - ☞ What constitutes working toward employment?
  - ☞ What is enough? What happens if only a few days a week or a volunteer job?
  - ☞ What meets an appropriate pathway? (Skill building, etc.)

The main barrier to supported employment is with the overall lack of funding – people may suggest that some CCBs use their mill levy funds but mill levy funds are already committed for short-falls, EI, etc. There is also an issue of many CCBs that don't get any county funding.

It doesn't make sense to require every CCB to use the same mechanisms to increase employment. With each county being different, each CCB should look at what they can do individually.

- Local control is important
- There is a tremendous concern with safety if we cut back funding in our current Community Participation services to increase rates in supported employment
- There is a huge issue of schedules for clients and their families – we need to provide current services and find someone else to do job development
- Goals for CIE could be in plan submitted with re-designation as CCB– specifics on what each CCB is doing or can do

There was a suggestion that the overall goal should be a 5% increase in persons in employment (statewide) – goal for individual CCBs may vary

- Agencies that are CARF accredited are dropping like flies – but CARF used to require employment.
- Need to find ways to hold people accountable.
- Perhaps should tie CIE improvement to overall job growth in an area? But data doesn't support this idea because small CCBs have higher numbers of persons in CIE.

We should be seeing some changes in CIE numbers just because of increased awareness. Individuals and families need to know that they don't have an option not to work (like deinstitutionalization).

We need a year of data on why people aren't working – families rely on Resource Coordinator's for decisions and RC's don't always understand CIE and job development. Fall Symposium – should be focused on RC's. Ask CCB's to send RC's. Discuss the new mandate for IPs and information on CIE.

We need to let people know of changes coming – a slow ramp up.  
Problem for Mandy R. ruling and use of excess \$ for waiting list

### **Vocational Rehabilitation concerns:**

Both Medicaid and DVR indicate they are the “funder of last resort.” The state has tried to steer clear of this issue but CMS is now more interested in it.

Need protocol for using DD funds prior to involving Rehab. There is a document from John Miles indicating that it is okay to use SLS funds until a person is found eligible for DVR funding. This is not official, and may have to be formalized in the future.

Many CCBs have expressed concerns with their working relationship with the local DVR office. There does not seem to be a clear outline on what DVR pays for versus what the Medicaid waiver pays for.

MOU funds – research of SSN's showed that DVR spent in excess of the match money identified in the MOU – paid out of direct authorizations. CCBs may not know if funds are expended by DVR on persons receiving services if the person is in school and SLS (but the family doesn't tell the CCB about DVR involvement).

A great deal of ongoing effort needs to occur with DVR and much more discussion and work is needed, but the lack of staffing hampers the ability to make changes.

Eligibility for DD services – should be presumed eligible for SSI and DVR. DVR still has specific paperwork that needs to be completed regardless of presumed eligibility. Need more consistency statewide about eligibility and authorization process.

Our folks need to see many employers before they can find an employer who is willing to make substantial accommodations. When we find an employer who is willing to made accommodations, then they call it job development paid by VR.

Blended funding is valid because CCBs are paying for things that DVR doesn't do. Job shadowing is not a situational assessment. Filling out job applications is not a situational assessment. Looking at job sites is not a situational assessment. We should also meet with RB Brown to discuss VR's definition of situational assessment.

Problems with DVR rates:

- If providers say, "My rate is X" and VR offers less, it is up to provider to say no. DVR funds are still in use because, like MD's, if providers are willing to take a portion of the money it becomes hard to make a case that payment amounts are not enough
- Providers should attempt to access DVR funds first, if it's clearly not within the provider's ability to provide a service under that rate, then they can access SLS funds
- Hard to get data on specific costs of services.

**Funding possibilities:**

Carving out pools for supported employment within the Comprehensive and SLS pools is okay with DDD. We could carve out several pools of dollars. For example, 1 for dental, 1 for employment, 1 for recreation. Setting aside dollars allows people to opt into CIE services.

Discussion of idea to cut Community Participation funding and transfer funds to CIE programs: Some folks (most severely disabled) would be compromised if funds taken away from their current program. There was discussion on whether people with higher medical needs should be carved out as well.

**Recommendations:**

1. State needs to have strong position and set some limits for consumers  
    Don't want to deal with dispute resolution
2. Phase In
3. State needs to impose a goal to increase # of people in CIE over next year and work with each board to establish goals. Also need to discuss ways to use \$ more creatively.
4. Definitions – Community connections – short-term, outcome
5. State or CCB projections of where it should be in 2005-2010 – steps to get there
6. Follow up with local goals
  - Is the CCB interested in increasing # of people in CIE
  - What is CCB looking at to increase #
  - How is CCB going to get there, and can DDD help?