

Capacity Building Focus Relevant to Subcommittee Recommendations

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Preceded by the overarching theme and logic behind their development, the Subcommittee's revised recommendations are each followed by brief list of content areas where capacity building is necessary to increase competitive integrated employment.

Overarching theme to the Subcommittee's recommendations: Building systemic capacity for competitive integrated employment (CIE) and facilitating well planned transition from center-based services.

Systemic capacity for increasing CIE necessarily involves multiple federal agencies, including the mandated partners specified within the framework of WIOA, as well as additional federal agency partners whose programs and services are essential to increase employment and economic advancement.

Logic to the recommendations in addressing capacity building: 1. research and development activities will be necessary to build program capacity for CIE across systems, 2. the system of paying for employment services must be changed, and 3. clear data collection, data management, and data sharing will be critical to measuring the incidence and quality of CIE service and outcomes.

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.*

- CIE capacity building for service provider staff needs to be driven by a common standard by which performance can be developed, supported and measured. Thus, workforce development/employment and education/training service staff of all WIOA core programs and key partners (e.g. HCBS) should require certifications for service provider professionals at all levels (i.e. executive, supervisory, and direct service personnel) from a recognized accrediting body.
- Pre-service and in-service training, ideally framed by certification standards, and technical assistance related to the expectation, value and outcome of CIE and skill development to facilitate CIE is needed at various levels, including:
 - Workforce development/employment and education/training service staff of all WIOA core programs and key partners (e.g. HCBS) at all levels of employment (i.e. executive, supervisory, and direct service personnel)
 - State agency workforce development/employment and education/training vendors.

- Certification, licensing, and quality assurance personnel associated with respective state agency workforce development/employment and education/training partners.
- Teachers and educators at all levels (early learning, pre-K, K-12, special education, higher education).
- Medical professionals who encounter individuals with disabilities, including individuals with acquired disabilities (e.g. doctors, nurses, physical therapists, occupational therapists, speech therapists, medical specialists, trauma medical staff, etc.)
- CMS and RSA should collaborate with the Department of Labor, Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of Special Education Programs (OSEP) to develop new tools and supports to strengthen the employment focus of a system led by CIE. These tools for assessing an individual's capabilities and employment possibilities should be based on current, mainstream human performance methodologies and implemented by all front line case management professionals to guide the development of services and supports.
- The Department of Education should make personnel preparation grants to institutions of higher education to encourage the development the next generation of employment professional staff who will be implementing CIE.
- The Department of Health and Human Services, through its National Institute on Disability, Independent Living, and Rehabilitation Research, as well as other federal agencies that sponsor employment research, will need to prioritize research and development on CIE so that contemporary evidence is established for what constitutes effective delivery of CIE and so that this knowledge is translated into training curricula and practice strategies.

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.

- State I/DD agencies, State VR agencies, State education agencies and their partners should become familiar with the Department of Justice settlements with Rhode Island and Oregon which stipulate changes in the delivery of services to decrease use of center based services and increase the availability of CIE, and should keep abreast of future decisions related to CIE.
- State Labor, VR, I/DD, and MH agencies will need to collaborate to establish statewide public and private sector employer initiatives that encourage the innovation and piloting of employer driven models that enhance services and expand outcomes. States should support innovative new models so that new services can emerge for individuals new to the system by promoting, funding and supporting:
 - CIE pilot start-ups
 - School-to-work transition pilots
 - Training and technical assistance for pilots

- Providers exclusively or primarily offering sheltered, non-integrated employment services will need technical assistance to transform services to focus primarily on CIE service provision. Thus, CMS, VR, and partnering federal agencies, through their state agency entities, should provide short term funding for transformation efforts and make technical assistance available regarding:
 - Business models reflecting reimbursement for CIE
 - Deployment of staff to provide CIE
 - Training, supporting and managing staff providing CIE supports

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.*

- CMS should also issue further guidance about how Medicaid claims could be made as part of implementing the new federal HCBS settings rule to financially support training, development and ongoing technical assistance to direct support staff and providers under HCBS to help them increase their capacity in providing supported employment and customized employment services that lead to improved competitive, integrated employment outcomes.
- Guidance should be issued jointly by CMS and RSA that directs state Medicaid and VR agencies to work together to establish an agreed-upon rate structure across both systems that assures a consistent set of rates/reimbursement for both short-term and long-term services related to discovery, career planning, integrated work-based learning experiences, and supported/customized employment so that individuals eligible for both services (and the providers serving these individuals) can be assured a consistent level of support for these services as they transition from VR resources to longer-term supports and services received under Medicaid HCBS.

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 and ODEP), DoEd (RSA, OSEP), HHS (SAMHSA, CMS, ACL) and SSA.*

- The team should be charged with developing the implementation plan within a specified time frame.
- The implementation plan will be the framework for implementing the activities outlined under the previous Recommendations.