

Idaho Employment First Consortium

April 10, 2014 Meeting Notes

Tracy shared about the recent ODEP EFSLMP webinar on systems change and policy work in Georgia related to creating a system that supports customized supported employment for individuals with more significant disabilities. Discussion about where Vocational Rehabilitation is housed in different states – under the Dept. of Education or Dept. of Labor.

Gordon said that he recently attended national meetings: the National Coalition of State Rehabilitation Councils and the Council of State Administrators of Vocational Rehabilitation. He said there is a national movement to move Vocational Rehabilitation under the Department of Labor. Congress is looking at the Workforce Investment Act (WIA) re-authorization. The Senate committee recently sent a bill that would move the Rehabilitation Services Administration (RSA) to the US Dept. of Labor. It is a big issue because it has been part of the Dept of Education. What happens with WIA is also tied what happens to the Rehabilitation Act. Another issue with the bill is that VR Counselors would be able to have a Bachelor's degree - now they need a Master's degree. In the House bill it would also downgrade the RSA to a lower level than it is now. States that have had Vocational Rehabilitation under Dept. of Labor have had issues like: perceived siphoning off funds to serve the general population rather than individuals with disabilities. The Senate Cmte has said it would be up to the states to decide where VR would be (Georgia example). Not sure where this will end up – different folks at federal level have different thoughts.

WIA and RSA – not sure WIA authorization will pass this year. Gordon said a positive thing at the national meeting he attended was show of collaboration through a panel of different representatives from federal agencies presenting together.

Gordon said at the meeting of State VR Administrators they talked about Employment First. Some states VR agencies didn't want to engage in employment first activities. They said they have already been doing it – it is old ideas and they felt they should be getting the credit. He said after a lot of discussion some folks seemed to warm to the idea. Gordon also attended a breakfast with the US Business Leadership Network (BLN). He asked about ways to get a state BLN going. Send a letter to Jill Houghton (US BLN) and copy Susan Martinez (ATT) asking for an introduction from the national businesses (national rep) to their counterparts in the state. Raise awareness inside the company of the possibility of getting involved in Idaho. US Bank, Walgreens, Marriott, etc. Rachel Piepmeyer is the outreach person under the DOL Disability Employment Initiative grant and could help.

Some CRPs have local Business Advisory Councils (Cd'A, Idaho Falls) and these could be seeds for a state BLN. In Treasure Valley there is IROC that meets periodically and strategizes about supports and services for at-risk youth.

Alison is hopeful that something could be written into the Education budget related to school-to-work activities to have more state match for federal VR dollars. The Idaho match is 78% federal to 22% state dollars. Some districts provide match for VR school to work counselors. Perhaps develop policy for college and career readiness that would have a line-item in the state budget. VR counselors could be used to bump up vocational activities for students while still in school, especially paid work experience which is an evidence-based practice. Policy and budgetary change to support "career readiness." In Idaho the legislature doesn't like to use federal dollars. Current SDE administration is focused on college readiness – need to shift for more focus on career.

Need to advocate with the Governor about the importance of state match to federal dollars. Share statistics of unemployment of PWDD. Compelling need is there. We have the information and we need to share.

Discussion about strategic plan in focusing on things that are policy and systems change. Take advantage of some political will in the legislature to support employment and improve state Medicaid system (in lieu of "expansion"). ACCSES Idaho did a study of information about VR match etc. Ask Glen Roach for the information.

Gordon said that during the information sharing at the Hill visits, the congressional folks were excited about the collaboration going on in Idaho between WIA and VR etc. Senator Crapo especially was enthused.

Having a unified front is important – going in with the same concept and supporting the same idea. Focus on what we can agree upon – make that our agenda.

Tracy mentioned that Jennifer Zelinski – the Idaho Parents Unlimited representative on the IEF, is stretched very thin in her work hours for IPUL/ She has talked to Tracy about finding one or two parent representatives to attend the meetings. Alison would like to see an IPUL agency representative – more than just a parent. She also mentioned that she has been hearing schools say that parents don't want their kids to work.

Transportation is a big issue for PWD going to work. Gordon and Noll have been involved in state and regional transportation groups. Gordon said that the state transportation group is not sure how or if they will continue. One issue is that government offices are dispersed in a community making transportation difficult for constituency to get between offices. Perhaps recommend a future policy that requires them to be located near each other.

Review of Strategic Plan/Timeline

Strategic Plan - Marketing and Outreach:

Russ said that an Extended Employment Services program stakeholder meeting was held and they discussed more funding for the program and using Take Your Legislator to Work as an awareness activity. Group discussed improving our outreach to provider associations to increase participation in TYLTW this fall. Tracy mentioned we also need to identify legislative candidates in local areas to see if they want to participate as well.

Group decided that because of the IEFC's main role of systems change work and policy development it didn't make sense to have IEFC members be trained to do presentations. Gordon suggested having an invitation to businesses to join future state BLN.

Able to Work – put together a page for Able to Work that includes link to IEFC page. Tracy will work with Monique on more Able to Work additions including a parent page about overcoming barriers/fears with link to work incentives. Also share on ICCD and Employment First materials.

Strategic Plan - Data Collection:

Consider approaching universities to work on this as well as research funding and grants for technical assistance to design the state data collection system. There was a Boise State University professor who presented to DD Council at their fall meeting – Tracy will follow-up. Alison said TAESE (not sure of name) who has been collecting Idaho's post school outcomes survey data is good. Designing the system was low cost, collecting and analysis is a larger on-going cost. They are also doing parent survey and outcome survey. There are two things we need to figure out to move forward: how to design and collect and then who will collect and maintain over time? Suggestions to have state overall data and regional data separated out. Mirror Idaho Dept. of Labor six labor market areas. The disaggregate data is very useful. That way you can see needs and plan for improvement. Gordon has technical assistance available through the DEI grant. We should meet about this – Tracy will follow-up with Gordon and Data Group.

Strategic Plan - Work Incentives:

Monique said that the State Independent Living Council (SILC) has held all the marketing materials for Medicaid for Workers with Disabilities (MWD) and she is trying to disseminate the information to hubs – LINC and other Centers for Independent Living. She wants to find a home for the central (electronic) files for future use. There are two issues with MWD: gray area for people not already on SSDI – in rules it says that you have to meet SSDI qualifications. She said it would be logical and seamless to send folks to DDS (disability determination services) to determine their eligibility. Needs to be clearer for individuals to go to

DDS without having to go to SSA if they don't want to. At the time the individual comes into IDHW and say they have a job they should be given an application for MWD. Some folks are not given an application at that time and regional IDHW staff are saying they don't qualify (because they are working). Disability Rights Idaho (DRI) has a priority for this and Scott is working on it. **Recommendation to Monique to put together a guideline sheet and share with IDHW staff to share with regional offices.**

Dina reported that DRI is working to get the first person on the Aged & Disabled HCBS waiver to get CSE services. There is a lack of education/awareness that CSE is available under this waiver. VR needs to know about this availability. Conversation between long-term care and VR would be helpful to help VR understand A&D process and where long term supports would come from. This is a separate process and different from the DD waiver.

Strategic Plan – Transition:

There are modules on the Idaho Training Clearinghouse (ITC) related to transition. The Center on Disability and Human Development, U of I – had Ellen Condon do webinar presentations on creating work experiences in rural areas and these are archived on the ITC. Alison has 5 transition modules for teachers on the ITC as well and hopes to run them again. **Add to strategy table** the two items from the workgroup – graduation credit for a career readiness class and creating more paid work experience for students.

Strategic Plan - Identified Policy Issues:

- Transportation
- Capturing federal funds for vocational rehabilitation
- Path to employment services in the 1915i waiver (keep this part of ongoing discussion inside the Collaborative Workgroup)
- Career readiness course for graduation credit
- Rates and funding for services and disconnect between VR CSE and Medicaid CSE

Support VR request for funds from state – also State Dept. of Education funds for VR Counselors. Maybe put out feelers this year because of administration changes in both agencies. Talk about line item in both budgets to support career readiness activities. Marketing to districts is key to them wanting the funds to do a specific thing (not SDE pushing an agenda).

Transportation – some rural communities have cooperatives that are effective. Cd'A has fairly cheap taxi service.

This year make case with legislators and Governor about state match for federal dollars to help people get jobs. Include in TYLTW materials and promotion. Show Return on Investment argument with data. Could use national and state data. Target JFAC members for TYLTW activities. Get as many legislators involved as possible. **Tracy will put together list of retirees and candidates in legislature.** Suggestion to ask Jim Weatherby or BSU political science department for help in putting something together.

Data Collection

Group met and agreed that we have identified the data points and ideas about how we want to collect it. Now need outside help to develop the system. Currently we don't have good data to share with policymakers and for policy development. Later we want to be able to measure how effective the changes we make are (policy, etc.).

Realize the data on transition students is limited and may look at how to track additional data over time. Alison said that in the past, gathering data after students have been out of high school longer was difficult because of keeping contact information current. Three years out was ok but any longer and they had a very low return rate. Alison said that Ohio has done a longitudinal study looking at outcomes and have a pretty comprehensive survey. They produce a brochure for policymakers with data. Possibly talk to them about keeping contact data reliable and cost of system. Alison will check their website to see if the data is there – Ohio SDE. *(An email from Alison with this information was forwarded to the group shortly after the meeting.)*

Questions to be answered – there is data collected but it gets stale – most data we have now from state and national resources is a couple of years old. (Except Howard's data from the EES program which is timely as needed.) Need more timely information in real time to better measure impact of policy changes. The Data Workgroup needs to know what funds might be available to move forward in approaching a contractor to design the system. We need to know design costs and maintenance costs.

Alison asked if we know how we would keep contact information? Using current systems' information. How do we sustain long-term collection of data and where is it housed? Confidentiality issues with sharing data between systems. But if we collect in aggregate and regionally would we have issue? Yes, in contacting individuals for follow-up or surveys (SDE). Couldn't collect long term data on an individual basis as far as job changes, wages earned over time, time on job, etc. How are other states doing this? Is it under the VR system?

CSE Rules

Jean reported about rules development workgroup. A flow chart was developed to see how the 'flow' of the process between VR and Medicaid CSE would work. A lot of the beginning documentation and services is through VR for site development etc. Helpful to have CRP recommend hours and goals for waiver CSE when an individual is asking for additional funding. Medicaid would ask for employment goal to be on ISP so VR could see verification of long term support. Discussion about what VR would look at to confirm long term supports are available related to having funds in the individual's Medicaid budget (even without an employment goal).

Jean said that Medicaid will be modifying the Individual Support Plan to have emphasis on work with questions to encourage the person-centered planning team to discuss. The group talked about criteria for review of budget request through exception review.

The recent Medicaid lawsuit ruling is going to affect all individuals who had their budgets reduced through new process. So we don't know exactly how that would affect people adding CSE to plan.

This new process would happen through exception review. There are only two reasons for people to do this: when health and safety is an issue and now to obtain or maintain employment when they don't have enough funds in budget to do that. The drafted rule language includes teams looking at how to modify plan and utilize current service hours for employment if possible – if not, reason why they can't rearrange current funds. (because of other needs, etc.)

Howard is looking into how to get needed information from IDVR to Medicaid about hours of service needed. Ongoing the CRP would provide the information.

Would there be a focus on fading CRP hours as individual becomes more independent on the job? If appropriate for the individual, would encourage fading and follow-along as necessary.

CMS has come back with pretty detailed questions related to waiver amendment and criteria for additional budget and services. Jean shared some of the questions.

How will message be the same about fading services overtime? Look over time and at future requests that teams have considered fading services to lower level. There can be a disconnect between people talking about it, what the client understands, and how fading is demonstrated or... continued need for services ongoing is justified.

Need a smooth transition so people don't lose job because of gap in services. Possibly extend period of time so that targeted service coordinators (TSC) will get

all paperwork in and IDHW approving services. (now 15 day turn-around with Care Manager) Annual plan - 30 days.

TSC training should include plan for when TSC is on vacation or absent. TSC's have administrators and work for agencies. This is a connection point to get information out about training etc.

Confirmation that if CSE dollars are approved you can't use them for something else. If the participant ends up not working an addendum to the plan would have to be submitted. Is there risk of having budget lowered if people don't use CSE dollars in plan? IDHW doesn't look at what was spent – but at what budget amount was determined last year.

Should a template be developed for CRPs to provide ongoing information and documentation to support request in subsequent years? Possibly, but it would be included on the exception review form.

This would be implemented as a temporary rule starting July 1 and will go before legislature in Jan 2015. Jean shared timeline for rule development, there will be public hearing between July 12-14.

Also depends on what happens with lawsuit and how people on the DD Waiver will have their budget or services restored based on 2011 level. This will be determined in the next month or so.

Would it be a barrier for VR if an individual does not have a plan developed although they are waiver eligible? VR will want documentation that they are eligible and services are available. Howard is looking into what exactly VR will want to see.

Communication Plan for Training on CSE Exception Review

Service Coordinator and team identify that employment is a priority and document that on plan. Must be pretty confident that it will be pursued. But normally it would be on the plan with services identified. When work is a priority – what does that really mean? Your day will look different and services will be different. This is not set up to be working 2 hours on a Saturday afternoon. Also need to share about looking at how current services could be modified because rules require that team will need to document why current mix of services needs to be maintained with CSE as an addition.

Transportation needs will likely look different too with a different kind of day going to work. People on the waiver can use non-medical transportation to support going to work in the "other" services.

*Possible need for future policy requiring training in service coordination rules. Quality reviews would include what kind of training was provided to staff.

Currently there is a list of categories that job developers need to be trained on under EES rules – might use as a reference for how to add categories to TSC rules.

Monique said there is a training for service coordinators on Able to Work that Trina and CDHD developed. It has a focus on employment. Perhaps some additional information could be added. **Contact Trina soon - Tracy.**

Include VR Counselors in communication/education related to rules.

Employment Public Forums

Noll reported that some of the issues identified by people at the public forums so far are: families didn't want them to work (lose benefits), transportation, professionalism of job coaches (more training and information provided to them) also job developers (to know about their clients and disabilities). Educate individuals on what services are available to them. Fear of losing benefits. Educate employers about benefits of hiring people with disabilities.

What resources are shared? IEFC, Able to Work, and DOL Career Information System websites, materials from VR, DRI Work incentives, Medicaid for Workers with Disabilities, Able to Work.

Job coaches training – what is currently required? Must be 21 or have disability experience and have certain number of hours experience or training. Get trained on basics (requirements). Sometimes use volunteers or retired people as job coaches. Turnover can be very high, small agencies have difficulty. One person at forum identified need for decent wages for support staff and retirement plan.

Self-advocates said they appreciate being heard.

Moscow was a great forum – they were giving suggestions on issues. Give job coaches incentives on graduating clients (fading services). Also advertise your success in getting people jobs so you get more clients. A good job coach may graduate someone but their hours may not be replaced because of the nature of the waiting list (there is a disincentive). Way to incentivize doing a good job. Have a list of employers that are disability friendly – those who go the extra mile to provide training and natural support. Recognize businesses that do a good job of employing and supporting individuals. Natural supports are usually beneficial but the hardest to find. Part of job coach's job should be to identify natural supports.

A lot of people didn't know of the services available – need more awareness. Also needs to be localized to their area – not all services are available in some local areas. Dina said that DRI can go to local areas if needed – funding has been set aside – especially since they closed the Moscow office.

Heard from a few people that their parent/guardian didn't want them to work. Two things – they don't want to provide transportation/other support and don't want to lose the hours they are paid to provide service (residential habilitation, Certified Family Home). Also loss of SSI cash benefit.

Monique asked what to include on parent page on Able to Work. The issues are fear of losing benefits and transportation.

Russ – if people are living at home it requires the family to change their lifestyle. Adjust ability to be flexible with family vacations and pulling people away from their job. They have run into that with Project Search program – families need to understand change to prioritize the individual's work. Families could use respite under the waiver if they leave their kids behind (not take them on vacation). Respite includes requirement that the primary care person is not paid. Also alternate/substitute care under CFH rules. CFH provider pays out of their funds through an agreement. Medicaid Respite – short term for non-paid caregivers, get daily rate of \$53.39. It would come out of the individual's budget. Provided by enrolled respite provider.

Need to educate families to think of individual as a worker – employed by a business and not just another way to spend the day and receive services.

Follow-up on Vocational Rehabilitation Presentation in March

Issue: VR Counselor's decisions about a person being too disabled to benefit from services or prematurely referring them to the EES waitlist.

Shannon and Dina explained that motivational interviewing is a model in counseling that helps individual get to a place of change on their own. Helping them provide their own direction through empathy and facilitation. Is it being used as a screening tool for eligibility?

Russ reports that some Counselors will ask them to complete certain tasks to see if there are motivated to work. Sometimes people are not able to complete those tasks because of their disability. Example shared that individual was asked to get applications etc. from a certain number of employers to demonstrate their ability to follow-through on such activities. Many individuals with intellectual and developmental disabilities are not able to do this without support.

Shannon explained that there is a difference between being closed in the application process rather than being determined not eligible.

From the recent ODEP webinar Tracy shared that Georgia struggled with distrust between systems. An example was of VR focus on meeting quota of closing cases rather than serving people with significant disabilities and positive employment outcomes. Idaho numbers of served and closed cases are for individuals with

significant disabilities. Shannon reported that 75% of people coming into VR are considered individuals with the most significant disabilities according to the federal definition. Can be multiple reasons why somebody is not happy with VR services – what they are asking for is not within scope, don't understand purpose of services, etc.

Federal government is moving to a results driven model and there is collaboration between the Dept. of Education and RSA (vocational rehabilitation). Each state can define what results they are looking for (State Dept. of Education). Look at federal indicators for agencies but also looking at how they are getting to outcomes.

Russ – performance measures for Counselors doesn't focus on working with significant disabilities. How did Georgia work with the culture of the VR agency to emphasize getting positive employment outcomes for individuals with significant disabilities?

Look from the top down to see where the disincentives are to serving people with more significant disabilities and what indicators could be developed.

Issue: Perceived Soft Caps on Hours of VR Services

How long can a person receive services through VR? Perception is that there is a "rationing" of services with soft caps for hours of service. If some individuals could be in VR service for 12-18 months they wouldn't need long term supports. It is possible to do an extended work adjustment period instead of pushing people over to EES. Need to do assessment/evaluation and keep people in supported employment status longer rather than push to EES waitlist.

Would like to hear directly from VR Counselors on the front lines about how this is working.

Look into VR Field Services Manual to see guidelines for Counselors.

It seems like those services had been provided in the past, but now they aren't and what has changed? Federal regulations say you can do 18 months of supported employment. Is it being driven by what is being measured?

If a state goes into imposed Order of Selection the system basically shuts down for a while because Counselors don't know how to react. How do you sort through who has most significant needs – most impediment to employment.

A VR Counselor must justify decision that person needs long term supports and provide documentation as to how they came to that decision.

Glen Roach has been advocating for a vocational evaluation as part of the process in the CSE rule development. His emphasis on evaluation and assessment has to do with the perceived early decisions by VR Counselors to put people on wait list for EES. Also utilizing work-based assessment and trial work period.

It is easier to close an individual during the application process because you have to do more documentation/justification when making the determination that they are not eligible for VR services.

Things that effect EES waitlist:

- Changes to Medicaid (reduced budgets)
- Early referral to waitlist
- Lack of state funding: VR and Medicaid

Action items are highlighted in yellow.

Next meeting is scheduled for May 22, 2014.