

Complexity and Needs Subcommittee Chapter

Overview

Complexity and Needs Subcommittee Members

- **Alison Barkoff**, Subcommittee Chair, Director of Advocacy, Bazelon Center for Mental Health Law
- **Patrick Hendry**, Vice President, Consumer Advocacy, Mental Health America
- **Ruby Moore**, Executive Director, Georgia Advocacy Office
- **Ari Ne’eman**, President, Autistic Self Advocacy Network
- **John O’Brien**, Senior Policy Advisor, Disabled and Elderly Health Programs Group, Centers for Medicare and Medicaid Services, Department of Health and Human Services
- **Fred Schroeder**, Executive Director, National Rehabilitation Association
- **Bob Williams**, Senior Advisor to the Deputy Commissioner, Office of Retirement and Disability Policy, Social Security Administration
- **Bryan Ballmann**, Designated Federal Officer, Office of Disability Employment Policy, Department of Labor

The charge to the Complexity and Needs Subcommittee is broad in scope and potential impact. It includes financing, eligibility, group and individualized approaches, case management roles and structure, civil rights, employment and family support and incentives. It also includes exploration of current and future use of certificates issued under Section 14(c) of the Fair Labor Standards Act (FLSA). For the Interim Report due to the Labor Secretary and Congress in September 2015, the subcommittee identified three primary areas of focus: (1) funding, (2) data and outcomes, and (3) Section 14(c).

In its work on funding, the subcommittee considered available state and federal funding sources that could help increase competitive integrated employment and reduce reliance on segregated service models. The subcommittee explored the alignment between funding sources and federal rules and policies prioritizing employment of people with disabilities; the complexity of using multiple funding streams; eligibility for funding; and the expectations of funding systems for employment.

The subcommittee also considered the data and information available at the state and federal levels regarding funding for competitive integrated employment versus segregated day services (such as sheltered workshops, day habilitation, or day treatment) and the number of people with

disabilities in each. The subcommittee also discussed how to measure the quality and impact of competitive integrated employment through outcome measures and fidelity to evidence-based best practices for employing people with significant disabilities.

The subcommittee also explored the use of 14(c) certificates. It studied the history of Section 14(c) and discussed its alignment with modern disability policy and federal law. It considered federal oversight and enforcement of 14(c), as well as state level activities regarding the use of subminimum wage. Finally, the subcommittee explored the future of 14(c). The work of the subcommittee on 14(c) is incorporated into a separate chapter with findings, conclusions and recommendations on this issue.

In addition, the subcommittee considered the AbilityOne® program (which operates pursuant to the Javits-Wagner O'Day Act) as part of its work on funding and 14(c). Since the Marketplace subcommittee also studied the AbilityOne program, the two subcommittees worked together to write a joint chapter.

Finally, the subcommittee identified several areas that it plans to explore during the next year to include in the Final Report due September 2016. These issues include: non-employment services and supports for people with disabilities who are working and their families (including wraparound supports, family supports, transportation, and case management); the roles of the educational and workforce investment systems in helping people with significant disabilities achieve competitive, integrated employment; and unique issues facing people with different types of disabilities.

Findings and Conclusions

Area 1: Funding

Federal Rules and Policies

Federal rules and policies – including the Workforce Innovation and Opportunity Act (WIOA), the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA), and guidance from the Centers for Medicare & Medicaid Services (CMS), and the Achieving a Better Life Experience (ABLE) Act -- make competitive integrated employment (CIE) a priority for people with significant disabilities.

- WIOA defines and explicitly prioritizes CIE for people with disabilities, particularly transition age youth. It requires a robust collaboration between Vocational Rehabilitation (VR) and high school transition programs. Collaboration should result in increased employment experiences while students with significant disabilities are still in high school. Students with employment experiences are more likely to be successfully employed as adults. WIOA also provides a set of powerful tools to increase economic opportunities for

people with significant disabilities. These tools help job seekers with significant disabilities gain access to employment, education, training, and the support services needed to succeed in the labor market. They match employers with the skilled workers they need to successfully compete in the global economy.

- The ADA’s integration mandate, as interpreted by the Supreme Court’s decision in *Olmstead v. L.C.*, requires states to prioritize and expand opportunities for CIE for people with significant disabilities and reduce their reliance on segregated day services.
- The Individuals with Disabilities Education Act (IDEA) requires post-school employment plans for students with disabilities; transition programs that focus on the goal of employment; and follow-up one year after students leave transition programs to see the result in the student’s life.
- CMS has provided guidance to states about funding supported employment (a service for which, by definition, CIE is the expected outcome) by using 1915(c) Waivers. In addition, new rules from CMS establish requirements for settings funded through Medicaid Home and Community Based Services programs (HCBS Setting Rule) and underscore the opportunity for HCBS participants to work in competitive integrated employment. Therefore, implementation of these rules creates an opportunity for states to expand CIE¹ and make it a priority.
- The recently-enacted Achieving Better Life Experience (ABLE) Act allows people with disabilities and their families to save money for disability-related expenses (including employment training and supports) without impacting their eligibility for benefits, including long term services and supports through Medicaid. For individuals eligible for the ABLE Act, it will incentivize employment and help address concerns that working could lead to a loss of needed benefits.

All of these federal rules and policies are supported by studies showing that CIE promotes the health and welfare of people with significant disabilities. People with significant disabilities who work in competitive integrated employment have improved health, fewer hospital stays, stronger connections to family and friends, and more confidence in daily activities and routines.

Multiple Funding Resources

Numerous federal agencies provide funding to support CIE for people with significant disabilities, including: the Centers for Medicare & Medicaid Services (CMS); the Social Security Administration (SSA); the Substance Abuse and Mental Health Services Administration (SAMHSA); the Department of Education’s Office of Special Education and Rehabilitative

¹ Also see the discussion on the HCBS settings rule in the 14(c) chapter.

Services (OSERS) and Rehabilitation Services Administration (RSA); the Department of Veterans Affairs (VA); and the Department of Labor (DOL).

Rules governing each agency's funding vary. Agencies do not offer clear guidelines on how to individually and collectively encourage CIE outcomes, including ways for states to braid or blend different funding sources or to create payment structures to incentivize CIE. Each state must independently learn the different rules in order to use the money effectively to achieve CIE.

CMS has provided detailed guidance to states on how to support CIE under 1915(c) Waivers. It has not provided similar guidance on how to use other Medicaid authorities to provide services to support employment. In particular, states lack clarity about how various Medicaid authorities (especially 1905(a) state plan services) can be used to fund supported employment for people with serious mental illness.²

CMS' HCBS Settings Rule increases opportunities for HCBS participants to work in competitive integrated employment. However, the Rule prohibits using HCBS funding to provide services (including supported employment) to people who do not live in residences that comply with the Rule, even if the residence is not HCBS-funded. The impact may have the unintended consequence of limiting the ability of people with disabilities to get jobs, thereby also limiting their ability to move to more integrated housing.

The federal match rate for states' Medicaid programs (Federal Financial Participation or FFP) is generally the same for all services. As a result, there is no financial incentive for states to expand opportunities for CIE and help transition people who are participating in other day programs who want to work. While there are a few programs (such as the Balancing Incentive Program or BIP) that states could use to increase FFP for supported employment services, those programs do not require a focus on employment and, in the case of BIP, are time-limited.

Although federal rules and policy initiatives may encourage and promote CIE, only a small percentage of federal funding for day services is used for CIE. Most funding is used for non-work day programs that are either partially or fully segregated, such as day habilitation or day treatment. States may establish different reimbursement methodologies for day services. Yet, few states use them to encourage CIE over other day programs.

Many states are challenged by the complexities in funding, as described above. However, some states have developed strategies to address these complexities and have created employment programs that use best and proven practices to achieve CIE. For example, Maryland's Vocational

² Some consumers and disability advocates prefer the term psychiatric disability to serious mental illness (SMI). This Report uses SMI because it is the terminology typically used in state and federal systems.

Rehabilitation (VR) and mental health agencies share an electronic integrated system for enrolling people into Individual Placement and Support (IPS) services, an evidence-based practice for achieving CIE. It ensures that VR applicants with mental health diagnoses are referred for IPS supported employment programs.

The complexity of funding sources, absence of clear guidelines and lack of collaboration by federal partners on braiding and blending funding combine to effectively counter the federal emphasis on encouraging and promoting CIE. In addition, states generally do not use all available strategies to develop and increase CIE opportunities. The result is poor or no employment outcomes for people with significant disabilities.

Eligibility

Many people with significant disabilities rely on supports through federal benefit programs, including Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). Once eligible, SSI and SSDI beneficiaries can access healthcare, particularly long term services and supports, through Medicaid (for SSI beneficiaries) and Medicare (for SSDI beneficiaries).

SSI and SSDI eligibility rules present barriers to employment for people with significant disabilities. The Social Security Administration (SSA) applies a strict eligibility definition for SSI and SSDI benefits. To be eligible, people must prove that they are not able to earn more than a limited amount due to a permanent disability that is expected to last 12 months or more. In contrast, once they prove they have no or a limited ability to work, then they are encouraged to work by other federal initiatives.

There are various “work incentive” programs that allow disability beneficiaries to retain more of their earning and their healthcare benefits while employed. However, these work incentives vary for SSDI and SSI beneficiaries and are complex and difficult to understand. Many beneficiaries believe they are too risky to use.

One example of a “work incentive” program is the Social Security Administration’s (SSA) Ticket to Work Program. The Ticket to Work Program’s purpose is to enable employment providers to assist SSI and SSDI beneficiaries to return to work. To date, the program has had mixed results. One challenge the program faces is that by law “Tickets” are only available to adults aged 18 to 64 who have completed the disability determination process and proven they cannot earn over a limited amount. This requirement often results in the belief that the adult is “unemployable.” It also poses a significant barrier to youth with disabilities who want access to employment experiences during their transition years that will increase their opportunities for work as adults.

Two recent landmark laws, the Affordable Care Act (ACA) and the Achieving a Better Life Experience (ABLE) Act, have provisions that expand options for people with significant disabilities to save money and keep healthcare benefits while working. In addition, SSA has initiated several demonstrations (including the Benefits Offset National Demonstration and the Accelerated Benefits and Youth Transition Demonstrations) to improve employment and economic prospects for people with significant disabilities.

Despite these work incentive programs, as well as other state and federal efforts to provide accurate information about the importance of work and ways of retaining or returning to benefits when needed, people with significant disabilities still regard SSDI and SSI rules as penalizing rather than encouraging employment. As a result, federal payouts in the aggregate are in the billions of dollars, yet people with significant disabilities who rely on benefits often live in poverty.

Finally, a number of employment-related programs prioritize resources for people with the “most significant disability,” most notably the Vocational Rehabilitation system. Yet there is no agreement among federal agencies or in federal law on how to define most significant disability. WIOA references “most significant disability” but does not define it. RSA requires states to develop criteria for making a determination of most significant disability, but states vary widely in the definition they use.

Lack of Expectation

The last and crucial barrier to competitive integrated employment (CIE) for people with significant disabilities is a lack of expectations. People with serious mental illness, intellectual, developmental and other significant disabilities are stigmatized and experience widespread bias about their prospects for employment.

Often many employment professionals, educators and people in general have low expectations about people with disabilities and employment. People with significant disabilities may internalize these low expectations. The result is often delays, discouragement or denials of employment support.

Counselors and other professionals responsible for assisting people with significant disabilities in obtaining employment are hampered by a lack of knowledge about effective practices in achieving CIE, including Supported Employment, Individual Placement and Support (IPS), Customized Employment, and Discovery. According to data provided by RSA, 25.4% of the people who apply for services from VR have their cases closed before services are initiated. Approximately 45% of all persons that sign an individual employment plan (IPE)-- meaning they are eligible and have established a vocational goal based on their strengths, resources, priorities,

concerns, abilities, capabilities, interests and informed choice and have received services-- exit the VR system without getting a job.

While the VR program no longer allows placement in segregated employment settings (including compensation at subminimum wages), far too many people with significant disabilities end up in segregated work or non-work programs because there is a determination made that the person is “too significantly disabled to benefit” from VR services. This determination, combined with a lack of knowledge about services that would effectively secure CIE for people with the most significant disabilities, results in no services or acceptance of segregated employment or other day services.

In employment programs funded by VR, the Community Rehabilitation Program (CRP) (who often is the “employer”) decides whether a person is capable of engaging in typical competitive employment. The same CRP determines the person's productivity level and how many hours the person works each week. There is a conflict of interest in these decisions. There is also limited oversight of these determinations. If the CRP has low expectations, people with significant disabilities either do not get access to good jobs or end up in segregated settings working for subminimum wages.

AbilityOne® Program

The Complexity and Needs Subcommittee’s findings and conclusions regarding funding through the AbilityOne Program are contained in a separate chapter co-authored with the Marketplace Subcommittee.

Area 2: Data and Outcomes

The numerous federal agencies that fund services for people with significant disabilities: (a) have different definitions for competitive integrated employment (CIE); (b) provide different levels of support for federal agency and state data collection; and (c) have different expectations (if any) for what outcome measures should be collected. They generally do not track the number of people in CIE and other day services (such as day habilitation, day treatment, adult day care, and psychosocial rehabilitation), particularly across disability systems (for example, intellectual and developmental disability, mental health, physical disability and aging systems). In addition spending on these services is not consistently reported.

The federal government has not developed a uniform set of outcomes to measure progress towards the goal of quality CIE for people with significant disabilities.

- Federal agencies prioritize enabling people with significant disabilities to become competitive wage earners in typical work settings. Reporting on outcome measures would emphasize this priority.
- Getting a job is not the only important outcome, however. There are factors associated with a job that are important to people with and without disabilities, including typical work schedules, opportunities to increase and learn new skills, and opportunities for career advancement that result in better wages and greater responsibility.
- Tracking all of these outcomes through data collection at the state and federal levels and widely disseminating the results of progress toward competitive wages and benefits, work hours and career paths would demonstrate the quality of the effort and what must be changed to improve results.

Similarly, state governments have not identified and are not collecting consistent data for CIE (such as wages and benefits paid, hours worked, type of job/occupational classification, group versus individual employment, formal versus natural supports, and average wage increase over time). They are not tracking outcomes measuring the impact of CIE on people with disabilities (such as income, use of healthcare services, housing stability, reliance on cash benefits, taxes paid, community inclusion, social capital, independent living, and cost benefits of wages earned versus support funding expended).

Most states lack robust data systems to collect information on the number of people in or spending on CIE or other day services, particularly across all disability systems. To the extent states keep data on CIE, it usually does not include regularly obtaining and analyzing the outcome measures described above.

While some people with significant disabilities are in CIE, many others are on wait lists with no opportunities; in non-employment programs that do not recognize their work potential, skills and abilities; or in low, subminimum, or no wage jobs with few hours and no career path. Outcome measures must be designed and implemented in order to hold systems accountable to these people too.

There are a number of national initiatives on outcome measures that may be relevant to employment and other day services, including the National Quality Forum's work on Performance Measures in Home and Community Based Services that Support Community Living and the National Core Indicators.

Research and practice show that innovation combined with accurate data (fidelity) on what works and what does not work leads to better outcomes. For example, the evidence-based Individual Placement and Support (IPS) model for CIE of people with mental illness requires gathering data and measuring outcomes as part of implementation.

Area 3: Section 14(c) of the Fair Labor Standards Act

The Complexity and Needs Subcommittee's findings and conclusions related to the current and future use of Section 14(c) of the Fair Labor Standards Act are contained in a separate chapter co-authored by all of the subcommittees.

Complexity and Needs Subcommittee Preliminary Recommendations

These recommendations represent the subcommittee's current work. All assigned topics will continue to be addressed through the Final Report in September 2016.

Area 1: Funding

Federal Rules and Policy

1. The Department of Labor (DOL) should lead a collaboration of federal agencies to identify, align, and develop clear policies and practices across all federal agencies that make competitive integrated employment (CIE) outcomes a priority and guide states in applying these policies and practices. The federal agencies should include those participating in the Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities (ACICIEID) and other relevant agencies in the Departments of Education and Justice. The DOL and other ACICIEID member agencies should report on progress at each full Committee meeting.
2. The Department of Education (DoEd), in implementing the Workforce Innovation and Opportunity Act (WIOA), should require:
 - a. Intervention for youth beginning prior to age 14;
 - b. Opportunities for integrated work experience for all youth, with access to needed assistive technology, job coaching and other supports, for a period of not less than 24 months; and
 - c. Presumed eligibility for Vocational Rehabilitation (VR) services for any youth considering segregated employment.
3. The Rehabilitation Services Administration (RSA), in implementing WIOA, should:
 - a. Clarify that youth with disabilities must first apply for VR services and, if eligible, work toward a CIE goal, which can include supported employment for a "reasonable" period of time. A "reasonable" period of time should be at least 24 months, regardless of whether the youth has a supported employment Individual Plan for Employment (IPE) or a regular IPE; and

- b. Clarify that extending the time limit of Supported Employment Services from 18 to 24 months refers to *ongoing support services* provided *after* a person has been successfully placed in a job that meets the WIOA definition of Supported Employment. This is consistent with the definition of Supported Employment Services in WIOA.
4. DoEd should direct state education and vocational rehabilitation agencies to include blueprints for designing and implementing local working agreements in existing state inter-agency agreements. The local agreements should identify how much VR and school financial support is available to implement best practice transition programs that include integrated work experience after age 18 through internships, apprenticeships and similar experiences. These strategies will help students leave transition programs with a job, a solid portfolio of work, and/or an effective plan for additional education leading to a job. State education and rehabilitation agencies should report results of state and local efforts to DoEd.

Multiple Funding Resources

5. The Center for Medicare and Medicaid Services (CMS) should lead a collaboration of federal agencies, including those participating in the ACICIEID and relevant agencies in DoEd, to issue federal guidance to states on how to use, braid and/or blend their respective funds to support best practices and/or evidence-based models that result in CIE. In the interim, information should be published about states that are successfully using federal funds to support best practice and evidence-based CIE.
6. DOL, in partnership with CMS and SSA, should lead a collaboration of federal agencies participating in the ACICIEID and relevant agencies in DoEd, to issue guidance on models and payment methodologies that make CIE outcomes the priority.
7. CMS should issue guidance on how states can use the range of Medicaid authorities to fund services resulting in and supporting CIE for people with significant disabilities, including the use of 1905(a) state plan services to fund supported employment for people with serious mental illness.
8. DOL should collaborate with CMS and other relevant federal agencies, to identify and make available financial support and incentives to help people move from segregated day programs (such as sheltered workshops, day habilitation and day treatment) to CIE. Such support could be modeled after programs like the Medicaid Infrastructure Grants, Money Follows the Person or Balancing Incentive Programs. Such funds should help build capacity to transition people from segregated day programs to CIE or to provide for enhanced Federal Financial Participation (FFP) to encourage expanding CIE. These efforts should be tied to specific, measurable outcomes such as decreases in the number of people in segregated day programs and increases in CIE. DOL, CMS and other ACICIEID members should report back to the full committee by January 2016 about resources in existing federal programs and recommendations for Congressional authorization of additional resources and/or programs.

9. CMS should provide technical assistance to states and managed care organizations (MCOs) on the importance of CIE and how to support CIE for people with significant disabilities through Medicaid.
10. CMS should mitigate the policy that prohibits individuals from receiving CIE services if they do not live in settings that meet the Home and Community-Based Service (HCBS) requirements.
11. DOL should lead a collaboration of federal agencies, including those participating in the ACICIEID and relevant agencies in DoEd, to ensure technical assistance resources are available to increase the competence and capacity of professionals serving people with disabilities to find and connect people to jobs and careers. This technical assistance partnership of federal agencies should encourage states to participate in providing such supports. Technical assistance is essential to build capacity in current and new programs and to improve the system's ability to deliver best practice and evidence-based models of employment support.

Eligibility

12. SSA should collaborate with the Department of Health and Human Services (HHS) and other relevant federal agencies to identify and carry out immediate and long-term steps to eliminate the fear that people with disabilities will lose benefits by working. These steps may include wide dissemination of information about work incentives that has been reviewed for clarity by people with disabilities; ready access to benefits counselors; and developing best practices for all counselors to present information and options in ways that are clear, simple, and feel safe to beneficiaries so they can make decisions regarding employment based on accurate information.
13. SSA should provide a report to the ACICIEID about strategies that have proven successful in alleviating concerns about loss of benefits. The report will help the ACICIEID develop recommendations for the Final Report due September 2016. The SSA report should include information from all relevant federal agencies and results of the different SSA demonstration projects pertaining to employment and loss of benefits. The report should include recommendations made by people who participated in the projects.
14. Congress should authorize expanding the Ticket to Work program to the children's SSI program. While many youth receiving SSI go on to receive SSI as adults, access to the Ticket is not available until after an adult redetermination process has already taken place, resulting in lost time. Expansion will enable school districts and other organizations that support youth employment to become employment networks and increase the likelihood that young people with disabilities will have access to employment experiences that are typical of young people without disabilities. These experiences will improve the likelihood of successful employment as adults.

15. RSA should clearly define “most significant disability” by:
- a. Issuing an Advanced Notice of Preliminary Rule Making (ANPRM) to solicit feedback on how to define “most significant disability.” The subcommittee recommends that RSA consider including in the definition (a) people working in segregated settings and/or being paid below the minimum wage, (b) people receiving SSDI or SSI or at substantial risk of receiving these benefits in the future; and (c) transition age youth who have or have had an Individual Education Plan (IEP) or Section 504 Plan in school.
 - b. Require state VR agencies to establish specific practices for contacting and encouraging SSI and SSDI recipients (who are presumed eligible) to use VR services.
 - c. Encourage state VR agencies to engage in outreach to transition age youth and individuals currently in segregated settings about VR services.

Lack of Expectation

16. DOL should lead a should lead a collaboration of federal agencies, including ACICIEID member agencies and relevant agencies in DoEd, to inform and educate their headquarters and regional personnel and related state agencies (such as VR, intellectual and developmental disabilities services, and mental health services) staff about use of best practices and evidence-based employment programs to obtain jobs for people with significant disabilities. Widespread knowledge of successful closures and access to best practices in CIE will improve the ability of employment professionals to link people to good jobs and improve employment outcomes.
17. OSERS should widely disseminate information about effective transition programs that assist students to leave school with jobs or have effective post-school employment plans that will lead to jobs.
18. DOL should lead a collaboration of federal agencies, including those participating in the ACICIEID and relevant agencies in DoEd, to review states or programs that are effectively moving people to CIE from segregated settings and/or who are being paid below the minimum or prevailing wage. Information about these states or programs should be widely disseminated.
19. RSA should analyze the data it collects on individuals whose cases are closed before services are rendered and the reasons for closure. RSA should use its analysis of the data to determine how to reduce the number of eligible individuals that do not receive services.
20. RSA should develop conflict of interest policies requiring the determination of individuals’ capacity for CIE be made by an entity separate from the Community Rehabilitation Program (CRP) serving the person. There should be more oversight of these decisions by RSA to ensure CIE is widely available.

21. DOL should lead an effort to engage the business community as a major stakeholder in the employment of persons with disabilities. As partners, the business community can provide on-site resources such as options for employment and advice on best practice marketing of employment. They can provide business-to-business leadership in presenting the case for employing, retaining and promoting persons with significant disabilities.
22. DOL should lead a collaboration of federal agencies, including those participating in the ACICIEID and relevant agencies in DoEd, to ensure that resources are available to states to convey the message of why CIE is important to people with disabilities. People with disabilities, their families and state level advocates should direct educational campaigns about employment and its importance.

AbilityOne® Program

The Complexity and Needs Subcommittee's preliminary recommendations regarding funding through the AbilityOne Program are contained in a separate chapter co-authored with the Marketplace Subcommittee

Area 2: Data and Outcomes

23. DOL should lead a collaboration of federal agencies, including those participating in the ACICIEID and relevant agencies in DoEd, to develop and use a standard definition for competitive integrated employment (CIE) across federal agencies. The definition should be based on the Centers for Medicare & Medicaid Services (CMS) Home and Community Based Services (HCBS) definitions and the Workforce Innovation and Opportunity Act (WIOA) definition. The standard definition of CIE should be consistent with the goals of WIOA and the Americans with Disabilities Act (ADA).
24. DOL should lead a collaboration of federal agencies, including those participating in the ACICIEID and relevant agencies in the DoEd, to develop consistent CIE outcome measures based on the standard definition of CIE recommended above for use at the federal and state levels. DOL should consider the data and outcome measures described in the Findings and Conclusion above regarding employment outcomes (such as wages and benefits paid, hours worked, type of job/occupational classification, group versus individual employment, formal versus natural supports, and average wage increase over time) and the impact of CIE (such as income level, use of healthcare services, housing stability, reliance on cash benefits, taxes paid, community inclusion, social capital, independent living, and cost benefits of wages earned versus support funding expended). Information from the national initiatives on outcome measures, other labor force surveys and WIOA implementation activities should inform this effort.

25. Each federal agency that funds CIE (including DOL, RSA, and CMS) should require that states collect outcome data at a state, local and agency/provider level. These measures should include comparative hospitalizations, emergency room use, impact on homelessness, taxes paid, reduction in cash benefits, and cost benefit (wages earned versus support funding expended). Each agency should require states to report to it this data on a regular basis. Recognizing that state data systems are expensive to create and vary in sophistication across states, the Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities (ACICIEID) will attempt to explore best practice and cost effective models of employment data collection for the Final Report due in September 2016.
26. DOL should collaborate with other federal agencies to ensure that outcome data is widely disseminated so that people with disabilities, their families and other stakeholders can make informed decisions about employment, including such information as: where work is available; and which agencies are most effective in supporting people to obtain CIE.
27. CMS should provide guidance and technical assistance to states using Medicaid funding for employment and day services to make it easier for them to incorporate, implement, and track quality and outcome measures for CIE and other day services. Quality measures should be included as a state requirement in Home and Community Based Services (HCBS) programs, managed care, and other waiver authorities. Quality and outcome measures for any employment service should be based on recommendations made above.
28. DOL should collaborate with other federal agencies that fund CIE to make state and national spending and outcome data widely available. The data should include, at minimum, the number of people employed in competitive integrated employment at minimum wage or higher, the number of people employed at a subminimum wage, the number using other day services, and spending on employment versus other day services. The federal government should also collect and publish state outcome data (see recommendation above) as well as information regarding the benefits of employment and its positive impact on healthcare costs and social services for people with significant disabilities.
29. CIE programs should participate in fidelity processes to improve practice in connecting job seekers with good jobs that fit their abilities and interests and result in good wages, benefits and working hours. The ACICIEID will review current practice with regard to fidelity in CIE and recommend best practices in the Final Report due in September 2016.

Area 3: Section 14(c) of the Fair Labor Standards Act

The Complexity and Needs Subcommittee's preliminary recommendations related to the current and future use of Section 14(c) of the Fair Labor Standards Act are contained in a separate chapter co-authored by all of the subcommittees.