

Policy Academy Meeting Minutes

April 13, 2010

Present: Enid Glenn, Mike Greco, Kathleen Enders, Charlene Dwyer, Hal Ackerman, Sharon LaRose, Karla Opatz, Kathy Massa, Beth Ulrich, Linda Vegoe, Allison Gordon, Kathleen Hart, Bob White, Tammi Cassidy-Neal, Susan Munger, Anna Eggebrecht, Deb Henderson-Guenther.

Management Updates

Charlene/Mike

- RSA Debriefing.
 - 68 meetings were held.
 - Draft information shared. A report will be provided by RSA in July for DVR response. Drafted themes discussed:
 - Financial- pay after the fact, documentation of receipt of services.
 - Waitlist perceptions
 - Fee schedule- documenting how developed.
 - Rehab rate
 - OOS determinations
 - Caseloads
 - Quality Assurance
 - Training
 - DVR responded (at all levels) with information requested- transparency was appreciated.
 - Liked data analysis we have.
 - Liked State Plan and partnerships occurring.
- Good work on the unverified training grant and advanced payments. Please share with WDAs.

ERI Presentation

Tammy Liddicoat/ Kate Petersen

- Presentation on ERI service option for TTW program.
- Currently only vendor in state that offers cash to consumer, similar to AAA Take Charge program.
- Discussed that this could be a good option for some of our consumers.
- Talk up front at time of plan development with consumers regarding EN options and at closure on what services might meet their needs.
- DVR can not refer consumers to ERI as an EN but can provide consumers with information to make an informed choice as we do with others.
- Handouts on services provided- two different models.
- They will share their marketing materials with us.
- Suggestion to review current EN List to see if information included is clear and helpful to consumers in making informed choices.
 - Workgroup to look at: Allison, Deb, and Tammi.
 - Will meet and report back at next meeting.

OOS Discussion

Mike/All

- RSA shared WI is doing OOS a little different from other states.
- Staff shared with RSA confusion with our OOS process as well as some vendors.
- Concerns with inter-rater reliability.

- Use of mitigating factors (accommodations) discussed. Nothing prohibiting this as part of OOS. Staff have shared some confusion with this.
- RSA discussed SSI/SSDI presumptive in Category 1. DVR does not find that this practice follows the law. Will see if they discuss in report.
- Will need to wait for initial report from RSA to determine what if anything needs to change from RSA's perspective.
- WDA's OOS tests conducted and reviewed last month at meeting seemed rushed and got mixed responses from WDA's. The test was not carried out specifically as WRC recommended.
- Discussion within WDA's/ Areas of confusion:
 - Training is needed in all areas of OOS.
 - Inter-rater reliability, more senior staff looking at old information, Use of old practices, confusion on severe vs. non-severe.
 - Staff struggle with work skills- need to be defined better. Is this soft skills? Work History? Credibility with Employers?
 - Subjective.
 - What goes into the case notes?
 - Are they comparing to general population, using mitigating factors.
 - Do you look a specific employment goal.
 - Some areas do not see problem with current process. Make the reason clear when and if changed why it is changed.
- Other areas of discussion:
 - Some teams looking at case decisions at team meetings.
 - In past use to do case reviews for inter-rater reliability.
 - Could we use survey monkey to look at inter-rater reliability.
 - Centralized unit- is this still a possibility.
 - Need annual training.
 - Not all areas using Disability Handbook- good tool.
 - Do not anticipate waitlist getting below 3000.

Next Steps:

- [Workgroup to be developed- Mike Greco will develop](#)
 - At previous PA meeting set up workgroup to look at testing done and possible changes.
 - Based upon RSA input, WRC recommendations, additional discussions, need to take a larger look at WI OOS process.
 - Workgroup involving staff from various positions/ areas should be developed.
 - [PA members from last meeting agreed to join this larger workgroup \(WDA 9, 11, Brock Hansen\).](#)
- Workgroup will look at:
 - How other states determine OOS. What is occurring nationally.
 - Obtain and review RSA report and review for impact on current OOS process.
 - Areas of staff concerns.
 - In areas where feel they are struggling- individually how big of a problem is this in each WDA.
 - Training on existing OOS process while reviewing existing system.
 - Medical aspect training.
 - Use local training, sharing of tools currently out there, team reviews.
 - Inter-rater reliability across WDA's- Directors, etc. Look at this.
 - What possible areas of changes are needed to current OOS process or how to address concerns.
- [Email Allison any other concerns WDA's had not included above.](#)

Rehab Rate Discussion

Mike/All

- Position fills:
 - Will have gain of 6 staff. Be at 88% position fill rate. (Was 12 positions, 6 taken by transfers).
 - 10 project positions authorized. Anticipate some will be interested in the permanent positions. Looking at an additional 10 project positions.
 - Will continue to work towards 90% fill rate.
 - Request has been submitted for Jean's position. Anticipate both Jean's and Manuel's position filled **within the next 9 months**.

- Review of 90 IPE development:
 - Linda is currently looking at other states:
 - IL 90 days except transition- prior to leaving H.S.
 - MN- 150 days.
 - For combined agencies – 90 days is average.
 - Staff expressed concern to RSA that they are rushed to develop IPE.
 - Are we using extension process appropriately?
 - Staff expressed concern that extensions frowned upon. Extensions are allowable- see policy.
 - Supervisor approval can take time, delaying further
 - Reports don't accurately reflect number of cases where extension done. **Try to get reports done to allow this.**
 - Managers need to stress that rehab rate is important. If appropriate, following policy, extensions should be approved by managers. **Will be brought up with managers.**
 - IRIS redesign may be simplifying process and tracking.

- Initiation of Services
Discussion:
 - An IPE is considered initiated when a service listed on the IPE has begun.
 - Staff need to be trained on assessments- closing too severe and SE assessments.
 - Do assessments have to be in IPE? Some staff have been told they have to be.
 - Assessments necessary for the development of the IPE can be done outside of the IPE.
 - Need better comprehensive assessment up front prior to IPE development.
 - Staff do not feel they have the time to do the comprehensive assessment.
 - Staff are not clear what comprehensive assessment is.
 - ESP is not what it intended to be. Was meant as an assessment, developed into something else.
 - Need to focus on what is necessary to rehabilitate the consumer in line with policy.
 - Some vendors are not able to assessment in 90 days. Some counselors need more time to assess.
 - Suggestion, do a small study of 28's to determine if the ESP/ assessments are having impact on Rehab Rate.

Next Steps:

- Recommendation to conduct study on 28's- are assessments including the ESP impacting rehab rate related to initiation of services.
- Help staff see that comprehensive assessment is important part of the rehabilitation process including purchase of assessments when necessary and appropriate. It is about knowing your consumer to help rehabilitate them. Understanding the different types of assessments available and when to include inside and outside.
- Address extension with managers.
- Look into other states rehab rate in relations to their IPE development time frame.

DVR Pilot Projects**Kathleen Enders**

- Handout provided.
- WDA 10 has a mental health pilot with PACT.
- WDA 9 has a health care jobs project.
- Several projects with Independent Living Center- funding comes through DVR so DVR oversees.
- BEP
- Coordination agreements and MOU's also discussed. Listing can be found on website.
- 4 ARRA fund projects discussed.
- Training and Technical Assistance projects discussed.
- [Allison will email directors to share what projects are occurring in their WDA's next month.](#)

Adjourn