

**Payment in Adult Services Workgroup  
November 16, 2018 10:00 a.m. to 3:30 p.m.  
Meeting Summary**

**Members Present:** Chris Filler (OCALI), Scott Marks (OACB), Kristen Henry (APSI), Kathy Phillips (OWN), Karen Blumhorst (Capabilities/We Can Too/OPRA Member), Gary Tonks (Arc of Ohio), Mary Thompson Hufford (The Fuse Network), Lisa Mathis (OPRA), Tiffany Martin (Goodwill Columbus/OPRA), Sarah Zimmerman (SEC), Jan Dougherty (APSE), Melissa Morelli (OAAS/OPRA), Pennie Chappell (OSDA), Greg Dormer (OOD), Kraig Walker (People First of Ohio), Debbie Jenkins (OCHA/OCID), Matt Mooma (OCHA/OCID), Stephanie Barber-Manner (OSDA)

**Meeting Guests:** Phil Miller, Katie Blumhorst, Jeremy Norden-Paul (Tennessee), Katie Lee (Tennessee), Shannon Nehus (Tennessee), Duane Shumate (Missouri), Rie Kennedy-Lizotte (NASDDS/SELN), Tom Rickels.

**Members Absent:** Ed Stark (SEC)

**DODD Attendees:** Stacy Collins, Steve Beha, Lori Horvath, Kim Hauck, Lyndsay Nash, and Kristi Williams

**Facilitator:** Jo Krippenstapel

## **1. Welcome and Agenda Review**

Stacy welcomed the group and reviewed the agenda and meeting materials. Work group materials can be found [here](#).

## **2. State Presentations**

States were invited to respond to the questions identified by this workgroup. Representatives from Tennessee and Missouri offered presentations about their states, and NASDDS/SELN offered an overview of Iowa, New York, New Jersey and Wisconsin.

### **TENNESSEE**

State Representatives: Shannon NeHus, Jeremy Norden-Paul, Katie Lee

This presentation focused on two waivers: the ECF CHOICES and the 1915c Waiver. More information is available at: <https://www.tn.gov/didd/employment-and-community-first-choices.html>

ECF CHOICES started in July 2016 and is operated by TennCare (managed care):

- All services are community based.
- 32 choices available – 14 are employment related, others focus on residential, technology and related services and self-advocacy supports.
- 3 different benefits group under TennCare: not all groups are eligible for all services.

- Prevocational services
  - Exploration – time limited to explore employment or self-employment (30 days) Is the employment informed-choice process.
  - Discovery – time limited, for those who need more time to figure out what they are interested in pursuing, and identify strengths and conditions necessary to be successful in employment. Written profile at conclusion. 50 hours/ no more than 90 days.
  - Integrated Employment PATH Services – time limited community-based work experiences including volunteering, non-job specific strengths and skills. Often used after people have gone through discovery. Limited to 12 months with one extension for 12 months if person has lost work and is looking again for and interested in employment. (e.g. Project Search and internship)  
Rates: 1:1 is \$22. 1:2 is \$14 and 1:4 is \$7.50
  - Managed Care support coordinator would be looking at next steps, including job development and prevocational.

1915C Waiver:

- 1915 C waiver is undergoing changes over the next 6 months; after this change, this service will look like ECF and only be community based. April 1, 2019 implementation date.
- Changes have been approved by CMS. TN is engaging and educating stakeholders now.
- Can receive prevocational services: time-limited reviewed and re-authorized every six months; with no limit today on the number of times that can be re-authorized) with specific outcomes.
- 70-80% reduction over the past few years in time spent in facility based settings.

## MISSOURI

State Representative: Duane Schumate

Duane provided a presentation reviewing sheltered workshops and prevocational services in Missouri. Missouri has care coordination at the county level similar to Ohio. They have county tax levy options. Missouri was similar to Ohio regarding Conflict Free Case Management. Missouri has resolved the conflict and some counties did decide to do services and no longer provide case management.

- Sheltered Workshops
  - Medicaid has not been used historically in 14c settings; have always been funded by local county dollars and elementary education. Education sets the workshop rules and workshops are provided with \$19 a day per person to attend; can attend lifelong; use an industrial model with subcontracts from industries.
  - No one under age of 24 goes into workshop without going through 511 VR protocol.
- Prevocational Services
  - Partnership for Hope waiver – county and state and split match dollars to pull down federal dollars; plus two other waivers with state providing match.

- Changed service definition in 2016. They expect future changes as well because the current service definitions were transitional.
- Prevocational changed because of lack of services and outcomes.
- Missouri uses NCI data to look at those who said they wanted to work, and checked to see if they had goals related to work; found that was not happening. 77% of those indicated that they wanted community employment, they didn't have services and supports authorized to obtain employment – so changes were made.
- Missouri has a value based purchasing grant through CMS to move toward performance based service.
- To get into prevocational service need to prove that you cannot enter work force.
  - Six-month limit; if they have followed service flow chart there is clarity on the skills they are developing for the career path; six months review allows for review process to look at strategies that are being used to elevate skills.
  - UR process looks at efforts to develop skills; has individual assistance been provided? Can be extended – no ongoing cap; no limit to number of re-authorizations as long as person is demonstrating increased skills and instruction is being modified.
  - 240 units for career planning based on national research (60 hours). Can be extended and amended. No limit for a week or month.
  - Prevocational doesn't happen in settings that are providing employment through a 14c Certificate.
  - Prevocational services are limited to 20 hours per week.
- Employment services providers often provide more than one service; sheltered workshops have become employment service providers; are getting higher rate than through Dept of Education; learn soft skills in the community rather than in a facility.
- Review: Support coordinators do monthly reviews, state level random selection review, provider association randomly does review, quality enhancement team that meets with families and individuals to review satisfaction, licensure and certification review and Medicaid compliance random billing review.
- Resources Developed
  - ISP Support Guide – includes different guidance for before and after age 16.
  - Exploratory Questions document- help guide the assessment process.
  - FAQ on employment coordination.
  - Employment Bulletin guides providers regarding “who is eligible for what.”

Duane did go over with the work group rates for prevocational services in Missouri.

### **NASDDDS/SELN**

Rie Kennedy-Lizotte attended today's meeting to provide additional information about Iowa, Wisconsin, New York and New Jersey.

## **IOWA**

- Managed care – care managers have key role
- 1915c waiver applies to how they deliver ID/DD services

## **NEW JERSEY**

- Due to CMS guidance in 1980s, NJ understood that the Medicaid prevocational service should not be provided in a sheltered workshop.
- State decided to continue to offer sheltered workshops but to shift the funding to state funding through vocational rehabilitation.
- NJ added career planning as a new Medicaid service – this helped create a track for employment.
- The state does offer facility based prevocational services but it is limited to 30 hours per week.
- Career Planning is available but limited to 80 hours in a plan year.
- NJ is going through current settings rule challenge; intent is to amend and revise this service.

## **WISCONSIN**

- Managed Care structure – different from Iowa managed care.
- Managed care entities are old county systems. Agreement with managed care entities means that managed care entities have a lot of authority.
- Has prevocational services in facility based environment; each of the managed care entities decides rules about provider network. Even if a provider contracts with one managed care entity, they may negotiate a number of individual rates.
- Effective 2019, CMS managed care rules allows the state to enter into a pay for performance contract with managed care entities. A percentage of the contracted per person capitated rate is withheld until they meet agreed upon percentage change (e.g. \$ increase in number accessing employment services). Incentives are available the provider exceeds the target. Details are in process of being developed.
- The intent of the pay for performance' is that managed care entities exceed targets for competitive integrated employment
- Career planning is a bridge service that allows movement into work
- Wisconsin doesn't have one way that managed care entities must show compliance with rules

## **NEW YORK**

- Has been redesigning system for some time. Found themselves in major conflict with CMS rule.
- Have a very tight plan of correction that required end of all new entries for prevocational services into sheltered workshop since 2014.
- Struggling with how to do conversion
- Added pathways to employment services – gearing up for this now, is more lucrative for providers and is helping providers make the shift

- Lots of workers doing federally contracted work, so unique option was created, in early stages, allowing providers to create subsidiary businesses that are integrated service. 30 providers are being allowed to do this.
- Subsidiary has two years to show that they are separated as business components, are financially viable, if people they support are employed by them after two years then state will make a person-by person-decision if they meet the settings rule.
- One year into the two year time frame to transition. NY is very generous - allows provider to earn same level of contract support so that they can build set aside business.

### **NASDDDS/SELN IDENTIFIED THEMES IN TRANSFORMATION MANAGEMENT**

- Take advantage of transition plan option
- Consider tiered standards (not previously allowed). PA doing this.
- Many states are using various strategies to encourage individuals that are in facility-based service to spend time out of facility doing something in community.
- Some states are not allowing any new facility-based admissions, but are allowing those 50 and above to remain; those age 24-45 already in facility based service must shift to doing more career planning; if not working toward career plan then must evolve in more community-based opportunities.

### **3. WORKGROUP REFLECTIONS ON STATE PRESENTATIONS**

Members reflected on what they found interesting, promising and hopeful in the state presentations.

### **4. IMPACT ANALYSIS AND DATA PULL**

Lindsay Terry Stine (DODD) offered an analysis of data about 18-29 year olds receiving vocational habilitation services. Key findings include:

- 15,929 individuals had Vocational Habilitation Services billed during 2/1/2017-7/31/2018. (One individual was excluded due to no age)
- 4,321 individuals had Vocational Habilitation Services billed during 2/1/2017-7/31/2018 that are between the ages of 18- 29 years old.
- Largest age groupings of individuals that have had a Vocational Habilitation service billed during 2/1/17-7/31/18
  - 23-27 years old = 16% (N= 2,475)
  - 28-32 years old = 15% (N= 2,356)
  - 33-37 years old = 12% (N= 1,886)
- Combined 53-68+ years old total = 25% (N= 3,996)
- 7,930 individuals had Vocational Habilitation Services billed during 2/1/2017-7/31/2018 that also have sheltered employment listed in the Outcome Tracking System
  - There are 8,389 sheltered workshop jobs listed in the OTS for individuals that had a Vocational Habilitation service billed.
- 1,937 individuals had Vocational Habilitation Services billed during 2/1/2017-7/31/2018 that are between the ages of 18- 29 years old that also have sheltered employment listed in the Outcome Tracking System

## **5. 50% MINIMUM WAGE CALCULATION TEAM REPORT**

50% Wage Calculation Team- Bob Gaston, David McManus, Jeff Johnson, Katie Blumhorst, and Phil Miller. The team members that attended today's meeting and presented information were Jeff Johnson, Katie Blumhorst, and Phil Miller. See session power point for more information on the team report.

The work group discussed the following points:

- Some of the proposed ideas are more 'risky' with CMS, and might raise red flags
- CMS does not have a process for asking for 'exemptions' to the 50% requirement
- We want to avoid unintentionally creating inappropriate entries into adult day services
- We want to avoid 'cutting hours' so that people stay below a 'cap'
- It's important to plan ways to lessen the impact of change on people receiving services and providers
- Using state dollars to fund voc hab services in order to avoid the '50% requirement' is not a realistic option for Ohio
- Wage calculation is only one piece of a larger puzzle – other pieces, such as good person-centered planning, monitoring and oversight, and alignment with OOD are also essential

The full workgroup thanked the team for their ideas and hard work.

## **6. COMMUNICATION PLAN UPDATE**

Stacy Collins and Steve Beha offered an update on the Communication Outreach Plan. (See updated communication plan dated 11-16-2018). All 298 providers who have billed under vocational habilitation in the last 18 months have been contacted by DODD. A few have not returned repeated calls from DODD. Stacy will ask her staff to reach out the county board superintendents for the counties where those providers operate to enlist their assistance in reaching those providers.

Maryjo Mace Woodburn (DODD) shared draft communication documents. Workgroup members provided feedback and were encouraged to continue to share feedback via basecamp before 11/29.

## **NEXT MEETING**

The next meeting is scheduled for December 13, from 10 -2:30 at the Delaware County Board of DD.