# Blending and Braiding Resources to Support the Employment of People with Disabilities Webinar
*August 2008*

**[Robb Sewell]** Good afternoon, this is Robb Sewell and on behalf of the NTAR Leadership Center, it is my privilege to welcome you to today's webinar on *Blending and Braiding Resources to Support the Employment of People with Disabilities*. Today, we're joined by almost 150 people representing 38 states and the District of Columbia. We thank each of you for taking the time to participate in this event. Before we begin, I'd like to take a few minutes to review some important information. Today, we're testing a new format for our webinars. Unfortunately, we've found that many webinar programs are not compatible with assist of technology such as screen readers. Thus today, we're offering an audio webinar and asking you to download the presentation on to your computers and follow along as the presenters guide you through the slides. All participants should have received via e-mail the presentation in both Microsoft PowerPoint and rich text format. If you haven't received the presentation, you can download it from the home page of the NTAR leadership center Web site at www.ntarcenter.org. The files are listed under the newsbox on the left side of the NTAR home page. Again, the URL for the NTAR Web site is www.N-T-A-R-C-E-N-T-E-R.O-R-G. Please take a few moments now to open the presentation on your computer. Please note that today's webinar has been arranged so that the only voices you will hear are those of the presenters. We have a lot of time after the presentations for our Q and A session. And if you would like to submit questions to our presenters, please e-mail them to ntar@rci.rutgers.edu that is N-T-A-R@R-C-I.R-U-T-G-E-R-S.E-D-U. You can also find the e-mails right from slide 3 of your presentation and a link to the e-mail address is also provided on the NTAR Center's home page. Just look for the newsbox on the left side of the home page. Questions can be submitted throughout the webinar and will be answered during the Q and

A period in the order in which they were received. Please note that this webinar is being recorded. A direct link to the audio will be available on the NTAR center Web site by 4 p.m. today. Finally, after the webinar has ended, you will receive an e-mail thanking you for participating in today's event. You will also receive a brief survey to give us feedback about your experience as well as to provide suggestions for future webinar topics. Please take a few minutes at that time to complete the survey. At this point, I'd like to turn things over to Nanette Relave, Director of the Center for Workers with Disabilities at the American Public Human Services Association. Additionally, Nanette is the Director of the NTAR Leadership Centers State Peer Leaders Network. Nanette?

**[Nanette Relave]** Thank you Robb. I am delighted to be joining our presenters and all our questioners on today's call. Again, I am Nanette Relave with the Center for Workers with Disabilities, a technical assistance center for state Medicaid infrastructure grant program. And I am now on slide number 4. I'm delighted that we have 3 presenters joining us today, Bob Nicholas who is a Senior Visiting Fellow at the John J. Heldrich Center for Workforce Development at Rutgers University, Jack Quigley who manages the Medicaid Infrastructure Grants Project in the State of Virginia, and Dr. Joseph Ashley who is Assistant Commissioner of Grants and Special Program at the Virginia Department of Rehabilitative Services. Let's move on to slide number 5. I want to provide just a quick overview of the NTAR Leadership Center. We were established in September 2007 through a grant from the Office of Disability Employment Policy. The NTAR Leadership Center is a collaboration of partners with expertise across several domains including workforce and economic development, disability employment, asset building, as well as leadership development. And this center was established for the purpose of building capacity and leadership at the federal, state, and local level to facilitate change across distance, including workforce development, and disability specific systems, to increase employment and greater

economic self-efficiency for adults with disabilities. Today's webinar is an advanced for the State Peer Leaders Network. The State Peer Leader's Network is an activity of the NTAR Leadership Center for a core group of state teams as well as for other state and local leaders who have a strong interest in the mission and goals of the NTAR Leadership Center which are laid out in this presentation. And I believe we may have some listeners on the call who may not be members of the State Peer Leaders Network or may want to learn more, in which case I invite you to contact me directly and my contact information is at the end of this presentation. So let's move on to slide number 6, the guiding principles of the NTAR Leadership Center. In the interest of time, I am not going to go through all of these guiding principles because you have them down here but I do want to draw your attention to the second principle, "Increasing the use of self-direction in services and integration of funding across and among systems." In today's webinar, on blending and braiding is really going to touch heavily on the second guiding principle as well as several of the other themes that are important to this project. Moving on to slide number 7, we have a several objectives for this webinar, to provide our listeners the working definition of the concepts of blending and braiding, our presenters will explore examples of blending and braiding resources across programs and systems to support the employment of individual with significant to stability. And we'll take some time to answer your questions. If we do run out of time for all questions that we received, we will tape the questions that have been e-mailed to us, distribute those to our presenters and they'll respond and we'll share the responses with all of the individuals who have registered for this webinar. Moving on to slide number 8, Defining Blending and Braiding. So I just want to take a minute here on these concepts. Blending and braiding are both strategies to use resources in more coordinated and flexible ways, but there are some differences between these two concepts. Blending involves strategies that combine or unify separate funding sources. So for example, one strategy under blending includes pooling or

flexible funding sources are blended into one funding pool. Another example is decategorization whereby funding sources are made less categorical by removing, reducing, or aligning requirements and regulation so that funds can be blended into a unified funding stream. And so, not too surprisingly, strategies that relate to blending are more likely to be used at the federal or state level. Braiding involves using separate funding sources together to support more seamless or unified services. So with braiding, separate funding sources are wrapped together or wrapped around clients. Then this is a strategy that can certainly be used at all levels. One thing to keep in mind is that the terms blending and braiding are often used interchangeably or the term blending is used more generally to cover all of these strategies. But in fact, given the complexity of blending funds, we are actually more likely to see examples of braiding in practice. And with that, let's move on to slide number 9 and I'm going to turn it over to my colleague, Bob Nicholas.

**[Bob Nicholas]** Thank you very much Nanette. And welcome to all of you around the country. It's an honor for me to be here today and presenting on behalf of the NTAR Leadership Center. My presentation is going to cover the basics of braiding funds from vocational rehabilitation disability specific service systems and the generic workforce system to support employment plans for people with significant disabilities. For those of you from the workforce system, some of these processes may be new. For those of you who work in the VR and Disability Specific Service Systems, this may be standard fare but I'm hoping to add some perspective that may be helpful to you in doing your work. Finally, I'm hopeful that this will provide some perspectives on systems dynamics for state policy makers who were seeking to expand the number of people with significant disabilities who are employed. I'd like to move to slide 10, and show that for the sake of this presentation the term "significant disabilities" will refer to people with intellectual and developmental disabilities, people with mental

illness, and people eligible for nursing home care. On slide 11, you'll see that the significance of this definition is that people in need of a category are likely to need supports for both job acquisition and for job retention. I'm focusing on braiding of funding, this is slide 12 now. Braiding of funding, as Nanette indicates, the state of the art in terms of developing strategies to blend funds on behalf of individual has a lot more work to be done. And more typical in terms of practice at the local level are braiding strategies and so our presentation today will be on braiding strategies. I want to move to slide 13, which is a list of braiding musts. These are the things that I believe are critically important, overarching strategies as we attempt to braid funds on behalf of people at the local level. The first is that employment plan, the braid's funds need to obviously have sufficient resources for the person to acquire and retain a job of their choice. That's very obvious but it's really what braiding is all about from a goal standpoint. Secondly, it has to be physically feasible for community employment providers to implement. In this, we'll talk a lot more about it as we get in to our later slides. Thirdly, it needs to avoid disincentives for individuals and their families, and many of our funding sources in fact have those kinds of disincentives in their rules and regulations. And finally, you need to avoid double dipping and by double dipping, I mean funding the same unit or hour of service with two different funding sources which is not permitted. I want to use as a point of reference for the discussion today, the braiding strategies that are used for employment of people with significant intellectual and developmental disabilities to show the dynamics of upgrading. I recognize that this definition of significant disability is just more focused on categorical perspective, is somewhat limiting. But I think that the principles that are involved here will be applicable to the broad range of people with disabilities. Slide 14 introduces state rehabilitation programs. And so here the focus will be on VR-supported employment process. This is typically in most states a performance-based process with payments at key designated points of progress. The essential elements are assessments, job

development, job placement, stabilization, and a concluding report. In short, the estate VR programs typically in terms of people with significant intellectual disabilities, fund the job acquisition process. And this is important to note because the regulations for Federal Home and Community-Based Waivers which fund community services including employment supports for people with significant intellectual and developmental disabilities preclude the use of these funds where these services are funded by the rehabilitation service administration. So therefore, this rule and regulation basically mandates collaboration between DD/MR agencies and VR agencies in most states. Moving on to slide 15, this introduces the state DD/MR agencies and says most state agencies serving people within intellectual and developmental disabilities DD/MR agencies and I'll refer to them as such as we go along. Offer follow along and extended on-site employment supports using Federal Home and Community-Based Waivers and/or state funding. They may also offer other resources such as non-employment day of services, transportation, behavioral and occupational therapy and family support services. The caveats in terms of state DD/MR agencies, first, many have waiting list or services so that the timeliness of resources to be used for people who want to be employed is often an issue. Secondly is, is that the depth eligibility definition for who is served and who is eligible for funds under DD/MR agencies is inconsistent around the country and may leave out people who need the services of that, that agency. And finally, is an issue of belief and I mentioned this on the previous slide as well and didn't cover it, but there is a general belief that we're trying to overcome in DD/MR systems that people with significant levels of intellectual and developmental disabilities can indeed work. So you'll find both people in DD/MR agencies and people who work in State Voc. Rehab agencies who don't believe that people with significant developmental disabilities can work. On slide18, I want to spend a fair amount of time 'cause this is really the core of what I want to discuss with you. This is a model of the braiding process for people with significant levels of

developmental disability. This slide assumes that people who are funded by the DD/MR agencies and meet the criteria for orders of selection in the VR-system. So they have funding available to them, again, which is something that's not always the case. And this starts with someone who is receiving non-employment community-based day services and who chooses to be employed and is thus referred to the state VR agencies. And they are accepted and are funded for the supported employment process including assessment job, development job, placement stabilization and a concluding report. In this model, which is not the case in every state, but in this model, during the course of the VR process, the DD/MR agencies continues to fund community based services during the time when the person is not involved in VR related activities. And finally, once the person is in the job and is closed by the state VR agency, they received extended employment supports from the DD/MR agency and continue to receive other community-based services as needed. This raises a great deal of issues and I want to first focus on that middle process when a person is on, is receiving VR services and DD/MR services. They're in fact receiving two different services from two different funding sources and this raises the need to be politically careful in terms, this is not a double dip during the course of this period. And what you have here also is some complexities because most DD/MR agencies fund on either an hourly basis or even on an every 15 minutes basis and VR is responding mostly on a performance-based basis. But typically, what happens in those situations is that the person being funded for hourly services to be in a community-based program, like the agency gets reimbursed for the hours that the person spent in that program and then as the person leaves the program for a portion of the day, they go to VR related activities then the AC [phonetic] is not paid there and whoever provides the VR services receives fund for the VR process. So it's important to have a concept there so you can document that you're not paying for the same, for one of the other of those two services twice. I also want to look at this model from the

vantage point of two other braiding musts. The first is the issue of not having disincentives for families. In DD/MR system and more and more families are being expected to be the primary caretakers and residential services are only being provided on an extraordinary or emergent basis. And in many situations, families work, and they rely on day services funded by the DD/MR agency to provide supports for the individual while the family members are working. And in some states, the DD/MR agency doesn't fund the person during the course of the VR process. In other states, once the person moves into extended supports funded by the DD/MR agency, the DD/MR agency will fund other kinds of services. What this means is that, in those situations, there's a gap, the person on an average nationally, people with significant levels of cognitive disabilities work a little more than 18 hours on average, a little more than 18 hours a week. So if you're moving from a facility-based or community-based program where people are getting 30-35 hours a week of service to an 18-hour service or during any one of those periods, it's a huge disincentive for families and families may just not approve the person pursuing employment. So, it's important from a policy standpoint to have this so that it's a level of playing field for employment that if a person wants to work less than full time 18 hours even 15 or 13 hours that those hours are supplemented by community-based services in terms of meeting family needs. Secondly is the issue of agencies, and in this particular situation, in a number of states that I've worked in, the provider agencies, you're providing employment support as they "loser" meaning that agencies, and looking at providing services to an individual to become employed will not do that because they view it as a source of lost funds, that the cost will exceed what the reimbursement rates are for either under the VR or the DD/MR system. And this manifests itself in a number of ways. First is that in many states, they pay much more for both facility-based or community-based on work than they do as the DD/MR agency pays more than they will for the extended employment supports. So, agencies are confronted by, "if I do the right thing" and "move this person into employment." The

reimbursement that we're going to receive from the state agency is going to, going to go down. Secondly, to exacerbate through that dynamic, agencies, will often say they can make money or at least it's a cost feasible thing to provide facility-based or community-based services but it's not cost feasible to provide employment supports that the rate in which they get reimbursed. Thirdly, there is an issue of not getting DD/MR funding during the VR process for other kinds of support that the person gets dropped and they're in one of your other programs, your cost don't get down because that person is no longer being funded to be in the program, but you just lost revenue from the person who's now in the VR process but that's another disincentive that exists in some state. And finally, there's an issue of the last phase of the VR process which is the concluding report phase, and many agencies will transition someone from VR funding into DD/MR extended employment support until the person closes VR. And that, therefore, the 2 months about which some agencies are given to do their concluding report, just effectively no funding for on-site employment supports and so that's a disincentive to agencies as well. In other states, those issues that I raised have been addressed. They've been addressed by basically rates for support employment that at least cover cost that DD/MR agencies will provide supplemental source of the VR process that happens in a number of states. And finally, it is legitimate to begin the DD/MR extended employment supports after the finals but in many states, it's called stabilization, it's not waiting until the concluding report is done. So, those are what I think important elements in the braiding of the funds in terms of the rules and regulations for braiding. I want to move on quickly and go through some of the other categories of disability that I included, the next category on slide 19 is Behavioral Health, and State Behavioral Health System assumed in virtually all states assumed that supports to the individual for post-VR job retention will be provided through the clinical process. And so it's a less defined employment process than it is in the DD/MR system. And local behavioral health agencies have basically

developed strategies to provide post-VR supports for job retention that is sure that the person's situation in the job site is progressing and is stable. And so this is a very challenging, because the lack of structure to it is very challenging to people who work in behavioral systems. But there has been some very I think promising development in using peer-to-peer supports and again, in clinical teams, building, employment, and the status of the person's employment into their routine review processes. What the slide 20 lists, Long-Term Care, and this is a very sad but unfortunately real problem in many states and that is that there are people with significant disabilities who have been placed in nursing homes due to the lack of appropriate alternatives. And some of these people very much want to have the opportunity for employment and there are federal--and in most states, again Home and Community-Based Waivers to fund community living alternatives to nursing homes to offer services that could be used for employment supports and most notably that represents a personal assistance and how you can use personal assistance for support. Again, there're caveats here. One is belief. In one particular state that I have done a lot of work in, I heard that when we were trying to arrange for employment opportunities for some people who were living in nursing homes, who wanted to work was told well, if somebody's in a nursing home they're not capable of work. So that's again another barrier to overcome. Secondly, is that the Home and Community-Based Waivers are very restrictive in some cases in terms of how you can use those personal assistance supports. And some would limit them in such a way that you couldn't actually use them for job site supports. And the third is that in some states, the liability to pay back the states for your nursing home makes it so that it's virtually not worth it for the individual to work. But, there are opportunities here for using local to Home and Community-Based Waiver funds to support people who are nursing home eligible and to have employment if you're creative. 20, I want to start into a series of slides on some generic resources that can both supplementary enhance braided funding plans for

people who have funding from VR and from disability service agencies. Or they can be used if the people either who were on a waiting list or not eligible, for those services. These are the things that you can look to try to build necessary supports so that a person can work. One is that most people with significant disabilities in the categories I have talked about are eligible for your SSI or SSDI, and so that's a benefit, and those cash dollars are certainly to begin with on the table. And I've known situations where families had the interest of getting someone employed was really to invest some of that into supports. And related to Social Security resources, obviously includes the WIPA program, Work Incentive Planning and Assistance Program and there are WIPA counselors who can certainly be resources to you in protecting the benefit, in doing a plan to make it possible for someone on SSI or SSDI to work. There are Social Security Work Incentives, PASSs and IRWEs who which are tools to protect benefits, and again make it more lucrative to work. And finally, the Ticket to Work, there's new regulations out and they will make it possible for some, it could be a feasible program for agencies to become employment networks and also that looks like there are opportunities to build in some longer term employment supports which were unavailable previously. One-Stop Centers again are the hub of the generic workforce system and they have continued to make progress in developing the capacity to serve people with significant disabilities. And there's a list of resources there, staff supports, resource rooms, individual training account, on-the-job training, job listings; and disability program navigators which can be very helpful resources in building in an employment plan and helping to implement them. School districts, this is particularly with regards to school to work transition. There are some rich opportunities up there to braid educational funding for transition with VR and adult extended employment supports for a seamless transition from school to work. Doing some work in Tennessee, there's a rich model and it's being used in Knoxville to transition, called the Transition to Service Integration Model, which the school district is paying for students in their final year

of school to be involved in a special program which involved intensive community integration experiences with getting involved with the VR process and moving to work, graduation to work, and extended supports funded to the state DD/MR agency to work extraordinarily well and so I think there's some opportunities there. Finally, I just want to encourage people to build in supports from coworkers and friends. This certainly, in natural, supports into employment plans. Not only are they free, but they are also inclusion in the workplace and community as a powerful contributor to successful employment outcomes. In conclusion, I just want to say the creative strategies for funding employment plans can create opportunities for additional people with significant disabilities to be employed. And I thank you very much for your attention and I want to introduce Jack Quigley, who is the Manager of the Medicaid Infrastructure Grant Project of the Virginia Department of Medical Assistance and Services. Thank you.

**[Jack Quigley]** Good afternoon. Thank you, Bob. This is Jack Quigley and I'm with the Virginia Department of the Medical Assistance and Services in Richmond, Virginia. And I've mentioned I am the Project Manager of the Medicaid Infrastructure Grant. I serve as the director and I'm joined today by Dr. Joseph Ashley, who is an Assistant Commissioner with the Department of Rehabilitative Services with the Office of Grants & Special Programs. And Dr. Ashley has served as our Co-Director on the Grant with me for the past six years. And I'm not sure how many of you are familiar with the Medicaid Infrastructure Grant, let's just very briefly mention something that, of course, the federal initiative and then the grant has intended to support people with a disability in securing and sustaining competitive employment in an integrative setting primarily by targeting improvements for the state's Medicaid Program. And we'll talk a bit more about what we have done in that regard in just a few minutes. But Dr. Ashley and I are going to take turns if you will discussing this, and the primary reason for that is because I've put the presentation together, then we sat

down and decided who would say what, and so we're going to go back and forth on this. But one thing I wanted to mention before going forward is that Bob had mentioned something about waivers, Medicaid waivers had been restrictive and just so everybody's aware of this and I'm pretty sure it's true of all Medicaid Infrastructure Grant states of which I think, there is about 40 right now, that Virginia is certainly our Medicaid waivers are able to be used and we have six of them and you can use that personal assistance service in both the home and the workplace. And in Virginia, we don't have any restrictions on that, and we don't have any limits on the number of hours that can be used as well. So I just want to point that out, I'm pretty sure that's true of most of Medicaid Infrastructure Grant states. So, I'm on slide 25 if you will, I'm talking about the Infrastructure Grant and as I said, we've now gotten a third lap for another four years in 2008 to 2011. And, our group, our Infrastructure grant from the offset, we established a cross disciplinary interagency advisory committee which was initially established with about 45 members and it had virtually, all of the agencies within the states of secretary of office, helping you in the resources as well as virtually every disability organization and advocacy group we could identify in the state. And, as well as the number of consumers that participated as well, consumers with disability. So we've had a lot of interaction if you will, a lot of meeting of the minds, we're going back and forth on what are ideas are? And I think that kind of shows on slide 26, I want to move to, we have a very big collaboration based on common goals across our agencies and of various programs and organizations. And basically, the two primary areas that we come together on are on eliminating barriers to employment with people with disability. They shouldn't just say, on barriers to employment but on barriers, period, for people with disability. And one of the primary things that we're trying to do is increase employment and earnings potential for those folks that are able to go to work and want to participate in a workplace. So, with that, I'm going to move on to slide 27 and talk to you briefly on a couple

of items regarding increasing work options and building trust in the use of those three work incentives. In that second part of that, building the trust, in social security work incentives, we early on in the grant development actually, that there was a lot of distrust among social security beneficiaries with disabilities who had tried to work and found themselves either losing their Medicaid or at risk of losing their Medicaid and/or ending up in situations where they have to pay back money to the social security because they have gone to work and there was miscommunication about the amount of money they were earning. So they were paid over again. And there was a kind of a long road to go up and in time to address that with folks and one of the first theories is that we've became concerned about was over section 1619(b) of the Social Security Act. And we had been advised by it because some consumers have a problem with that program. We had very, very few people in it, in the state. And I don't think we're unusual on that regard but we've found that there was a lot of misunderstanding about who was responsible for what. In Social Security versus the State Medicaid Agency and, so my agency, the State Agency got together with the Northern Virginia Workforce Investment Board with, if you will, to address systemic problems resolving in non-utilization of the program. And we actually were joined by quite a few others. I have a number of the alphabet suite underneath each one of these but the Social Security Administration agreed to participate as well as the Department of Social Services which are the two points of the contact for clients and where the problem seems to be emanating from. And of course, the problem that we had services joined us, a number of other organization including community service board and others. But with the cooperation of Social Security Administration and our local Social Service Agencies, we put a pilot together to focus on retraining and educating the staff in that pile of the area on 1619(b). And the Social Security Administration in that area decided to do this as part of the law out of the Ticket to Work Act in Virginia. So we worked with these organizations and came with up with basically a three

strong approach to these and that largely included training of the target area staff and we've developed tutorials. The Social Security Administration, we worked with them and train. It actually went, they'd let us into their agencies in which we worked with training the staff and explaining how our end of things worked at the Medicaid agencies.

And our department of social services in conjunction with this road word work group, we developed a tutorial as part of the project the that they'd put on their agency in front that and where it serves today even as a refresher course for existing staff as well as the training tools for new staff. The second phase of the panel was to provide a 1619(b) training medium so that benefits professionals and consumer advocates, who assist individuals with disability in their pursuit of employment, could be better familiarized with how the program works. So we did develop a tutorial on the work and set how it operates. And we eventually turn that project into that tutorial rather into a CD-ROM that has both graphic and has an audio component to it. So that has been used for training in the next project, I'm going to talk about, but it's also been distributed widely around the state as something that you can take home with you. The next item that actually resulted from this project is the Work Incentive Training Program or the WIT program. And as a result of that 1619(b) program, we abide the Virginia or State of Virginia board for people with disabilities became interested in doing training on Social Security Work Incentives partly the result of our meeting, so they funded a training program. And early on with the Medicaid Infrastructure there, we started to add additional funding to help support that program as well and that program has been operated by Virginia access which is the Statewide Association and Community relocation professionals in the state. And so we've been supplementing that with the Medicaid Infrastructure Grant Funding. And eventually, the Virginia Boards and Grant, I think they're funded for three years and we've picked it up and are funding it completely now and we do training throughout the state.

Basically, it's up to two days, two full days of training and we also provide a two to three hour training session in the evenings or on a weekend for families and friends, if you will, families and consumers. That has been highly successful, one of the things I wanted to point out there is that we have gone with the [inaudible] of the training, we've done on 1619(b) a number of years ago, we had about the 1400 people in 1619(b) and we now have over 2,000 participants in 1619(b) and granted. That's still a very small number of folks but it's a 40 percent increase in the use of 1619(b) work incentives but we're very pleased with that. And now I'm going to ask Dr. Ashley to direct the next few items of, the Work Incentive Specialist Training or the WIST program. The WorkWORLD, decision support software and then he'll also touch on the Medicaid Buy-in Program, Medicaid Works.

**[Joe Ashley]** And thank you Jack, this Joe Ashley and in Richmond with Jack and I have worked for the VR agency at the General Agency here in Richmond, Virginia. And one of the things I wanted to point out as Jack indicated that, in terms of the braiding, we're talking now about braiding funds at the state level. And if you think about how we put our funds together, we had our Medicaid Infrastructure Grant Advisory Committee had representatives that went in to many of the other governor appointed advisory boards, a lot of the advocacy groups and other organizations. And we came to some consensus, as Jack noted, on some things that were really a problem in Virginia that needed to be addressed. And one was the access to the work incentive and that cut across a lot of organizations and as Jack noted, through the MIG and through the leadership at DMAS, that was tackled out of a group in Northern Virginia that also included a One-Stop Center that had an ODEP grant, the one with customized employment grant. And they also had a vested interest or a state of interest in increasing access to work incentives. We happen to be what is called the 209(b) State which means it's two steps in the process, you're not automatically eligible for 1619(b) just

because you are identified by the state as eligible, there's also a state criteria in that second step in the process is what we learned was a problem and it had to be tackled across organizations and agencies, so that's one of the roles that the Medicaid infrastructure grant did. The other thing that our committee did is they took it back to their organization that we had recommendations to aggressively pursue the issue of access to work incentives and through that process in some other discussions, the board gets funded the program that Jack called, the WIT, the Work Incentive Training. So, instead their solution was instead of buying more benefits counseling at the time they were the BPAOs, they wanted to train advocates and professionals in a joint format to say, "Here are some things you need to do," and that we have some various specific issues there, some letters that were developed that would go to both social security and to the local social services to tell people exactly what steps needed to happen. So, we were getting it down to a very specific level. But we worked as a group together across organizations and across grants to make that particular action happen, to get to the result that Jack mentioned, so, statewide system initiatives that are doing systems change. It's not just one particular grant doing that, and that's what makes the difference in some of these outcomes. We also noted that there's again not enough with the benefits planning assistance available. The VR agency was having some difficulty getting some results that we needed, and we weren't seeing the work incentives popping up as an increase like we were back in 1619(b). We then created what we call the Work Incentive Specialist Advocate, and we had the Work Incentive Specialist Training and it gets very confusing in Virginia between WIT and WIST and all the other little acronyms that Jack notes. But in this case, we went across agencies and we contracted through Virginia Access, they won the contract. And we brought in a trainer, and people applied and we provided six full basic trainings to these individuals on the Social Security Work Incentive. We then went and they had homework and then there was a final test that

they had to provide. Once they were done and we've done these two cohorts now. We've got about 50 individuals identified in Virginia as qualified Work Incentive Specialist Advocates. What that means is that they only changed the policy within the VR agency and the VR agency can now mend an individual to receive a service and we are only paying for outcomes of plans to achieve self support, IRWE, the students earned income exclusion subsidies, all of the major social security work incentives that are available, we convened that though these qualified vendors, and we pay a quite fee once the individual has achieved that. We're having some difficulty on the VR side quite honestly because it's a change of behavior for VR counselors, they want the CWIC to do the service and our contention is that there's not enough of that resource to go around, and we'd rather buy an outcome. So we're moving forward in particular, we're just getting started and it's used. Our next step, is we're going to make the service available not just to the VR clients, 'cause VR is paying that tab out of our 110 fund that we're going to use to Medicaid infrastructure grant funds, so we're going to set up for the non-VR client or individual who wishes to use this service on that particular--that will soon be available. We have to have that available in October so that if you are not in the VR system but you want to get this work incentive type of resource made available to you, somebody will walk you through. We thought it was important to do to make sure that the individual have the right information. We do require that they go to a CWIC first or we use WorkWORLD as another way to identify that the individual is eligible for the work incentive and that takes me down to the first example, we have of what I believe is a blended resource.

**[Jack Quigley]** That's slides 28 by the way.

**[Joe Ashley]** Thank you, Jack. And we in Virginia have--I feel very strongly that the WorkWORLD decisions support software maybe it's because it comes out of our Virginia Commonwealth

University, is a great value. We used a ODEP-Olmstead grant, part of that grant to customize that for Virginia, and our Medicaid Infrastructure Grant has done the phase two customization. So almost all of the various types of benefits programs are available, the people with disabilities or NDIS, and you can literally walk someone through and you don't know what, if you go to work, what's going to happen to your benefits and to your overall in terms of your household? And we have found that kind of tangible walking through with a hard copy that people can go back and refer to helps people figure out if they really want to take that risk and move forward to move off of benefits. So, we literally brought together a number of agencies: the Department of Education; our Department of Social Services; our Medicaid Infrastructure Grant, the Department for the Blind and Vision Impaired; the Department of Rehabilitation Services, the Department Mental Health and Mental Retardation; Substance Abuse, and our Board for People with Disabilities which is our DD council. So we literally, all of us draw money into a pot, and then that's what's used to do the maintenance and right now we're doing training on that particular resource so that we can make information more available and because we all go in, and fund that maintenance and an ongoing training for Virginia, that particular resource is available for anyone at Virginia who wishes it. So, we try to make that work incentive resource also available. Our Medicaid Works through our group, we feel at least we had to mention Medicaid Works, but we have a number of individuals working on that particular resource, and it's just getting started in Virginia. We've only got 12 people in our Medicaid Works in the buy in, but again, it's supported across organizations. And as you will see later when we talk to our Disability Program Navigators, we are having them push that as well as the VR agency as well as some of the other folks to have people consider that.

**[Jack Quigley]** Great.

**[Joe Ashley]** And I'm going to switch back them to--we're kind of running out of time and so at slide 29, I just want to tell you about a couple of other projects, merging employment with transportation and housing planning. We contract with the Thomas Jefferson Planning District Commission which was the need, I guess on developing a transportation housing alliance and they were funded by the again the, VB council, the Virginia boards people with disabilities to provide a planning tool for housing and transportation. We have added on to that with some modest financial incentives for localities to also include considerations of employment issues for individuals with disabilities, at the same time as they're doing the transportation and housing planning. And we have quite a few have taken advantage of that opportunity now as we go into our second round of funding for that. The next item is the assistive technology kits and video teleconferencing systems for targeted One-Stops. We used our Medicaid Infrastructure Grant and there was equipment and funding available for Department of Social Services, as well as the Department of the Rehab Services to basically pick up on what'd be work incentive granted, the WIG grants had started replacing equipment into communities but we provided additional assistive technology kit and videoconferencing systems that basically has expanded their opportunity to connect the One-Stops with the benefits counselors with both the from the WIST, the Work Incentive Specialist Training program as well as the WIPA programs, the Work Incentive Planning and Assistive programs so we can get additional counseling. It basically extended the resources that are available to individuals and to help make it more accessible as well. Okay, I'm going to turn back to Jack here, but we're briefly just we--even address real quickly the MIG funding for AT business displays and the AT in workplace presentations.

**[Jack Quigley]** One of the things we've done is we've looked at the need, and the business outreach is a part of--our MIG has a big focus on business outreach here in Virginia. Our disability

program navigator has a big focus on business outreach as does our VR agency. So the three of us got together and the Medicaid Infrastructure Grant purchased some AT, we call them AT business displays and they complete--Our venue for those is business trade shows so they have to be equivalent to what business has. We got together with the Virginia Assistive Technology System as well our AT grant, and look at what equipment did you put in there to attract the attention of businesses, to demonstrate accommodation quickly and get people over to a booth and then we bring in staff to make sure that that happens from across agencies as jointly staff. And then we also have people, we call them business development managers. In our state, this whole focus is outreach to business and they also have information there about how to devalue people with disabilities as an untapped, skilled labor pool to address their business need and so we use that funding from the MIG and the resources of the other agencies to pull together and approach to business outreach that cut across and gets right to where businesses are and that's very helpful.

**[Joe Ashley]** Okay.

**[Jack Quigley]** And the other of the 80, in the workplace, we have a very specific project that we made a plan like ADA Business Technical Assistance Center has a project that's targeting business to outreach. And again the MIG help fund with some additional equipment, the DPNs are in the Disability Program Navigators are involved in this business outreach effort as are the VR staff to literally focus our efforts on going to where business is and making pitches of and is an excellent program that our friends at Temple developed through the Mid-Atlantic ADA Technical Assistance Center and we, as long as we get 50 employers to view this, this 30, 60, or 90-minute presentation with hands on equipment, we can get some reimbursement and we've done probably 90, outreach to 90 employers in less than a quarter and we've had all year, the 50. So it's really an excellent program and perhaps businesses like it and they refer

to other people to it. We're really trying to find those things that kind of cut across the organizations and collaborate on them to do quality programming that really attracts attention.

**[Jack Quigley]** Okay, on slide 31. I'm just going to cut real briefly and let Dr. Ashley wrap up here talking about the DPN initiative because that does also support some very specific MIG outcomes and strategy that we had in mind. In particular increasing use of a One-Stop, understanding of work incentive, the use in benefit counseling services in the state where people have interest in employment and finally conducting the outreach to employers and providing information to them. So with that, Dr. Ashley is going to address slide 32 on how we are basically provide a support for two of our Senior DPNs, okay.

**[Joe Ashley]** Jack mentioned that--you've heard all the other things that talks about how important it is for the Disability Program Navigator Initiative and for the Medicaid Infrastructure Grant to do the business outreach and to make the One-Stop accessible and get to the work incentives. So we've sort of rolled all those into the Medicaid Infrastructure Grant and it funds two of our navigators to increase the availability of navigator resources, and in turn for that, the DPN grant has been objected that is the same objective that appears in our Medicaid Infrastructure Grant. Again we are aligning the two systems change components then to having the same outcome. And the Senior DPNs are responsible for making sure that the video teleconferencing equipment and our assistive technology resource kits that are put in to the One-Stop are utilized and that we do training on them. They are also responsible for making sure that we do outreach to run those One-Stops, and some of the other work incentives. We make them aware of the WISTs so they can--in fact, one of our DPN is one of the WISTs. We've made sure they trained us so they knew what we're doing with the work incentives. So we try to align the objectives so that it's easy to merge the outcomes. They are also responsible for making sure we do the business

outreach and support our commonwealth workforce networks that we have here in Virginia and do these presentations on assistive technology to businesses. So we try to wrap things into a bigger picture. I would quickly say that I would agree with Bob that transition gives you a net and opportunity to braid and blend resources in. There's another program that we've got here at Virginia that literally blends resources from the Department of Education and the Department of Rehabilitation Services around transition assessment that are done at one of our locations and then the students get and take the information from them and make sure it's use in their schools and it's literally all the funding goes into one pot to do that for that program. And the key to that is when the program started, it had a management structure that had equal input from the VR and the education folks at two different levels of the assistant commissioner level on our side, assistant superintendent on DOE, and at the manager's level so that both systems had equal input into how the system was run, and its outcomes, and the direction, and making sure that it fits their federal mandates and we we're able to do that and expand that from both sides to a program that is much larger, it's about a million dollar program right now that the they cost is shared between the two agencies. So there're ways that if you line up the management and the objectives of these things, you get people more willing to do their controls and we've got a couple other examples but I think we're out of time. With that, we'll turn it back over to Robb and Nanette.

**[Robb Sewell]** Great, thanks so much. We actually have received about six questions thus far and as Nanette was mentioning earlier, please feel free to continue to send questions and we'll share them with the presenters and then we'll send those to you after the webinar. But our first question today is about transitional supported employment. What are your thoughts about transitional supported employment programs for persons with a mental illness where the support employment uses multiple employment opportunities until the

person finds a job that best suits that person. For example, a mental health consumer may obtain a job that they determine it's not their preferred job but they learn from that position, move to another job, until the consumer finds the job that is the best fit.

**[Joe Ashley]** We have had some experience with that here in Virginia through our Clubhouse Model for the severely mentally impaired or the SDMI, and I think that if its handled right and that you have an employer that understands what you're doing and everything is explained ahead of time and it's the choice of that consumer, that particular model can be one strategy that's successful for people to make some choices. I think in my opinion, it works best if you do some level of vocational assessment in addition to that so that you're at least putting people in situations where they have a good opportunity for success and not frustrations that I think that it is a strategy that can work.

**[Robb Sewell]** Okay. Our next question is about disincentives for consumers. In our state, we have started the Manage Care Organization for consumers with disabilities. Some are in group homes with MI issues, DD and other principal disabilities. They were receiving an allowance of $65 a month out of their SSI, SSDI and when they start to work, their income is used to pay back the MCO with an allowance of $75 per month which then tells the consumer with disabilities, they have no incentive to work at their fullest ability because they don't have the money to help them with their personal expenses. What are some of the options to provide incentives for these aspects of working and supported employment program placement?

**[Response]** Robb, that was the issue that I talked about in terms of liability, which manifest itself in different ways and different Medicaid programs. And I think, you know, states need to work on changing those regulations for start because you want to provide incentives for people to work and, but there's not much

way to get around those liability reimbursement issues of their state regulations. I mean you can change the regulation, there's no federal requirement that you have those kinds of rules.

**[Robb Sewell]** Okay. Our next question is, what part of a workforce system is responsible for providing the funding for eligible individuals for the individual training account. Are the One-Stops requiring VR to pay for ITAs as a similar benefit? Shouldn't individuals with disabilities have access to ITAs and core services as do all other individuals?

**[Response]** That's a very good question and a very interesting question. One of the issues we have in our service delivery system is the fund of the last resort. And if you'd look at the individual training account, they say on their funding strategies that they are the fund of last resort but if you look at VR, one can argue quite correctly that the VR is the system of last resort. I think the issue is how you approach it. To address that situation, if you look at it as the system with first dollar down rather than the fund of last resort, I think that by putting down input dollars first, you get resources. We have several situations in some of our workforce investment boards where they are funding up to their level, which is $2,000 and $3,000 of service that might cost $10,000 and the VR agency is funding the remaining part of the dollars. As long as you've got, in most cases, the individual training accounts are only going to be used for occupations that are identified by that local workforce investment board as high demand and that's what they are required to do. So they've got to identify that and if you're in a high-demand training program, you have a better shot at that. We have something called the train information technology or train IT grant funded by DOL, ETA. And when the funding went away, it literally lends funds from a local workforce investment board and there are not a lot of people that do this but we train individuals with disabilities and now they have to be a VR client because there's no other funding stream. And the VR

agency paid for part of the training, probably more than the locals pay what they can through their ITA account. And once that's identified, whereas the job the other end, the average jobs on that are about $22 an hour plus benefit so the outcome is good. The issue is in our system. And the VR system spending $10,000 to get a client a job at $22 an hour with benefits lend you some of the money. In the workforce system, it is seen as a lot of money because they don't tend to spend more than $2,000 or $3,000 a person. So trying to figure out how to blend those or braid, however, you want to braid this so that you share the cost is the best strategy that we think is not usual. And most of the WIGs are in what we in VR we call order selection. They don't have enough funds to go around to meet the demand. So finding ways to share across the resources is a good way to access at least some of that resource.

**[Robb Sewell]** Okay, our next question is about 1619(b). One of our participants wants to know who was responsible for making sure that the person who receives SSI gets 1619(b)? I would think that if SSI notes that a person is working because of receiving wages that when the wages exceed the income limits for SSI, they would automatically be changed to 1619(b) instead of being terminated. Here they are terminated and are told that they have to ask--that they have to request 1619(b).

**[Response]** Consider that distrust as well because many have found themselves in pay back situations where they reported wages on time. They are told, however, it doesn't matter whose fault it is, they still owe the money.

>> That's right

>> That's correct [laughs].

>> It is the responsibility of the individual who goes to work to notify SSA that they are going to work.

>> And as well the individual is responsible for reporting their income a timely manner but until their check goes down to $0 and so they get a letter that's telling them their payment is going to be 0. I do not believe they can even apply for 1619(b). And it is the individual's responsibility. It's a very simple process, if I recall correctly, it just really required responding to about three questions and basically if that question was relating to Medicaid, have used Medicaid in the past year, will you use it in the next year? If you didn't have Medicaid, would you be able to pay for healthcare cost if you have some.

>> And so you need to answer at least one those questions correctly but you still need Medicaid. And that is the process. And of course there's a form.

>> Yeah, but at any rate the Social Security Administration is pretty rigid in that regard. It's been my experience.

>> And we have that same issue in Virginia and that's the part of why we did the major effort that we described earlier because we had people getting in to send down situations are in overpayment situations and part of the issue was the knowledgeable professional who did not understand the importance of indicating that information to the individuals they're working with that they need to get the SSA. We literally created the letter that could be sent to SSA and another letter that could be handed to our department of Social Services so that people would understand what it is we're requesting because at our local social services, they don't call it 1619(b), they have a different name for it. And when you ask them for 1619(b), they didn't know what we're talking about. Those are the kinds of systems issue that take a concentrated effort I believe at the top, that will help educate folks, make sure people understand what they need to do and that's why it's a cross agency, cross grant type of response that we may add it here in Virginia to see what we could do and I don't think we're where we want to be but we're closer.

**[Robb Sewell]** Thank you so much. Well, unfortunately we're pretty much running out of time at this point so I'm going to turn things back over to Nanette.

**[Nanette Relave]** Hi, this is Nanette Relave again. I want to extend our very, very warm thanks to all of our presenters and their willingness to stay on the line with us as we answer questions. Again, if you had a question that we weren't able to get to, we will try to have our presenters respond to those and we can share those responses around. And again, this is an activity of the State Peer Leaders Network. So please look for future webinars in the months ahead and if you have any wonderful suggestions or topics, again my contact information is in the presentation and I'm always eager to hear from our listeners and from our State Peer Leader Network members. So on behalf of the NTAR Leadership Center, I want to thank our presenters and our listeners and wish everyone a good afternoon. Thank you. Bye-bye.