Make it Work!

Partnering with Managed Care Organizations in Supported Employment
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How did we get here?

- What we have done:
  - Surveys
  - ID issues
  - Cross Training-Info
  - Issues resolution process
  - DVR updates/data
  - Go local!

- What we are doing:
  - Definition- Stabilization
  - Transportation
  - Provider issues
  - Communication!
  - Specialized consumer services
Supported Employment

- Supported Employment is competitive and integrated employment for those consumers who may need long term support to maintain a job. The services provided are intended to assist a DVR consumer in assessing, planning, development, placement, providing support on the job, a transition to long term support and successful employment.
A bit of History…..

• **County based support services**
  - Community Integration Program (some employment)
  - Community Opportunities Program (some employment)
  - Mental Health (some employment)
  - Other services: Housing, medical care, transportation etc.

• **Transition to Managed Care-Regional based organizations**
  - Some counties have Managed Care, others provide the services in the same way.
  - Some are in transition
  - Mental health services are still provided by each county
Long Term Care/Support Options

- County of Residence
- Family Care
- IRIS
- Private pay
- Family
- PASS Plan
- IRWE
- Use of existing supports
- Natural supports
- Volunteers or retirees
- College students serving an internship
- Funding through grants or donations by community organizations
How Do We Make it Work?

- Ensure that consumers/members get
  - What they need
  - When they need it
  - In the right amount
  - For the right cost
VR and Family Care Similarities

• Secure, maintain and advance community based integrated employment opportunities
• Monitor case progress and successful outcomes
• Contract with similar provider network and deal with similar issues
• Foster Independence
• Connect with Community Resources
• Place importance on consumer choice
• Promote using natural supports
• Search for comparable benefits and are payer of last resort
• Serve adults
VR and Family Care Similarities

• Have federal oversight
• Pull from the same tax funding
• Not confined to upper age limit
• Mandated as a voluntary program
• Determining appropriate supports are done on a case by case basis
• Adhere to timelines
• Have a pre-approved Authorization or Purchase Order process
• Strive for person centered services and foster self determination
• Have a large amount of newer staff
## VR and FC Differences

<table>
<thead>
<tr>
<th>Family Care</th>
<th>Vocational Rehabilitation</th>
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</thead>
<tbody>
<tr>
<td>• Some Staff Available 24/7</td>
<td>• Staff Available during business hours</td>
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<tr>
<td>• Long term</td>
<td>• Short term (23 months average)</td>
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<tr>
<td>• Provide services that enhance the health and safety of the members</td>
<td>• Provide vocational based services and counseling</td>
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<tr>
<td>(employment is 1 of many service components)</td>
<td>(1 focus area)</td>
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The difference between Family Care and Vocational Rehabilitation is evident in their availability, duration, and services provided. Family Care offers 24/7 availability, long-term support, and comprehensive services that promote the health and safety of the members. In contrast, Vocational Rehabilitation focuses on short-term support during business hours, providing vocational services and specialized counseling.
VR and FC Differences

**Family Care**
- Cases don’t (or rarely) close
- Age eligibility: 18
- Serve Family Care eligible members only
- Functional & income based
- Participant is referred to as a “member”
- Service area determined by MCO’s

**Vocational Rehabilitation**
- Strive for successful closures
- Age eligibility as early as 14
- Serve VR eligible members
  - Disability & functional based
- Participant is referred to as a “consumer”
- Service areas are Workforce Development Areas
Managed Care Programs

- Family Care
- PACE
- Partnership
Members are people who are:

Frail Elder, Developmentally Disabled or Physically Disabled

• Financially Eligible
• Functionally Eligible
ADRC

Aging and Disability Resource Center

• Provides Options Counseling
• Determines Initial Eligibility
What is Long Term Care?

- Adult Day Care
- Employment Services
- Personal Care
- House Keeping
- Transportation
- Residential
- Home Modification
- Durable Medical Equipment/Disposable Medical Supplies
- Anything else needed to support a person so that they can live in the community.
Family Care Benefit Package

Members eligible for one of two levels of Care- which have different benefit packages

- Nursing Home Level of Care (NHLOC)
  - Community Based Medicaid State Plan Services (i.e., PT, DME, etc.)
  - Institutional Medicaid State Plan Services
  - Home and Community-Based Waiver Services (i.e., residential, day services, etc.)

- Non-Nursing Home Level of Care (Non-NHLOC)
  - Community Based Medicaid State Plan Services ONLY

- ALL decisions are Member Specific, and IDT’s have the ability to go outside of benefit package
What is a Family Care Team

• Member (including friends/family of their choosing)
• Care Manager
• RN Care Manager
• DVR, Others as needed
  • Behavioral Health, Rehabilitation Department, etc.
Program Design

• Member Centered Planning Process
• Outcome-Based
• Cost-Effective Supports
  1) Natural Supports (nonpaid)
  2) Other funding sources (Medicare, DVR, etc.)
  3) Program Paid Supports
The RAD
How Services are Approved

- Resource Allocation Decision (RAD) tool used by Care Teams
  - Identifies Long Term Care (LTC) Outcomes
  - Explores all Potential Options for meeting LTC Outcomes
  - Determines Effective Options
  - Of the Effective Options, determines most Cost-Effective Option
  - Basis for Approving or Denying
The RAD

• **Timeline**
  • Decisions must be made right away to meet any immediate health and safety issues
  • 14 Days from:
    • The member request
    • The team identifying a member need
  • 14 Day Extension may be allowed, never more than 28 days.
  • Notice of Action (NOA) required if team:
    • Denies
    • Reduces OR
    • Eliminates any service or support
Network Providers

• Under Contract
• Negotiated Rates or Fee Schedule
• Meet Credentialing and Quality Requirements
Self-Directed Supports

• Member can choose to self-direct some or all of their services

• Provided a budget and have varying degrees of self-direction, based on member’s preference.
How Do We Make it Work?

• Ensure that consumer/members get
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Resources

Supported Employment Guidance Long Term Support

Technical Assistance Guide for Adults in Supported Employment
http://www.dhs.wisconsin.gov/ltcare/ProgramOps/prevoc/integratedemploi.pdf
Questions?