

# Capacity Building

Advisory Committee on Increasing Competitive  
Integrated Employment for Individuals with  
Disabilities

8<sup>th</sup> Meeting, April 27-28, 2016

# Capacity Building Recommendations for Final Report

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## Recommendation #1:

*The state Medicaid agency, the state Department of Labor, the state Vocational Rehabilitation agency, the state Mental Health agency, the designated state I/DD agency, and the state education agency in each state should: encourage the development of state/local standards or adopt national standards of professional competence in providing CIE services; and support professional development that includes the development of organizational leaders, program managers, and professional employment staff who focus on CIE.*



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## Recommendation #2:

*The Center for Medicaid Services (CMS) and the Rehabilitation Services Administration (RSA), the Department of Labor, and the designated I/DD and Vocational Rehabilitation (VR) agencies in each state, should: promote and fund innovative projects that result in new CIE programs within existing organizations as well as new organizations that provide only CIE services; and facilitate program transition away from sheltered employment and into CIE.*



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## Recommendation #3:

*Congress should provide CMS the authority to permanently extend the increased federal match incentive for states that was created under Money Follows the Person to move away from the institutional bias of services and incentivize the transition of beneficiaries currently in or at risk of institutional settings into HCBS. Additionally, Congress should expand the definition of what constitutes as an “institutional setting” to include non-residential settings like day habilitation and facility-based work centers.*



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## Recommendation #4:

*Congress should direct the formation of an interagency operational task force, as formed by Executive Order, to develop an implementation plan for incorporating these capacity building steps for increasing CIE. At minimum this team should include representatives from: DOL (ETA, WHD and ODEP), DoEd (RSA, OSEP), HHS (SAMHSA, CMS, ACL) and SSA.*

