

Rethinking Employment Services and Supports in the COVID-19 Era

August 5, 2020

“Real Work for Real Pay in the Real World”

From California Competitive Integrated Employment Blueprint

Goal: Competitive Integrated Employment (CIE)

Employment where a person with disabilities:

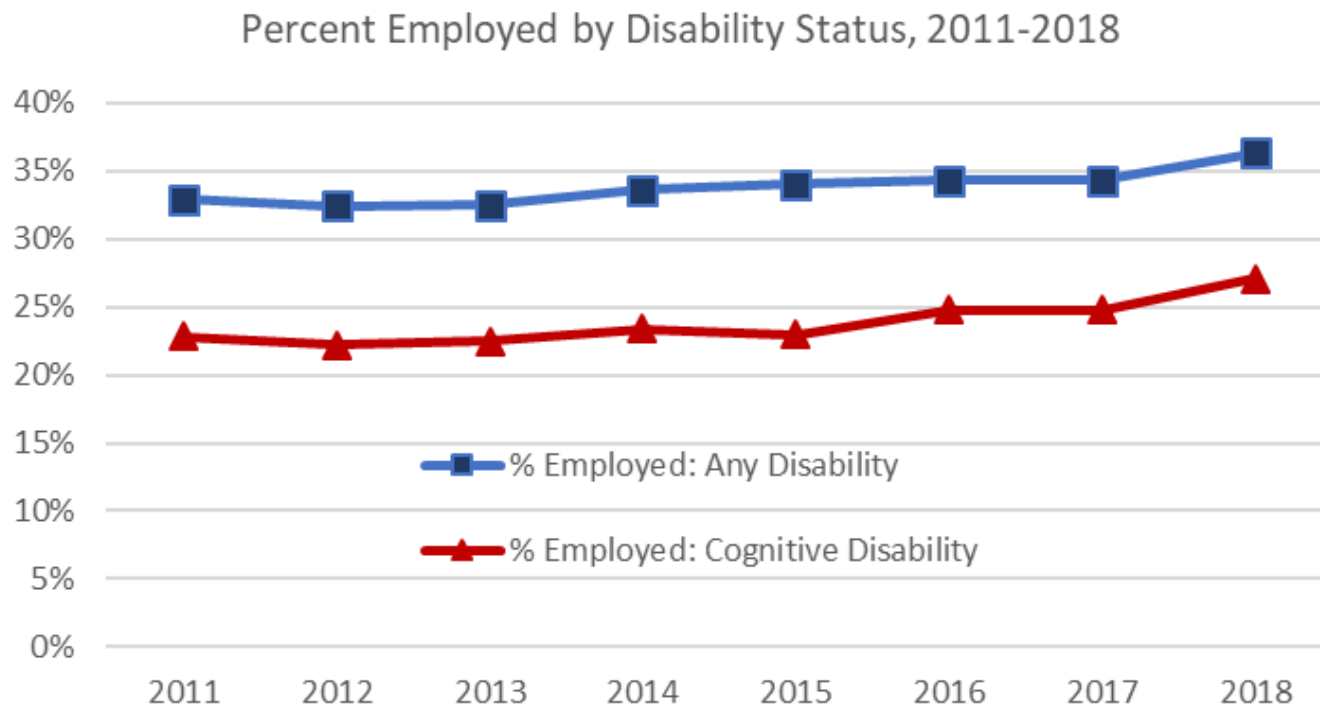
- Makes the same wage as a person without a disability
- Receives the same benefits
- Has the same opportunities for advancement

In the community, where most people do not have disabilities

Includes part-time or full-time work or having one’s own business

Only 27% of adults with cognitive disabilities (Ages 16-64) were employed in 2018

Source: American Community Survey data from StateData: The National Report on Employment Services and Outcomes Through 2017



Employment Services Depend on Multiple Sources of Funding



HCBS Waiver Funded Employment Services

Career Planning

- Basic job skills
- Vocational assessment and career planning
- Instruction on specific skills

Placement Support

- Jobsite analysis
- Employer negotiation
- Assess accommodations and assistive technology
- Coworker education

Employment Support

- Job coaching
- Self-advocacy training
- Job retention and advancement support
- Sometimes entrepreneurship

Settings

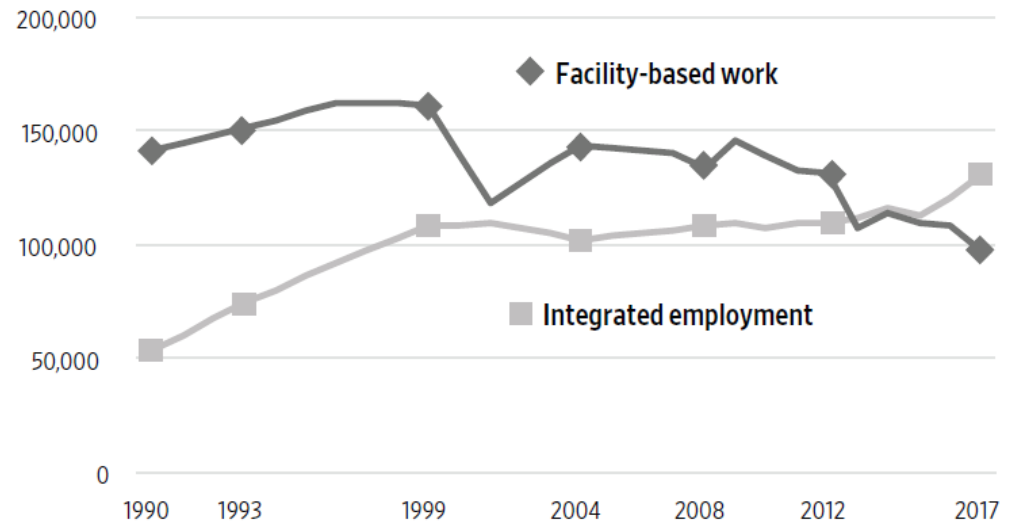
HCBS waivers allow for employment services:

- Where an individual is employed
- In an agency setting
- In individuals' homes
- In the community
- Sometimes, through work crews

States are relying less on:

- Facility-based settings
- Specialized facilities not part of a general workplace

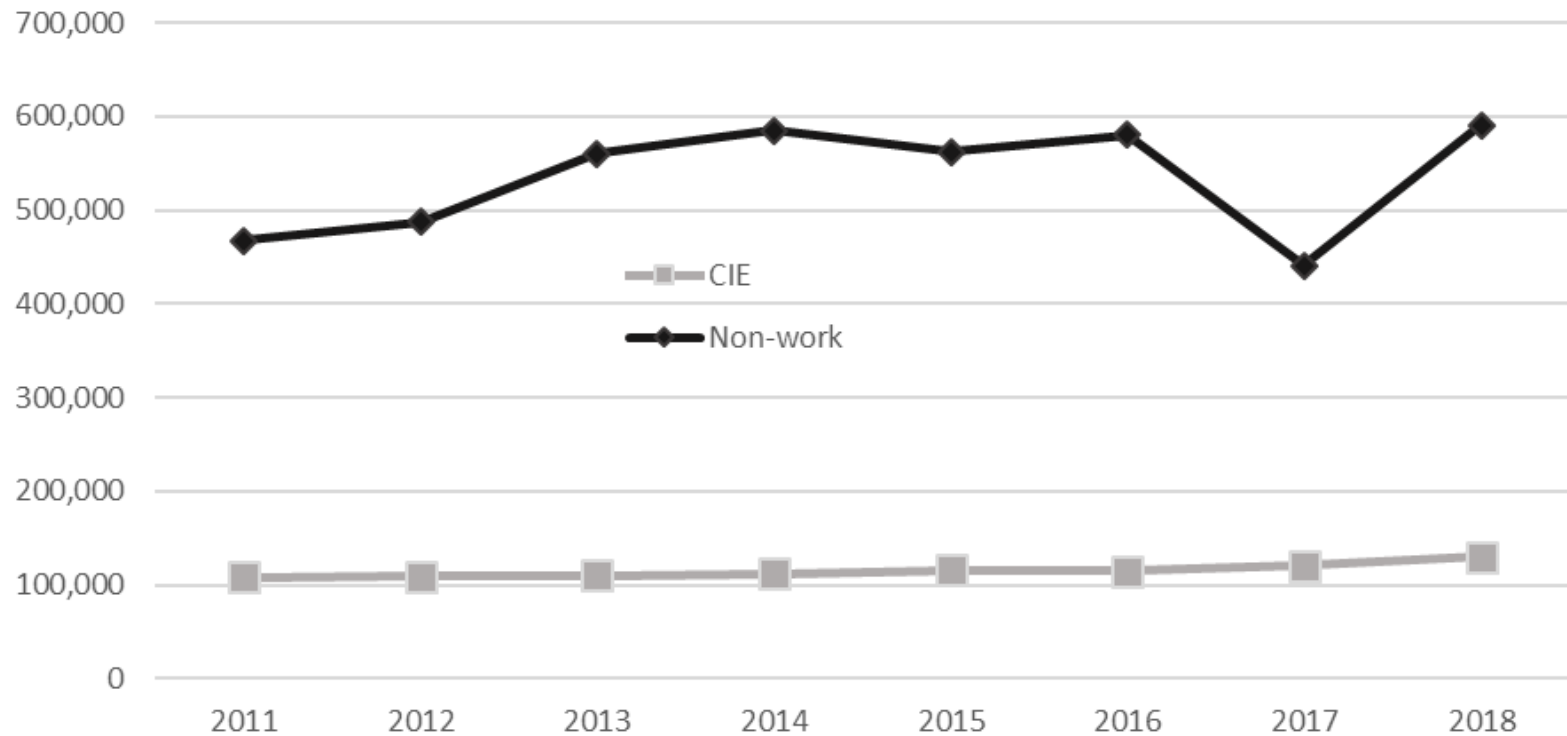
Figure 5. Change in Facility-based Work and Integrated Employment over Time



Source: (1) StateData: The National Report on Employment Services and Outcomes Through 2017

Non-Work Services Still Dominate

Number of Individuals in CIE and Non-Work Day Services,



Source: (1) StateData: The National Report on Employment Services and Outcomes Through 2017

EMPLOYMENT SERVICE PROVISION PRE-COVID

Employment and Day Service Providers

- Estimated 5,000 – 6,000 providers nationally¹
 - Mostly non-profit organizations:
 - 85% non-profit, 6% for profit, 7% public (state or tribal), 2% other²
 - Most were regional providers
 - 51% county or regional scope, 36% local scope, 8% statewide, 5% multi-state²
 - Average operational budget (in 2014-15) \$3.0 million²
 - Average number of people served: 219²
 - 60% were funded 51% or more by Medicaid or State IDD Agency

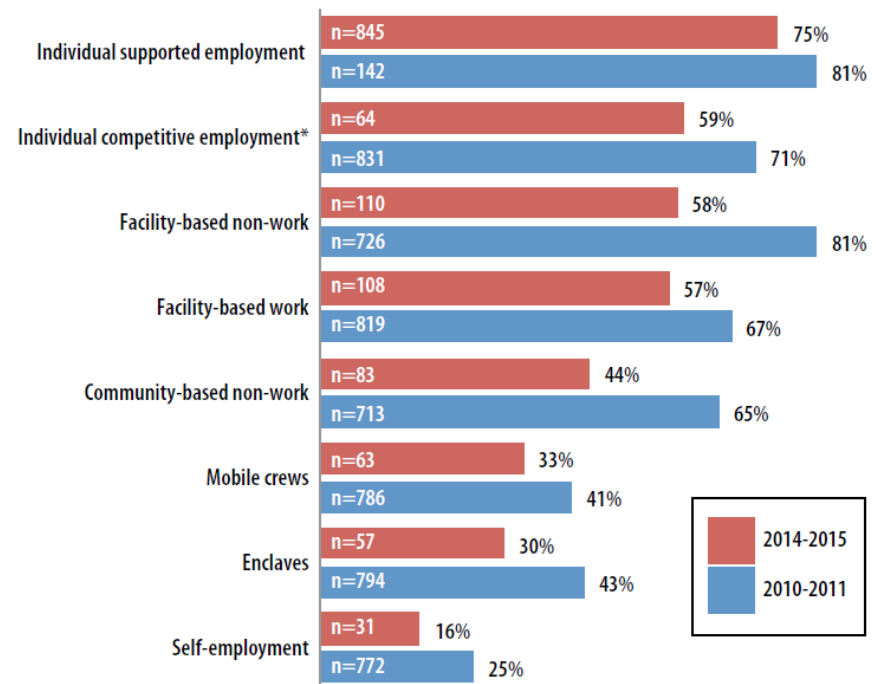
(2) Domin & Butterworth (2016): Research to Practice: The 2014-15 National Survey of Community Rehabilitation Providers Report 1: Overview of Services, Trends and Provider Characteristics

Providers specialized more in 2014-15

Most community rehabilitation providers (CRPs) offer both supported employment and day services.

However, the number of CRPs offering each type of service fell between two survey rounds (2010-11 and 2014-15), with the sharpest declines in non-work services.²

Figure 1: Percentage of CRPs Providing a Service



*Based on a sub-sample of 114 CRPs

Hourly Rates are Most Common for Waiver Payments

- 2017 review of Supported Employment in 1915(c) waivers³
- 183 out of 225 services paid using hourly rates
 - Rest were daily (17 services), monthly (14 services) or other units (11 services)
- Average hourly rate (projected) \$29.00
 - Average daily rate \$63.97, average monthly rate \$458.56
 - Wide variation in rates across states (and in service definitions)
- Average per participant spending (projected) \$6,693
- 51% of participants received fewer than 200 hrs of service annually

(3) Friedman & Rizzolo (2017), Journal of Vocational Rehabilitation, 46(1)107-116

EMPLOYMENT SERVICES UNDER PEAK SHELTER-IN-PLACE (SIP)

Shelter in Place Requirements make Far fewer settings available for Service

- HCBS waivers allow for employment services :
- Where an individual is employed – **reduced access**
- ~~In an agency setting~~
- In individuals' homes – **largely remote**
- ~~In the community~~
- Sometimes, through work crews – **may depend on sector (e.g. landscaping)**
- ~~Facility-based settings~~
- ~~Specialized facilities not part of a general workplace~~

Services Under SIP

Only Remote Or Alternate Settings

Career Planning

- Basic job skills
- Vocational assessment and career planning
- Instruction on specific skills
- Filing for UI
- Skill maintenance on furlough
- Planning for safe reentry

Very Limited

Placement Support

- Jobsite analysis
- Employer negotiation
- Assess accommodations and assistive technology
- Coworker education

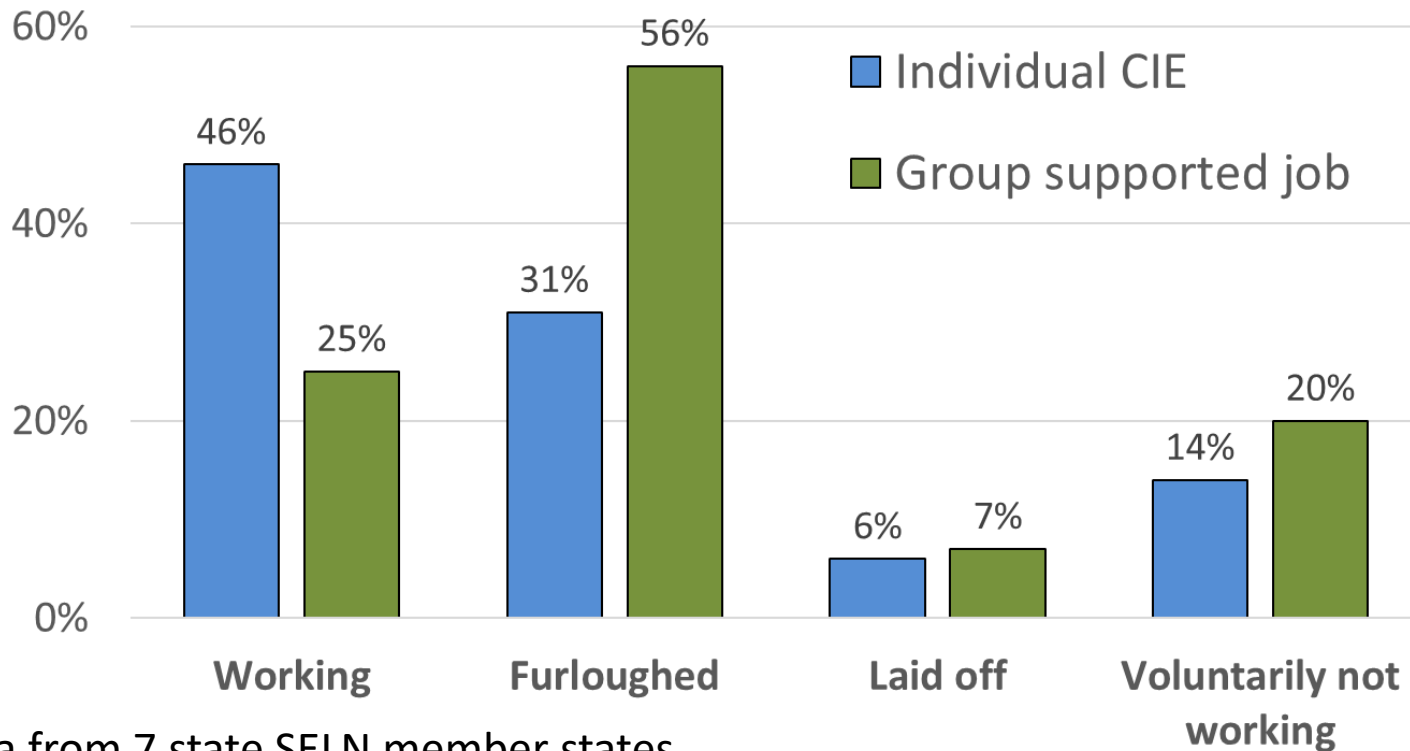
Depends on Employment

Employment Support

- Infection control training
- PPE acquisition
- Job coaching possibly remote
- Self-advocacy training
- Job retention and advancement support
- Sometimes entrepreneurship

Percent who continued working after March 1

Preliminary data. Collected late May to June 2020



Data from 7 state SELN member states

Individual CIE n=8919

Group SE n=1922

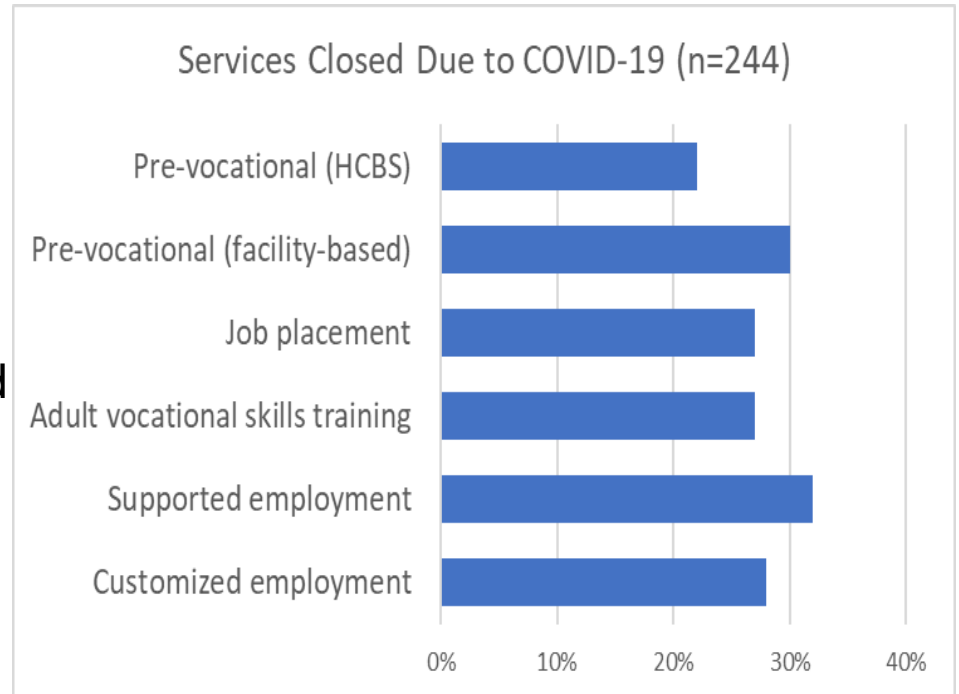


Provider Response To Shelter-in-Place

- Individual jobs often continued
 - Job coaches may not have been able to go into workplace
 - Some group homes would not allow people to work due to risk to others
- Many group-supported work programs closed
- Some congregate work service programs got remote instruction and curricula in place

APSE: National Provider Survey – Preliminary Findings

- Surveys from 600 providers in 47 states, collected mid-June
- 43% of agencies laid off or furloughed staff, expect 22% of jobs to be lost permanently
- Closure of VR programs pushed more individuals into HCBS funded employment services
- Most agencies saw substantial job losses for people with disabilities, but many were able to support job seekers to fill positions in essential services



SOURCE: APSE, "Impact of COVID-19 on Disability Employment Services and Outcomes: Preliminary Results from a National Provider Survey," July 7, 2020.

HCBS Waiver Appendix K Adjustments For Employment Services

APPENDIX K COMPONENT (Specifying supported employment)	NUMBER OF STATES
Authorized retainer payments to supported employment providers	25
Implemented or expanded telehealth/electronic service delivery	23
Expanded settings where supported employment can be delivered	21
Changed payment rates or maximum number of hours	18
Allowed service limitations to be exceeded or services added	13
Allowed family caregivers	8

Challenges to Telehealth/Virtual Support

- Availability of technology
 - Some state funding for participant technology
 - Providers' technology resources may also be limited
- Hard to replace 6-hour sessions via telehealth
 - Career planning work typically billed for face-to-face time (job coaching may be hours “on behalf of” client)
 - Individual plan development is billable but not usually telehealth curriculum planning time
 - Some states overtly supported, e.g. allowing day billing at lower threshold of contact time
- Not all solutions are accessible

Silver linings!

- Disruptions required individualized, person-centered responses
- Pandemic is tipping the scales away from facility-based programs, including day habilitation
- Maximizing use of technology increases individuals' autonomy and independence
- Anecdotally, greatest resilience among providers committed to choice and continued work
 - May shift individuals among providers
 - Resilience also baked into strategies such as self-direction

- Values into Action – Pennsylvania
- Shared Support Maryland

PROVIDER AND INDIVIDUAL EXPERIENCES

VALUES INTO ACTION



Marian Frattarola-Saulino

Robert Zotynia

Pamela Zotynia

Kathy Perry

Founded in 2005, Values Into Action is a network of organizations offering services and supports in partnership with people with disabilities, their families and other chosen allies, exclusively in their own homes, neighborhoods, workplaces and communities. No matter what the service, the person is in control and their preferences and aspirations drive and guide our actions.

Rethinking Employment Services and Supports in the COVID-19 Era

Working is Essential!

Paz Margolis and Nahkita Evans ~ employer & employee mutual considerations on retaining and working together again

Kristi Culbreth ~ family owned business and the job coach relationship

Phillip Jones ~ meeting my needs and the expectations of my employer

Amanda Lay ~ ALL people can be essential workers

Mara Clawson ~ When Colors Get Along, virtual supports and staying in business

Shared Support Maryland, Inc.'s Presenters would like to thank the U.S. Department of Health and Human Services, Administration for Community Living and Office of the National Coordinator for Health Information Technology for this fantastic opportunity.

 **Shared Support Maryland, Inc.**

When Colors Get Along™
Mara Clawson

ARTIST | SPEAKER | BUSINESS OWNER



“Real courage is you follow your heart, whatever path you take.”

“Always be who you are and keep moving forward.”

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@WhenColorsGetAlong

Mara continues working with Rachel (job coach) via Skype

Together they:

- Apply to juried shows (MOMA curator!)
 - Discuss opportunities
 - Write artists statements
 - Communicate w/ clients
 - Fulfill online orders
 - Order supplies
- Mara created + delivered 2 commissioned artworks
- Mara's business continues to thrive
 - Profitable for past 4 years



LOOKING FORWARD

CMS Guidance On Termination Of Covid-19 Flexibilities (June 30 All State Call)

- Appendix Ks expire
 - Limited to one-year approval
 - Must end by March 31, 2021
 - States can elect an earlier date (which can be amended)
- Most retainer payments limited to three 30-day periods
- Emergency IT funding does not expire
 - No termination date for authority (not tied to public health emergency declaration)

Some Flexibilities Can Be Permanently Added To 1915(c) Waivers

- Common changes that may be approved:
 - Use of telehealth as appropriate for services
 - Assistive technology and other services that would be beneficial to the waiver population
 - Retainer payments during absences from home/hospitalizations
 - Rate increases to enhance provider pool
- Waiver changes can be submitted at any time, normal policies (including public notice) apply

Ongoing COVID-19 Limitations

- Need for social distancing for foreseeable future
 - Limits capacity in facility-based programs, increases per capita service delivery cost after re-opening
 - Continuing need for telehealth approaches
- Increased costs to maintain safe workplace/service site
 - PPE and infection control practices
 - Physical space reconfiguration
 - DSP availability and skill set
- Reduced availability of public transportation
- Unemployment remains at 11.1% nationally, 49 states above 8.5%, 10 states between 15.1% and 25.3%

Reopening – Connecticut Example

- Underscored that workforce re-entry is a person-centered decision
 - State surveyed individuals and families about interest, willingness and concerns
- All providers have to submit a reopening plan
 - Plans need to include outreach to case managers to facilitate team meeting to develop a detailed plan for each individual (via telehealth)
 - Incorporate a process to determine expectations of individual, family, and/or residential providers

SOURCE: “Reopening of Employment and Day Services,” Memo to DDS Providers from Jordan A. Scheff, Commissioner, June 10, 2020. https://portal.ct.gov/-/media/DDS/COVID-19/DDS_Employment_and_Day_Services_reopening_memo_FINAL_6_10_20.pdf

Reopening – Connecticut Example

- Phased reopening with enhanced payments for unbilled services
- $\text{Payment} = \text{Rate} * (\text{Billed units} + \text{Authorized unbilled} * \text{Utilization factor})$
- Phase 1: Soft opening (expected July 15)
 - Providers are to be available to support all DDS funded individuals with virtual face-to-face supports for at least 1 hour of service at least 3 days per week
 - Providers need to support at least 50% of individuals in their agencies for at least 50% of their weekly service hours
 - Providers could plan for fewer individuals served due to physical space limitations and/or individuals' unwillingness to participate (utilization adjustment capped)
- Phase 2 (~Sept 1, depends on benchmarks) 50% → 75%, utilization factor falls
- Phase 3 (~Oct 1, depends on benchmarks) 75% → 100%

CAN THIS BE AN OPENING TO
REINVENT SERVICES?

Support Flexibility, Promote Outcomes

- Expand allowable costs to best meet participants' needs
 - Ongoing use of telehealth
 - Technology acquisition – including provider infrastructure
 - Individualized curriculum planning for telehealth
- Tie limits on selected services (e.g. job development) to external conditions
 - Reopening phases
 - Potentially unemployment rates (but don't change too often)

Support Flexibility, Promote Outcomes

- Facilitate natural supports in the workplace
 - Wisconsin “Partners with Business” Ongoing use of telehealth
 - Technology acquisition – including provider infrastructure
 - Individualized curriculum planning for telehealth
- Tie limits on selected services (e.g. job development) to external conditions
 - Reopening phases
 - Potentially unemployment rates (but don’t change too often)

Support Flexibility, Promote Outcomes

- Rate models could provide predictability under changing circumstances
 - Hybrid service rates that allow for mix of face-to-face and remote
 - Per member per month case rates (would need worked through with CMS)
 - Need guardrails to ensure appropriate levels of services
 - Adjustments for level of need – could be for entire portfolio
 - May need tiers, for example by number of hour participants works
 - Allow for experimentation in exchange for outcomes...

Support Flexibility, Promote Outcomes

- Unlike many IDD services, Supported Employment has a clear observable outcome (“*Real work for real pay in the real world*”)
- Competitive Integrated Employment (CIE) is multidimensional: wages, hours worked, length of retention, benefits
- May also want to promote (limited) key pre-employment milestones (e.g. resume building)

Support Flexibility, Promote Outcomes

Outcomes can be promoted through:

- Incentive payments/bonuses
 - California both pays incentives at 30 days, 6 months, and 12 months of employment, as well as incentives for paid internships
- Rates that incentivize
 - Community based over facility based
 - Employment over pre-employment
 - Fade out/time limits
- Payment/service structures that also promote:
 - Access to ancillary services such as non-medical transportation to/from work
 - Use of non-provider workplace supports

Wisconsin “Partners with Business”

The Partners with Business initiative promotes the use of best practices to:



Ensure good job matches between employers and job seekers with disabilities;



Empower employers to directly train and supervise their employees with disabilities;



Cultivate workplace inclusion and natural supports;



Maximize independence on the job for workers with disabilities; and



Reimburse employers for the costs of providing formal support above and beyond the “natural supports” typically found in the workplace to their employees with disabilities, rather than relying on outside job coaches provided by a vocational agency.

[For More information:](#)

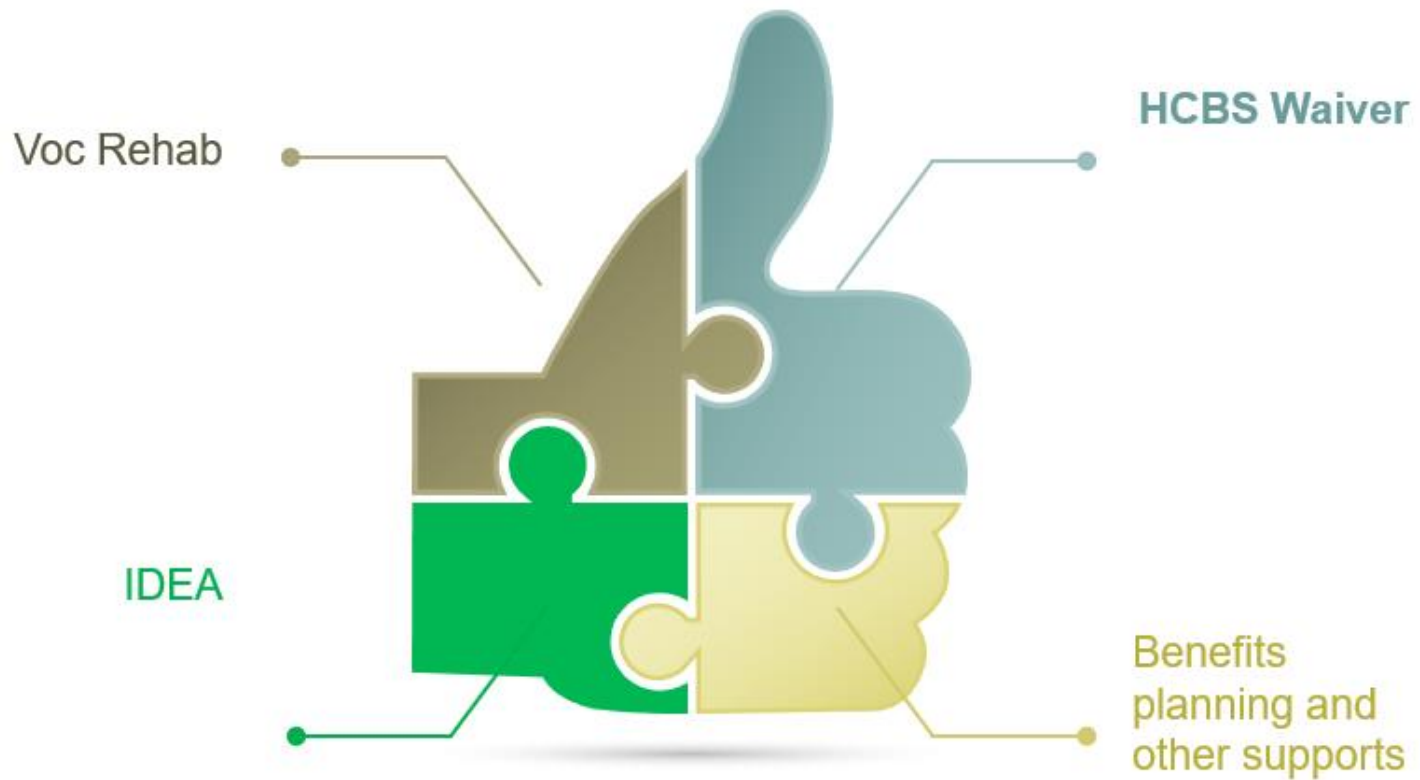
<https://acl.gov/programs/youth-transitions/partnerships-integrated-employment-system-change-grants>

<https://www.letsgetitoworkwi.org/index.php/partners-with-business-toolkit/>

Outcome Based Payment Challenges

- Systems need to account for acuity levels to promote inclusion of all individuals
- Complex and/or unpredictable payment structures can be difficult for providers to manage
 - These may preference larger providers with more sophisticated back offices
- Ideal for CMS might be risk-sharing, but IDD systems aren't there yet
- Individuals have multiple goals
 - E.g. May also want to encourage participation in non-work community activities outside work hours

Ideal Strategies Leverage All Funding



Duane Shumate,
Director of Youth Transition/Employment, Missouri Department of
Mental Health Division of Developmental Disabilities

EXAMPLE: MISSOURI VBP MODEL IN DEVELOPMENT

VBP Model for Supported Employment Services (SES): Changes to Service Definitions



Divide Career Planning into 2 Phases

Exploration
Discovery



Divide Job Development into 2 Phases

Draft plan for identifying and negotiating job opportunity for waiver participant
Implementation of plan that leads to participant attaining a job in competitive, integrated employment



Create new service definition – Benefits Planning



Consider the following additional service definition changes:

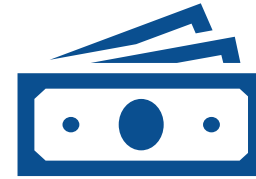
Eliminate distinction in individual/group prevocational services, and replace with a “community-based” prevocational services and one “facility-based” prevocational services

VBP Model for SES: *Suggested VBP Individual Milestone & Provider Incentive Payments*



Milestone Payments

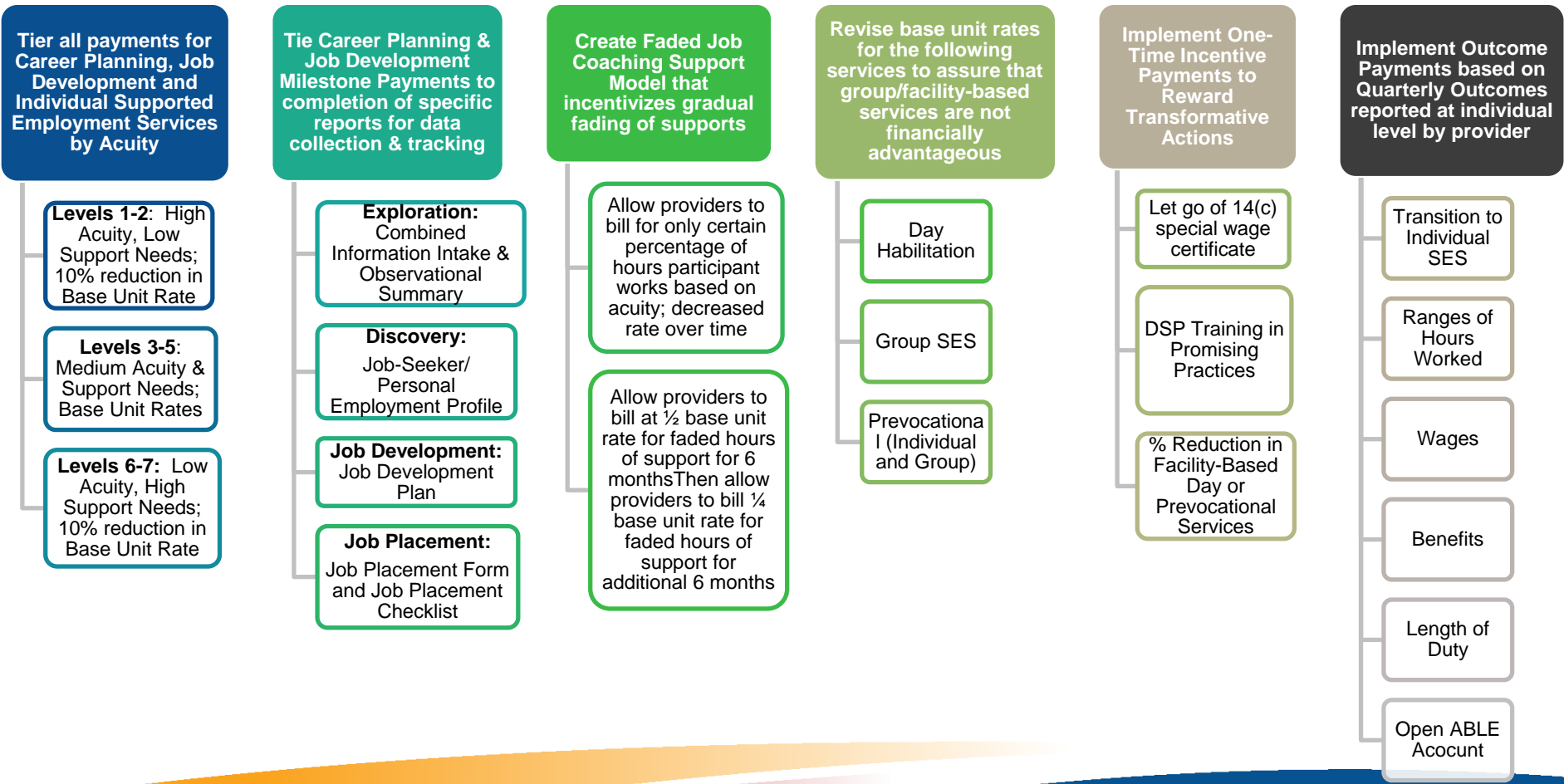
- Career Planning – Exploration
- Career Planning – Discovery
- Job Development – Plan
- Job Development – Securement



Incentive Payments

- Transition of Waiver Participant from Prevocational to SES
- Transition of Waiver Participant from Group SES to Individual SES
- Provider forfeits Section 14(c) special wage certificate
- Provider Assures Specialized Training Requirements are completed for DSPs doing career planning, job development & SES

VBP Model for SES: Suggested Multi-Tiered Strategy



Q & A AND DISCUSSION



What's Next?

- To request additional information or contact a panelist, email AOD@acl.hhs.gov
- Registered participants will receive a link once slides are publicly posted
- Standby for a survey to give feedback about this webinar