

ARPA 4.06 HCBS-SUPPORTED EMPLOYMENT INCENTIVE BASED PILOT

Presented by:

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Intended Outcomes of the presentation

- Understand how Outcome-based Supported Employment models increased CIE outcomes.
- The model piloted in Colorado, how it works, the participants, and the Pilot outcomes.
- Initial reactions from you, the stakeholders.

BACKGROUND

Employment First

A *belief and value* that all people, regardless of level of disability, are capable of full inclusion and working in competitive integrated employment (CIE)

CIE is the *first and preferred outcome*, regardless of the level of disability, in businesses found in the community, with regular compensation, equal advancement, and equal interaction with non-disabled co-workers

Employment First

Since 2017

System Change within agencies, organizations, funding, policies, and service delivery strategies

Culture shift that alleviate fears about employing people with disabilities and equipping employers to build a more diverse and supportive workforce.

Competitive Integrated Employment (CIE)

Compensation

Pay at or above the local minimum wage or the customary rate for similar occupations for the same employer.

Advancement

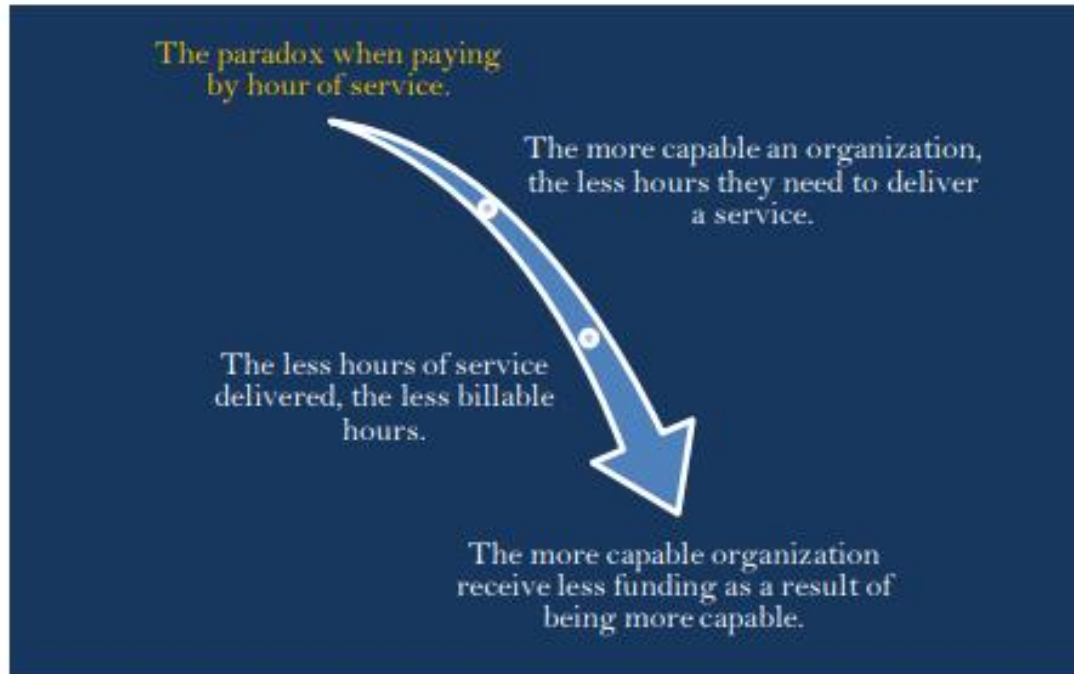
Opportunities to advance and be promoted, just like any one else.



Integration

Workplace and culture where the employee works alongside other employees who do not have disabilities. Experiences authentic inclusion and belonging.

Fee for Service Systems



Source: [Valued-Based Payment Methodologies to Advance Competitive Integrated Employment: A Mix of Inspiring Examples from Across the Country](#), by Lisa Mills, Ph.D.

- Colorado's current fee-for-service HCBS-SE payment model creates financial incentives for providers that conflict with the goals of Employment First.
- The current fee-for-service system, does not support providers with adopting Employment First best practices that lead to member's independence in CIE.
- Reimbursement based on service hours creates no financial incentive to support members to find jobs where fading is possible, particularly jobs well-matched to a person's abilities in workplaces where natural support potential exists.

Outcome-Based Payment Models

- **Outcome-based models** consider services and supports as **investments in the members** being served, not just dollars spent.
- To accomplish this, states identify the **desired intent and outcomes** for a category of services and redesign how service **reimbursement can be utilized to achieve** those outcomes.

States that have implemented Outcome-Based HCBS Supported Employment Models have:

- **Wisconsin**, after 25 months, there was a 35% growth in the number of individuals working in CIE, and after six years, they saw a nearly 71% growth.
- **Oregon** has seen substantial growth in people working 20+ hours per week, along with a significant number of new people moving into CIE annually.
- In the first two years after implementation in Oakland County, **Michigan**, the number of people with Intellectual and/or Developmental Disabilities (IDD) working in CIE more than tripled. 71% of people served stayed employed beyond one year on the job.

LET'S DO A PILOT

Timeline and Provider Qualifications

The Pilot ran from December 2020 until June 2024.

- ARPA project 4.06

To ensure that the Customized Employment model could be included in the Pilot, each participating provider had to be certified in customized employment.

- Providers were not required to utilize Customized Employment, but it was vital that it was an available option

The Providers that Made this Work!!!



Question's the Pilot Helped Answer

- Would Colorado see similar outcomes that have been seen in other states?
- Does member independence increase under this structure, and therefore, an increase in the quality of the service?
- How is member job success affected as independence increased?

STRUCTURE

Job Development

Current system:

- **Pay per hour** of service delivered.
- **No expected outcomes** like an Individualized Vocational profile that leads to Competitive Integrated Employment for the member.
- **No established timeline** for when members should be connected to DVR or a Competitive Integrated Job.
- **There is no incentive** to utilize best practices to support the member in finding the right job that gives them the chance to grow.

Pilot Model:

- **A flat rate** for the completion of an Individual Vocational Profile (Profile) was completed.
- **Due 90 days** from start. Sequenced with the DVR timeline for the IPE.
- **Rates based** on the average hours it takes a Job Developer and a member to complete the Profile based on the member's support level.

Support Level	Hourly Fee-for Service Rate	Hours	Pilot Flat Rate
Levels 1-2	\$ 57.14	35	\$ 2,000.00
Levels 3-4	\$ 57.50	40	\$ 2,300.00
Levels 5-6	\$ 57.78	45	\$ 2,600.00

Pilot Job Coaching Phases

Initial Job Retention

- 90 Days Post Job Stability with DVR
- Highest Rates

Extended Job Coaching

- 4-18 Months Post Job Stability with DVR
- Intermediate Rates

Job Coaching Maintenance

- 19+ Months Post Job Stability with DVR
- Lowest Rates

Providers were **reimbursed for every hour the participant worked**, not every hour the employment specialist provided job coaching.

Rates in the Phases

Rates are based on five factors:

1. The acuity level of the supported employee, as determined by their Support Level.
2. How long the participant has held their job.
3. The hourly cost of the job coaching service.
4. Targets for an appropriate level of job coaching support in relation to the hours the supported employee is working.
5. Rates set in accordance with pilot objectives. Pilot objectives include incentivizing the fading of services, job independence, and the individual increasing hours worked on the job.

Fading Targets Per Support Level.

Support Level	Months 1-3	4-12 Months	19+ Months
L 1	83%	41%	18%
L 2	91%	46%	18%
L 3	100%	50%	18%
L 4	109%	55%	24%
L 5	120%	60%	24%
L 6	136%	68%	24%

HCBS-Pilot Rates

Support Level	Months 1-3	4-12 Months	19+ Months
L 1	\$ 47.05	\$ 23.52	\$ 10.37
L 2	\$ 51.69	\$ 25.85	\$ 10.37
L 3	\$ 56.80	\$ 28.40	\$ 10.37
L 4	\$ 61.91	\$ 30.95	\$ 13.82
L 5	\$ 68.10	\$ 34.05	\$ 13.82
L 6	\$ 77.35	\$ 38.67	\$ 13.82

Who Participated?

The Total number of Pilot Participants was less than 50 individuals.

HCBS-Pilot Participant Waiver Membership

Waiver Type	% Enrolled by Waiver
DD	55%
SLS	43%
State SLS	2%

HCBS-Pilot Support Level

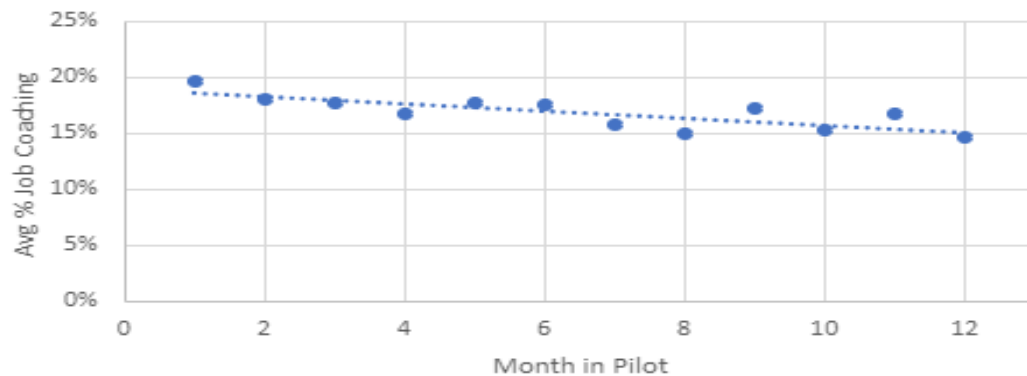
Support Level	% of HCBS-Pilot Members
1	34%
2	36%
3	14%
4	5%
5	9%
6	7%

WHAT WE LEARNED

Outcomes

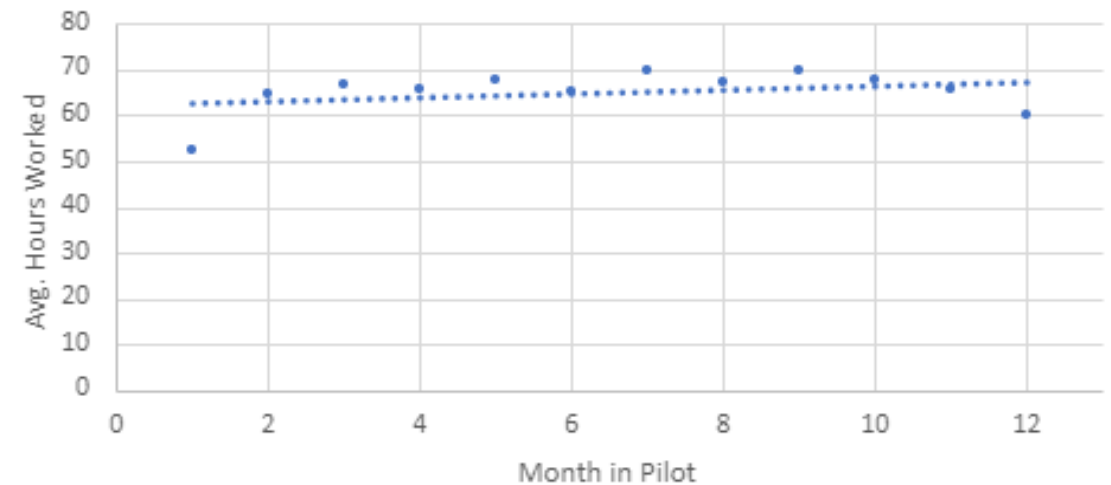
Of the Pilot total participants, 61% were enrolled and utilized Job Coaching for 12 months or longer, which was used in the analyses below.

Average % of Job Coaching- Months 1-12 in SE Pilot



While independence rose, Participants' hours on the job also rose an average of 11% from month 1 to month 12.

Average Hours Worked Per Month - Months 1-12 in SE Pilot



The Participant's on-the-job independence (measured by the amount of fading) rose 8% over 12 months.

- Compared to DD and SLS waiver members in 2022 which only saw a 2.5% increase in independence (2022 – Point-in-time SE data report).

Lessons Learned



The Pilot does support the implementation of **best practices, member independence, and success on the Job.**



Overall **increased efficiency and quality** of the HCBS Supported Employment services, including Pre-DVR and Post-DVR Supports.



Streamlined Administrative process, ensuring job seekers are progressing toward CIE and not getting stuck.



Increased revenue for HCBS-SE providers who utilize Employment First Best Practices.




Increased belief and trust that the individual can be successful and independent leads to better employment outcomes and community integration.

Further Exploration Required?

How do we create and maintain relevant milestone payment that further supports provider and participant success?



How do we ensure that individuals with higher support needs have the same access to these services as any other waiver member?



How can we improve HCBS-SE and HCBS-DVR sequencing under this model?



How do we ensure this model is successful across the state and for all provider sizes?

Discussion

- Questions and clarifications?
- General thoughts and 1st reactions?
- Is anyone aware of states with similar models, what have you heard?
- How many of you had heard about the Pilot before today?
- If implemented, what type of support as providers will you need to be successful in the transition to a model like this?

Next Steps

- HCPF is exploring if this model should be implemented into the DD and SLS waivers as part of the ARPA 4.06 project closeout.
- The HCPF Pilot report and evaluation will be released soon.

Presentation and stakeholder engagement – if you have any ideas of where we can present this model and get feedback, please let us know!

Thank You!!

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