



LEAD CENTER

Promoting Leadership: Effective Strategies for Integrating Employment Outcomes and Services into Managed Care Models

LEAD Center Webinar
September 25, 2013

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The National Center on Leadership for the Employment and Economic Advancement of People with Disabilities (LEAD) is a collaborative of disability, workforce and economic empowerment organizations led by **National Disability Institute** with funding from the **U.S. Department of Labor's Office of Disability Employment Policy**, Grant No. #OD-23863-12-75-4-11.



WELCOME

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US Department of Labor

Office of Disability Employment Policy



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SUBMITTING QUESTIONS

For Q&A: Please use the chat box or Q&A box to send any questions you have during the webinar to **Nakia Matthews** or **Elizabeth Jennings** and we will direct the questions accordingly during the Q&A portion.

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Please note: This webinar is being recorded and the materials will be placed on the LEAD Center website at

<http://www.leadcenter.org/webinars/promoting-leadership-cross-agency-approaches-advance-use-customized-employment-and-self-employment-strategies>



TECHNICAL ASSISTANCE

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LEAD CENTER MISSION

- ▶ To advance sustainable individual and systems level change that results in improved, competitive integrated employment and economic self-sufficiency outcomes for individuals across the spectrum of disability.



OVERVIEW OF TODAY'S WEBINAR

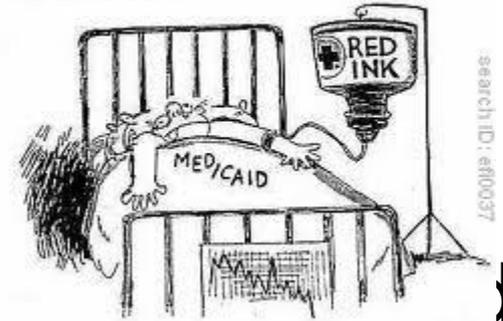
- ▶ Overview on the emergence of Medicaid managed long-term care for people with disabilities, including reasons for its use
- ▶ General principles of managed care and how a focus on integrated employment at competitive wages fits well
- ▶ Variety of strategies for embedding integrated employment as a priority focus in assessment, planning, resource allocation, service delivery and quality management.



WHY MANAGED LONG-TERM CARE?

- ▶ State budget constraints
- ▶ Escalating costs
- ▶ Growing waiting lists
- ▶ Evidence and supposition
care approach will lead to lower costs and higher quality
- ▶ States can contract out responsibility (and risk) for administering long-term care services

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GROWTH OF MANAGED LONG-TERM CARE

- ▶ Late 1990s: a few states began applying the principles of managed health care to the provision of long-term support services
- ▶ Between 2004 and 2012 the number of states with managed long-term care programs doubled from eight to sixteen
- ▶ The number of persons receiving long-term support services through managed care programs increased from 105,000 to 389,000.
 - ▶ Source: The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update (July 2012)



NATIONAL COUNCIL ON DISABILITY

- ▶ With strong oversight and planning, managed care offers opportunities to improve the quality and cost-effectiveness of care for Medicaid beneficiaries in the setting of their choice.
- ▶ For working-age adults with disabilities, employment is a critical pathway toward independence and community integration. Working-age enrollees, consequently, must receive the supports necessary to secure and retain competitive employment.
- ▶ The Centers for Medicare and Medicaid Services (CMS) should prepare and disseminate a written protocol outlining the criteria to be used in reviewing state demonstration waiver requests involving Medicaid managed long-term services and supports.
 - ▶ Source: Medicaid Managed Care for People with Disabilities: Policy and Implementation Considerations for State and Federal Policymakers (March, 2013)





▶ Issued May, 2013:

- ▶ “Summary - Essential Elements of Managed Long Term Services and Supports Programs”
- ▶ “Community based LTSS should be delivered...in a way that offer the greatest opportunities for active community and workforce participation.”
- ▶ “CMS expects states to assure that managed care networks meet the needs of MLTSS beneficiaries, including adequate capacity and expertise to provide access to services that support community integration, such as employment supports”



PRINCIPLES OF MANAGED CARE

- ▶ The right service in the right amount at the right time
- ▶ Service authorizations are done with goal to control costs:
 - ▶ Don't over-support people
 - ▶ Use lowest cost service that can meet a member's need
 - ▶ Invest in lower cost preventative services to reduce higher cost services down the road
 - ▶ Broader flexibility on who can be paid and what can be paid for
- ▶ Managed Care Organization (MCO) contracts with network of providers willing to accept MCO's reimbursement rates and meet MCO's quality standards
- ▶ Focus on outcomes that services are intended to produce – MCO has ability to pay for outcomes and create incentives for lower service utilization if outcomes are being met



THE CASE FOR INTEGRATED EMPLOYMENT

- ▶ Proven bi-directional relationship between employment and health
 - ▶ Employment contributes to better health
 - ▶ Better health contributes to participation in employment
- ▶ Employment contributes to prevention and recovery from mental illness
- ▶ Employment is associated with greater skills in activities of daily living



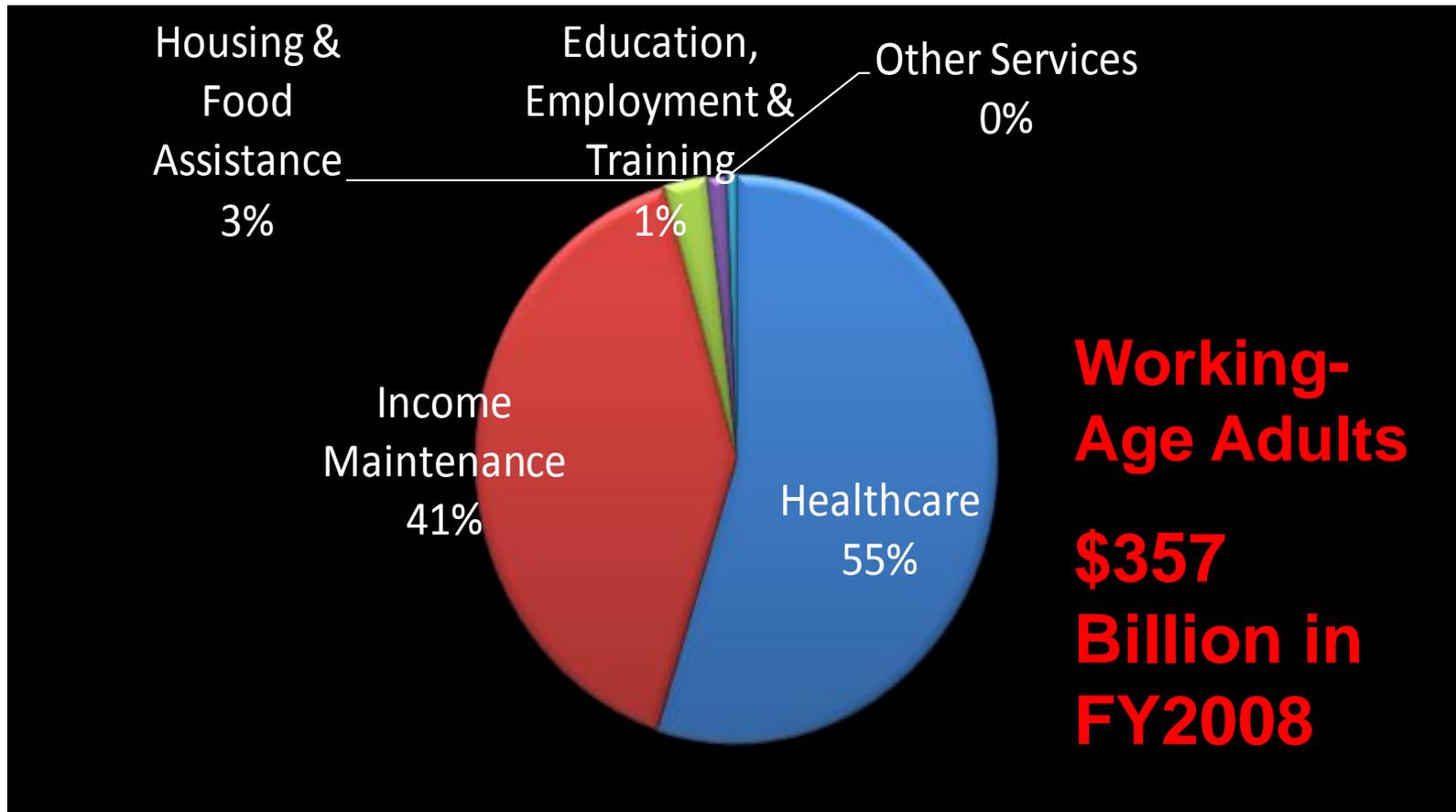
THE CASE FOR INTEGRATED EMPLOYMENT

- ▶ Employment creates opportunities to build & use natural supports
- ▶ Employment enhances income –people can contribute to the cost of their supports
- ▶ Employment offers access to employer-sponsored health care

Investments in employment yield big dividends



LONG HISTORY OF INVESTING IN UNEMPLOYMENT AND POVERTY



[1] Adapted from Livermore, Stapleton and O'Toole (2011, Health Affairs)

EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ Must be stated & desired outcome from day one
- ▶ Integrated employment at competitive wages must be a performance measurement
- ▶ Pay for Performance (P4P) initiative should be developed to improve integrated employment outcomes
- ▶ Individual MCOs should be encouraged/required to conduct Performance Improvement Project (PIP) on integrated employment at least once every 3 years (5 years if also serving elderly)



EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ Contracts with MCOs must have clear, enforceable (**Employment First**) language requiring strong focus on integrated employment outcomes in every aspect of MCO operation and embedded in MCO policy
- ▶ External Quality Review Organizations (EQROs) and Quality Management strategy must adequately address integrated competitive employment
- ▶ State should collect and publish data on MCO performance related to integrated employment, particularly if multiple MCOs exist in a state

EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ Assessment/screen that informs capitated rates must adequately address supports necessary for participation in the workforce
- ▶ Derive support level from other available assessment/screen information rather than hypothetical evaluation by assessor/screener
- ▶ Unique factors influencing need for employment supports must be recognized (e.g. criminal history)



EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ Case Management staff must have core competencies that include a good understanding of integrated employment
 - ▶ Why employment is a critical outcome for working-age members
 - ▶ How to address with members
 - ▶ Services available; other systems that can help
 - ▶ Role throughout member employment lifecycle
- ▶ Consider performance-based salary adjustment



EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ Comprehensive Assessment and Individual Plan of Care must fully address member's desires regarding employment (identified member outcomes)
 - ▶ Past experience/history/education
 - ▶ Interest (if no, identify and address reasons why)
 - ▶ Concerns
 - ▶ Goals (hours; earnings; etc.)
- ▶ Provider conflict-of-interest may require exclusion of provider from discussion



EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ Benefit package must include services that support integrated employment
 - ▶ Benefits counseling (work incentives)
 - ▶ Supported Employment
 - ▶ Workplace personal care/assistance
 - ▶ Transportation (non-medical)
 - ▶ Durable Medical Equipment (DME)
 - ▶ Assistive Technology
- ▶ Best Practice Strategies must be covered under Supported Employment
 - ▶ Customized Employment (including Discovery)
 - ▶ Individual Placement and Support
 - ▶ Self-Employment



EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ Services must be available to all working-age individuals, regardless of type of disability
- ▶ Service limitations must not discourage working enough to access employer-sponsored health care and earning enough to contribute to cost of care
- ▶ Non-work services should be promoted as employment wrap-around not alternative to employment



EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ Services should be paid for on an outcome basis
- ▶ With employment, fee-for-service rewards poorest performers – best performers lose money over time
- ▶ Payments per hour the member works rewards fading and job placements that involve higher hours and paid time off
- ▶ **Sophistication** is required so as not to create provider disincentive to provide integrated employment services or to serve higher acuity members



EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ Those who can be paid to provide employment services should not be limited to provider agencies
- ▶ Employers and co-workers are cost-effective options for providing on-the-job training/support
- ▶ Family, neighbors, co-workers are cost-effective options for providing transportation



EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ Members should have option to self-direct their employment supports
- ▶ MCO's should be supported to become Employment Networks
- ▶ “Share the wealth” agreements should be put into place with employment service providers



EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ MCOs should be required to enter into MOU with VR regional office(s) which serve MCO's geographic area
- ▶ MOU should include details on how cost-sharing, joint service delivery and hand-off of members between the systems will occur
- ▶ MCO MOU's should all be consistent with state level MOU between Medicaid and VR agencies



EFFECTIVELY EMBEDDING EMPLOYMENT IN MANAGED LONG-TERM CARE

- ▶ MCOs should be required to enter into MOU with local school districts which serve MCO's geographic area
- ▶ MOU should include details on how MCO will inform/educate school general/special education teachers and staff regarding its policies and services related to integrated employment
- ▶ MCO MOU's should all be consistent with state level MOU between Medicaid and public instruction agencies



CAUTIONS: MANAGED LONG-TERM CARE

- ▶ Evolution from health care – risk of returning to medical model
- ▶ Lack of expertise among implementers - values and principles associated with independent living and self-determination
- ▶ Single systems that also serve elderly – design and focus not sufficiently focused on working-age individuals with disabilities



CAUTIONS: MANAGED LONG-TERM CARE

- ▶ Rapid implementation – poor transitions for individuals served
- ▶ “Crude” implementation – cutting services and reimbursement rates without more cost-effective alternatives available & offered
- ▶ Supported employment inaccurately viewed as high cost service – thus not offered/discouraged in assessment/planning



USING INFORMATION SHARED TODAY

- ▶ Ask questions about how participation of members in integrated employment at competitive wage is or will be addressed in your state's managed long-term care model
- ▶ Ask how it will be addressed in rate setting, MCO and provider contracts, assessment process, care planning, service package, performance measurement, quality assurance, and pay for performance.



USING INFORMATION SHARED TODAY

- ▶ Devil is in the details – focus on integrated employment must be “baked in”, not “layered on top”
- ▶ Share detailed rationales and recommendations like those discussed today
- ▶ Remember that many states and MCOs are not well versed in what supports and improves integrated employment participation and outcomes!



QUESTIONS?



LEAD CENTER *FREE* WEBINAR SERIES

- ▶ The LEAD Center provided a new webinar on the last Wednesday of the month from 3:00p.m. EST - 4:30p.m. EST.

- ▶ Webinars were presented as three mini-series on:
 1. Economic Advancement
 2. Employment
 3. Leadership (Public Policy)



WEBINAR ARCHIVES

- ▶ Promoting Economic Advancement mini-series:
 - ▶ February 2013 - *Implementing Free Tax Preparation Services*
 - ▶ March 2013 - *Implementing Financial Education Opportunities*
 - ▶ April 2013 - *Using Work Incentives to Build Financial Stability*

- ▶ Promoting Employment mini-series:
 - ▶ May 2013 - *Introduction to Customized Employment and Customized Self Employment*
 - ▶ June 2013 - *Group Discovery: An Alternative Assessment Tool for Workforce Centers and Community-Based Providers*
 - ▶ July 2013 - *Discovering Your Potential: Using Discovery to Identify Your Employment Goals*



WEBINAR ARCHIVES

- ▶ Promoting Leadership (Public Policy) mini-series:
 - ▶ August 2013 - *Cross-Agency Approaches to Advance the Use of Customized Employment and Self-Employment Strategies for Individuals with Disabilities*
 - ▶ September 2013 - *Effective Strategies for Integrating Employment Outcomes and Services into Managed Care Models*

<https://www.leadcenter.org/webinar-archive>



UPCOMING WEBINAR:

October 23, 2013 from 3:00pm to 4:30pm EST

Title: The LEAD Center – Inaugural Year in Review

During this webinar LEAD Center and ODEP staff will share outcomes of the LEAD Center's inaugural year including, major accomplishments, emerging promising practices, end pending reports and knowledge translation. A preview of the LEAD Center's 2013-2014 efforts will also be shared.

Target Audience: Workforce Development Professionals, Individuals with Disabilities, Policy Makers and Influencers, Professionals from Partner Systems, and Related Stakeholders



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THANK YOU

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