Title Page

**EMPLOYMENT FIRST:**

**UPMC COMMUNITY HEALTHCHOICES STRATEGIC PLANNING TO MEET POLICY GOALS**

by

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Submitted to the Graduate Faculty of

the Department of Health Policy and Management

Graduate School of Public Health in partial fulfillment

of the requirements for the degree of

Master of Health Administration

University of Pittsburgh

2019

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Abstract

Kevin Broom, PhD

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**UPMC COMMUNITY HEALTHCHOICES STRATEGIC PLANNING TO MEET POLICY GOALS**

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**ABSTRACT**

Underemployment of persons with disabilities (PWD) is a public health issue that affects many societal facets. Individuals with disabilities face many barriers to securing competitive, integrated employment. Over time, various policies have been enacted to address some of these barriers. The Employment First Act, a House Bill established by Pennsylvania Governor Tom Wolf via executive order in March of 2016, became law in June 2018. This policy addresses the underemployment for PWD within Pennsylvania through multiple constructs. One mandate of interest is that which states all publicly funded long-term service and supports (LTSS) agencies must consider employment as the first and preferred outcome of services delivered to PWD. This has direct implications for UPMC Community HealthChoices (UPMC CHC), one of the three mandatory Managed Care Organizations (MCO) within the state of Pennsylvania that serve individuals who are dual recipients of Medicare and Medicaid. As such, the development of an employment strategy has become a time intensive and high priority task to ensure participants who are in need of employment support services are effectively served and the policy goals set by Employment First, are met.

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# Preface

I would like to thank all the educators at the University of Pittsburgh I’ve had the privilege of learning from during both my undergraduate and graduate career who have continually inspired me through my academic journey. Thank you to Dr. Broom, Professor Harding, and Mr. Gyan for all of their insightful guidance and time that was voluntarily spent assisting me with this essay. I would also like extend my thanks to my friends, family, and classmates who have provided me with love and support throughout this process.

# Acronym List

|  |  |
| --- | --- |
| **Abbreviation** | **Explanation** |
| DHS | Pennsylvania Department of Health |
| ESS | Employment Support Services |
| HCBS | Health and Community-Based Services |
| MCO | Managed Care Organization |
| OVR | Office of Vocational Rehabilitation |
| PSCP | Patient-Centered Care Plan |
| SSDI | Social Security Disability Insurance |
| UPMC CHC | UPMC Community HealthChoices |
| WIPA | Work Incentive Planning and Assistance |

# Introduction

Underemployment of persons with disability (PWD) is a public health issue that affects many societal facets. While there have been several, notable policies enacted at both state and federal levels that have succeeded in increasing opportunities of employment for this population, there still exists a substantial disparity in unemployment rates of PWD when compared to persons without disability.

In Pennsylvania, the most recent legislature passed that directly addresses this issue is the Employment First Act. This policy has set forth specific expectations of public programs and services that serve PWD, in an effort to increase their involvement in the workforce and community engagement. As such, the development of a strategic plan for employment support service (ESS) delivery has become a high priority for organizations of which the regulations are imposed upon, such as the UPMC Community HealthChoices (UPMC CHC) managed care organization. By implementing an efficacious strategy to deliver these services, UPMC CHC will contribute to the overall effectiveness of the Employment First Act, and in turn, increased community inclusion and engagement for Pennsylvanians with a disability.

# Literature Review

To understand the scope of the problem, there are many perspectives that should be considered when examining unemployment for PWD. Some of these concepts include the relationship between employment and health status, barriers to employment for PWD, the prevalence of unemployment for this population, and related employment disparities. Additionally, to understand the political context of current laws, historical policies affecting this issue should be studied. This will provide a comprehensive framework to understand, and thereby improve upon the multiple dimensions surrounding unemployment for PWD.

## Employment and Health Status

Employment has long been recognized as a social determinant of health. However, recent research suggests that employment and other forms of community engagement have a direct effect on health outcomes. One study that examined the association of income level and life-expectancy found that higher earnings correlate with longer lifespan (Chetty, Stepner, Abraham, et al., 2016). Another study found evidence to suggest that unemployment is generally harmful to health through its association to higher rates of mortality, medical consultation, and hospital admission (Waddell & Burton, 2006). Unemployment has also been linked to poor mental health. According to a Gallup poll, those who are unemployed are more than twice as likely to identify as currently having or being treated for depression, than those who are employed, full-time (Crabtree, 2014).

## Barriers to Employment for Persons with Disabilities

Relative to unemployed individuals without disability, PWD may experience specific and/or added barriers to finding meaningful work. In a study to analyze the direct effect disability can have on employment opportunity, data was collected from a survey administered to PWD who had applied for vocational rehabilitation services. The most commonly reported barriers included the disability itself (67%), inability to find work (59%), feeling discouraged by previous job searches (48%), and issues regarding inaccessibility related to the workplace (~33%) (Anand & Sevak, 2017). In addition to these barriers, PWD may also experience obstacles related to the effects employment can have on health benefits. For PWD who participate in programs through the Social Security Disability Insurance (SSDI), there is a regulatory threshold of household earnings that cannot be surpassed in order to receive benefits. Receiving an income through employment may create a situation where higher earnings cause the person to surpass this threshold, thereby losing SSDI benefits. However, in many cases, the additional income is not enough to make up for the services and benefits that are lost. This phenomenon is known as the “benefits cliff,” and imposes yet another challenge for many PWD seeking work, regardless of ability or interest they may possess.

## Scope of Unemployment For PWD

The employment disparity can be measured through a comparison of unemployment rates between individuals with and without disability. One tool used to record these specific metrics is the American Community Survey administered by the U.S. Census Bureau. Through the 2016 Survey, estimated rates of employment for both populations have been calculated on a national and state-wide, represented in the figures below.

|  |  |
| --- | --- |
| **CHARACTERISTIC** | **UNEMPLOYMENT RATE** |
| **PERSONS WITH A DISABILITY** | |
| National | 12.7 |
| Pennsylvania | 11.9 |
| **PERSONS WITH NO DISABILITY** | |
| National | 5.2 |
| Pennsylvania | 4.7 |

Figure 1 Unemployment rates of PWD and persons without disability

These figures highlight the large divergence in unemployment between the populations of persons with disability and persons without. As illustrated, the unemployment rate for PWD is more than doubled in each represented region.

In addition to examining the divergence in employment rates, the ACS also highlights various other disparities related to employment, which can also be compared between individuals with and without disability. Among those who are active in the labor force, there exists a marked earnings gap between the two populations. The Survey estimates that the average national earnings gap of household incomes between those with and without disability is $25,400. Within Pennsylvania, this gap is even wider at an estimated $30,400. Related to lower earnings, the poverty percentage gap between individuals with and without disability is around 15.7 percent nationally, and 18.8 percent within the state (U.S. Census Bureau, 2016). It is evident that while these figures are close to the national averages, employment outcomes for Pennsylvanians with disability is slightly worse than the national benchmark.

## **Policy History**

Political intervention can be effective in shifting priorities among agencies of the private and public sectors. Through the establishment of innovative policy, regulators possess the power to address societal challenges, including public health issues. There have been several, notable policy efforts that have addressed unemployment for PWD throughout the past few decades. These pieces of legislature have implemented distinctive strategies to confront this issue with varying outcomes, and differ in their scope and perceived benefit to PWD in overcoming barriers.

### Individuals with Disabilities Education Act

Through the Individuals with Disabilities Education Act (IDEA) of 1973, originally referred to as the Education of Handicapped Children Act, formula and discretionary grants have been authorized to the states to fund various agencies and nonprofit organizations that provide special education and related programming for youth and children with disabilities. These services may include employment skills development programs and other employment supports. Additionally, IDEA ensures that children with disabilities receive a free appropriate public education (FAPE) that promotes full participation, equal opportunity, and independence.

### Americans with Disability Act

In 1990, the Americans with Disability Act (ADA), a civil rights law that fights discrimination against individuals with disabilities, was enacted. This law aims to ensure that PWD have the same rights and opportunities as Americans living without disabilities. Regarding employment, the ADA requires employers to provide reasonable accommodations for qualified applicants or employees. This law applies to entities that employ fifteen or more individuals and is regulated by the U.S. Equal Employment Opportunity Commission.

### Medicaid Work Requirement

In 2018, CMS issued a State Medicaid Director Letter offering guidance on programs operating under a waiver of the Social Security Act, allowing states to impose employment as a condition of eligibility for Medicaid participation, also known as the “work requirement.” As of 2019, seven states have received approval to implement these regulations for certain Medicaid beneficiaries. Between states, work requirements vary by required hours, qualifying activities, population group, exempted groups, and penalties for non-compliance. While work requirements have been put in place for other aid programs including the Temporary Assistance for Needy Families (TANF) program and Supplemental Nutrition Assistance Program (SNAP), this was the first time Medicaid has ever enforced such a requirement.

Since implementation of these mandates, the legality of work requirements have been challenged by beneficiaries and various civil rights groups. Those opposed hold that CMS is overstepping its bounds by imposing an extraneous mandate for beneficiaries to receive coverage. However, CMS maintains that work requirements further Medicaid’s mission by promoting employment, which will inherently lead to increased health status and access to care. Due to this contention, several lawsuits have been brought to state and federal courts in an effort to strike down mandates.

# Employment First Act

In 2018, Pennsylvania Governor Tom Wolf signed into law the Employment First Act. This piece of legislature aims to increase employment for this Pennsylvanians with disabilities by mandating that for publicly funded long-term service and support programs, the first consideration and preferred for Pennsylvanians with a disability should be competitive integrated employment. The passage of this legislation has not only shifted the priority for many publicly-funded entities but has also set a three-year goal that 7% of the state-wide workforce be represented by individuals with disability (Commonwealth of Pennsylvania, 2017).

To ensure that this population is connected with desirable jobs that will increase community inclusion, Employment First has also set requirements as to what constitutes “competitive and integrated employment.” Parameters of community integrated employment include: Full- or part-time work for which a person is compensated at not less than Federal minimum wage requirements, State or local minimum wage law (whichever is higher), or the customary rate paid by the employer for the same or similar work performed by people without a disability, working at a location where the employee interacts with people without a disability, not including supervisory personnel or people who are providing services to such employee, as appropriate, presented opportunities for benefits/advancement like those offered employees who do not have a disability and/or have similar positions.

## Role of The Managed Care Organization

As delineated in the legislature, the three mandatory Managed Care Organizations (MCOs) that have been contracted with the state’s Department of Human Services (DHS) to serve Pennsylvanians who are eligible for both Medicaid and Medicare, otherwise known as “dual-eligibles,” are required to adhere to these guidelines. These MCOs, which serve a population largely comprised of older adults and/or PWD include AmeriHealth Caritas, PA Health and Wellness, and UPMC Community HealthChoices. Per contract, these MCOs operate under the §1915(c) Home and Community-Based Services Waiverof the Social Security Act which allows them to receive state funding to coordinate the care received by program participants. By use of a capitation payment model, these MCOs aim to provide appropriate and timely care to program participants, in the least restrictive setting. This system provides opportunity for cost savings by providing care in a community setting, rather than within costly nursing facilities, and increases participant satisfaction by allowing him/her to “age in place.”

## Employment Support Service Requirements

In accordance with the Employment First Act, contractual obligations related to employment for PWD are outlined within the agreements between DHS and the MCOs. These requirements include specified employment support service (ESS) that must be offered to participants as a covered benefit. To measure outcomes, MCOs are also required to submit predetermined employment service and outcome metrics to DHS on a quarterly basis via the OPS 22 Report. Regulations regarding provider access and payment expectations are also outlined within these contracts.

### ESS Covered Benefit Offerings

Each of the three MCOs must provide ESS as a covered benefit for participants. DHS has listed and defined the specific benefits to be covered as:

**Benefits Counseling**: services that educate participants about the effect that employment can have on their lives and support. Specifically, benefits counseling helps participants assess how employment will result in increased economic self-sufficiency by the use of an individualized assessment.

**Career Assessment**: an individualized employment assessment used to assist in the identification of potential career options based on the interests and strengths of the participant.

**Job Finding**: assists the participant in securing a job that fits both the participant’s skills and preferences and the employer’s needs.

**Employment Skills Development**: provides learning and work experiences, including volunteer work, where the participant can develop strengths and skills that contribute to employability.

**Job Coaching:** individualized services providing supports to participants who need ongoing support to learn a new job and to maintain a job that meets the definition of competitive-integrated employment.

MCOs may provide additional, value-added ESS at the discretion of the organizations.

### OPS 22 Report

In addition to the required ESS benefit coverage requirements, each organization must submit a quarterly initiative report to DHS, known as the OPS 22 Report. Data recorded includes specific employment metrics such as participants’ interest in employment or employment services, current or planned employment status, CHC employment services utilized, and the aggregate data of these metrics between quarters. The submission of this report ensures the MCOs are making progress towards the state’s employment goals.

### Payor of Last Resort

Unlike virtually every other covered benefit, for ESS, CHC is contractually obligated to operate as the payor of last resort. This means that for participants who are interested in receiving these services, providers that are funded from sources outside of the 1915 (c) waiver program must be accessed and exhausted first, also referred to as “non-waiver” providers, These providers include statewide entities such as the Office of Vocational Rehabilitation (OVR), the Ticket to Work Program, and Work Incentive and Planning Assistance (WIPA) programs, or any local community resources that also provide ESS.

DHS recommends that for participants who are interested in receiving these services, that they first be referred to Benefits Counseling through WIPA. This service addresses the benefits cliff and will ensure that the participant understands the effect employment may have on the level of benefits he or she currently receives. After Benefits Counseling, the participant should then be referred to ESS through OVR. This agency offers many of the same type of ESS that the CHC MCOs are required to offer. The “non-waiver first” stipulation, in regard to employment services ensures that waiver dollars are not being wasted on services that could be provided by other entities with separate funding.

# UPMC Community HealthChoices

In alignment with the goals of the 1915 (c) waiver, UPMC CHC provides the services and supports needed to help individuals live independently in the community and to optimize the health and well-being of older adults, people with complex and chronic illnesses, and PWD. Through service coordination and care management, UPMC CHC utilizes a “person-centric” model that is designed to integrate and coordinate the full continuum of physical, behavioral health, long-term services and supports, and social support services into a seamless system of care for its participants.

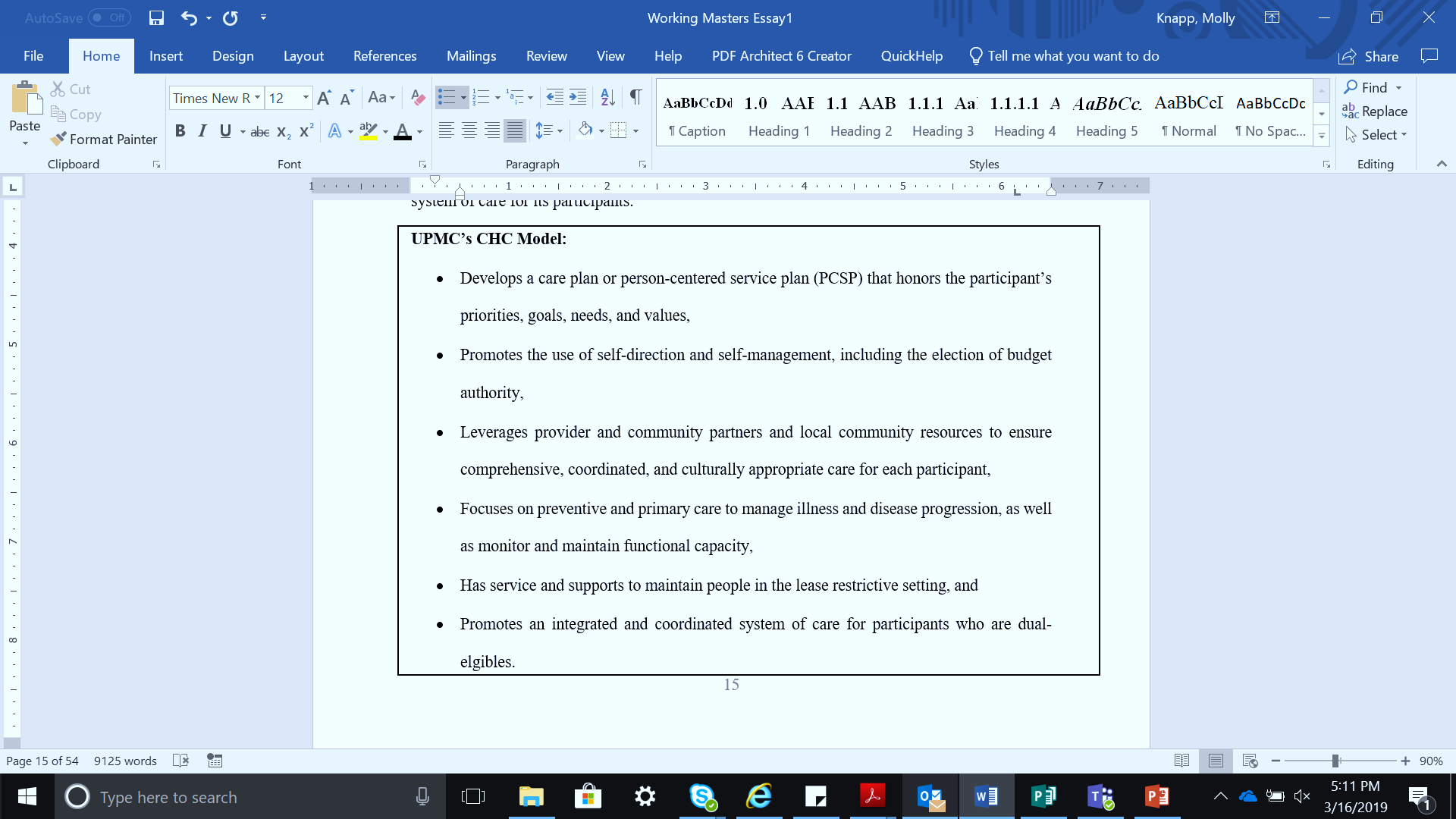


Figure 2 UPMC's CHC Model

## **Current ESS Delivery Processes**

For participants receiving Home and Community-Based Services (HCBS), as opposed to those receiving services within a nursing facility, the employment initiative begins with the Service Coordinator’s first face-to-face visit, which occurs within five days of UPMC CHC enrollment. It is during this visit that the PCSP, the documentation tool required to be able to provide services to the participant, is developed. During the PCSP process, the participant’s assigned Service Coordinator works with the participant to identify medical, functional, cognitive, psychosocial, and behavioral needs, along with the actions to achieve desired outcomes. This is performed via conducting an in-person, health risk assessment, known as the InterRAI, as well as utilizing additional, supplemental tools and/or questions. Assessment materials, as well as documentation and data collection systems, are located on the care management application eCarePrime.

Among the supplementary tools and questionnaires available on this system for the health risk assessment is the Employment Mini Assessment. This is a mandatory assessment that is conducted in conjunction with the InterRAI. This assessment consists of five questions that are designed to help identify the participant’s employment status, goals, and history with employment.

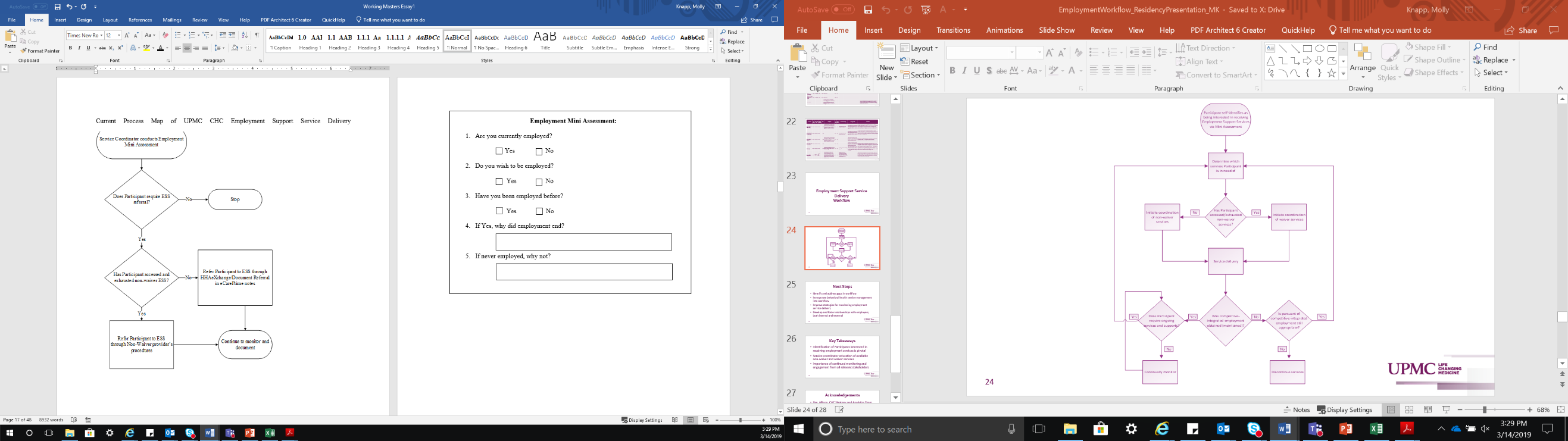


Figure 3 Current Employment Mini Assessment

Responses are automatically recorded into eCarePrime. Based on the participant’s ESS needs, as identified by the assessment, the Service Coordinator facilitates appropriate referrals to providers of those services. Per contract requirement, non-waiver service providers must be first to receive referrals. This requires Service Coordinators to have working knowledge of available non-waiver providers, their specific ESS offerings, as well as how to facilitate referrals to these entities. Non-waiver provider referrals are to be documented in the eCarePrime note section.

After the Participant has received ESS through non-waiver providers, if the Participant still requires additional ESS to reach his or her employment goals, the Service Coordinator may submit a referral to waiver providers within the UPMC CHC network. These referrals are facilitated through the HHAeXchange homecare software that is utilized across the network. HHAeXchange connects the Participant’s needed services to contracted providers and facilitates provider payments. This system allows for seamless tracking of ESS waiver referrals, authorizations, and claims, however Service Coordinators are still required to document this data, as well as any progress or employment status change within the note section of eCarePrime. The complete process of UPMC CHC’s ESS delivery is outlined in figure below.



Figure 4 UPMC CHC ESS Delivery Flowchart

## Data Collection

To measure the effectiveness of current ESS delivery operations, UPMC CHC strategy team conducted a year-end analysis. Current processes allowed for two primary sources of data: the Employment Mini Assessment and HHAeXchange. Data collected from the Employment Mini Assessment measured how often Service Coordinators were administering the questionnaire and also served to capture the employment goals, and subsequent ESS needs of those who were assessed.

|  |  |
| --- | --- |
| Total Employment Mini  Assessments Administered | 4364 |
| Total HCBS Participants | 7286 |

Figure 5 Proportion of Participants assessed for employment goals

via 2018 Employment Mini Assessment data

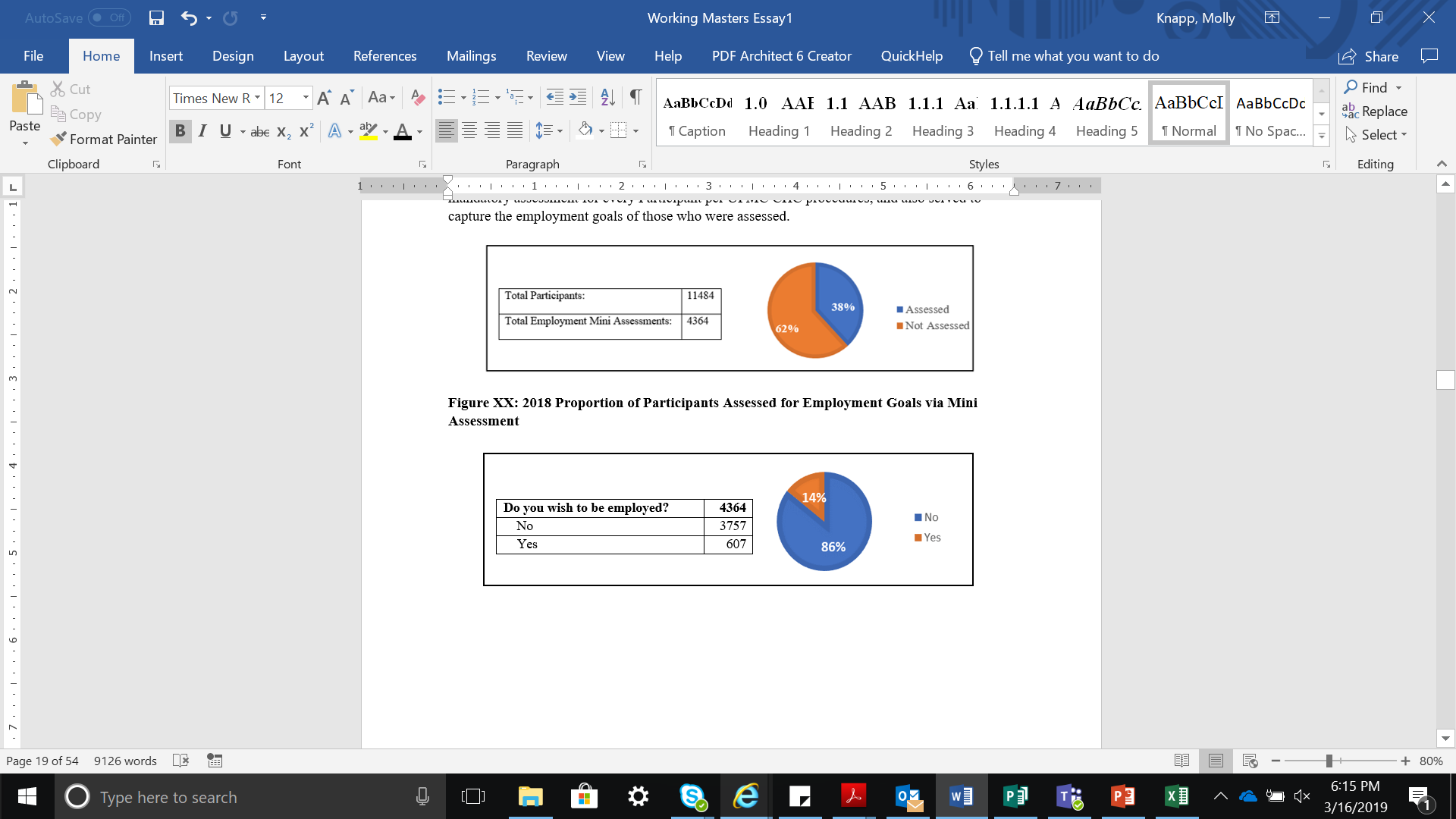


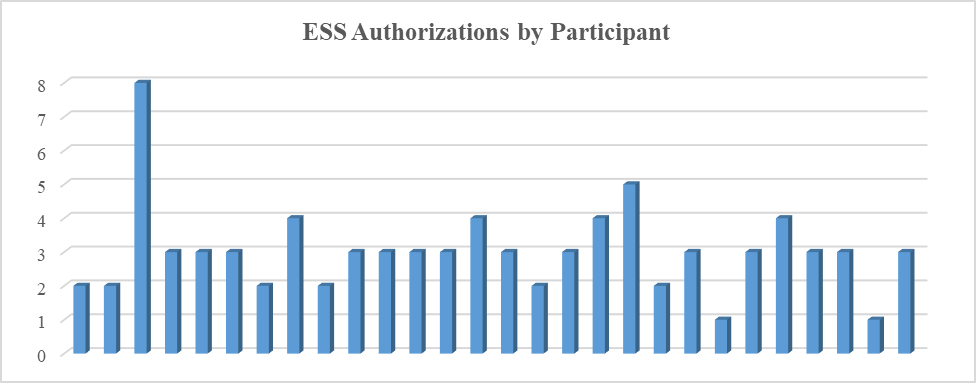
Figure 6 Proportion of Participant population identified as having a need for ESS

based on 2018 Employment Mini Assessment responses

Data collected from the Employment Mini Assessment could then be compared to claims and authorization data collected from HHAeXchange to ensure Participants who were identified as having a need for ESS, were being served. However, because this system only collects data related to waiver ESS referrals, information regarding non-waiver referrals was unable to be obtained. Current ESS delivery processes do not allow for the clean extraction of non-waiver referral data through any systems.

Figure 7 ESS authorizations submitted by benefit type based off of 2018 HHA eXchange data

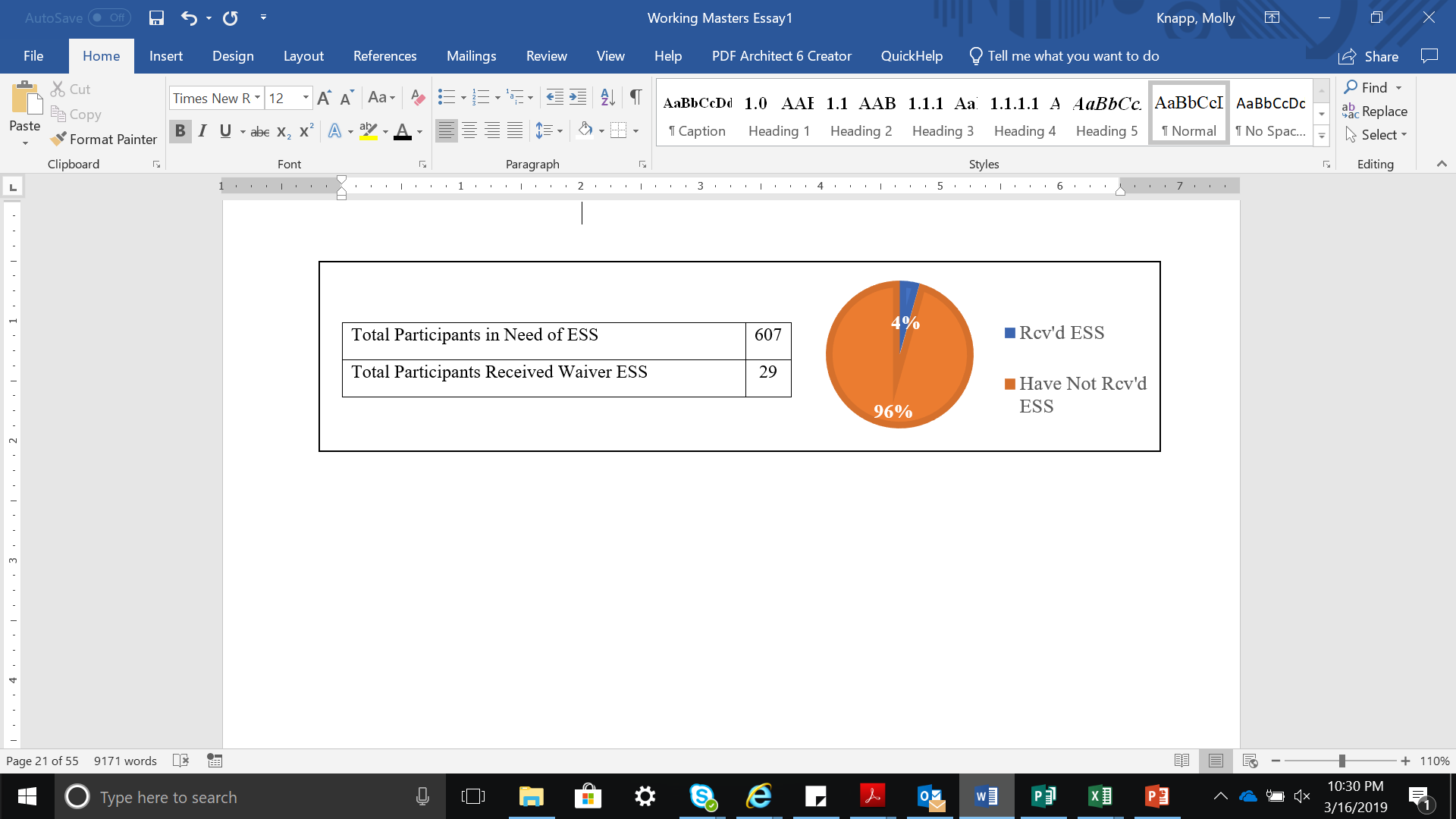
Individual Participants Receiving ESS



Number of ESS Authorizations

Figure 8 ESS authorizations received by each participant receiving services

based off of 2018 HHA eXchange data

Figure 9 Proportion of Participants who have identified as having a need for ESS that are receiving services based on 2018 Employment Mini Assessment responses and HHA eXchange authorization data

## Analysis of Employment Support Service Delivery

As evidenced by the data, there is vast room for improvement regarding the delivery of ESS to UPMC CHC Participants who are in need. Currently, Employment Mini Assessments are only being conducted for 37% of the Participants. This assessment is the only tool currently available to capture employment goals, so by failing to administer this assessment for 100% of Participants, UPMC CHC is failing to live up to the Employment First mandate of promoting employment as the first and preferred outcome of service delivery for all eligible participants.

Of those who were assessed, 607 participants had identified themselves as having a need for ESS when asked if they were interested in employment. As evidenced by the data, there is a large opportunity and demand for these services, however, when comparing this number to the number of participants who actually received ESS (29), for the year 2018, only 4% were served. While this this rate of service delivery is decidedly unsatisfactory, because there is currently no streamlined process to collect or extract data regarding non-waiver ESS, such as referrals to and services delivered by providers outside the UPMC CHC provider network (OVR, Ticket to Work program, WIPA, etc.) this may not accurately reflect the true rate of service delivery.

## Identifying The Gaps In Service Delivery

To understand the root causes for these gaps in the ESS delivery processes, a survey was developed by the UPMC Strategy team and administered to the Service Coordination team. The role of the Service Coordinator is instrumental in a participant’s access and ability to receive any needed service within a managed care system. This survey aimed to gather information regarding service coordinators knowledge of the UPMC CHC ESS delivery procedures, Employment First requirements, and availability of non-waiver programs and providers.

Figure 10 Service Coordination Employment Support Service Survey Results

Based on the results from this survey, the strategy team was able to pinpoint specific breakdowns in current processes of ESS delivery. As illustrated by the Employment Mini Assessment data, the service coordinator survey results further highlighted the discontinuity of assessment utilization. Nearly half (42%) of those surveyed reported that they had only conducted this assessment for 1-24 participants (the service coordinator is responsible for the care of 75 participants on average).

Another identified gap in the ESS delivery process flow centered around non-waiver services. There exists an apparent lack of knowledge regarding available providers, and how to refer to these agencies. Of those surveyed, 81% had never made a referral to a non-waiver provider, with only 43% knowing how to submit a referral to OVR, and 29% knowing how to submit a referral to the Ticket to Work program.

# Employment Support Service Workplan

To address the identified gaps in ESS delivery procedures, the UPMC CHC strategy team devised a workplan will implement four strategies to improve current operations, thereby increasing the number of referrals, participants receiving services, and subsequently, number of participants employed. Each strategy has been further broken down into four phases which consist of specific action items to achieve strategic goals. For each strategy, Phase I identifies the opportunity and solutions, Phase II outlines the implementation of strategy, Phase III describes execution and rollout, and Phase IV defines the how the strategy will be evaluated and its overall impact on UPMC CHC’s employment initiative.

## Strategy 1: Enhancement of Employment Mini Assessment Tool

The Employment Mini Assessment is the primary tool used to collect data regarding the participant’s employment status and goals. This assessment is crucial to the ESS delivery process, as the responses trigger whether a referral is submitted to providers. As such, the UPMC CHC strategy team has identified the enhancement of this tool as the first priority to improve service delivery.

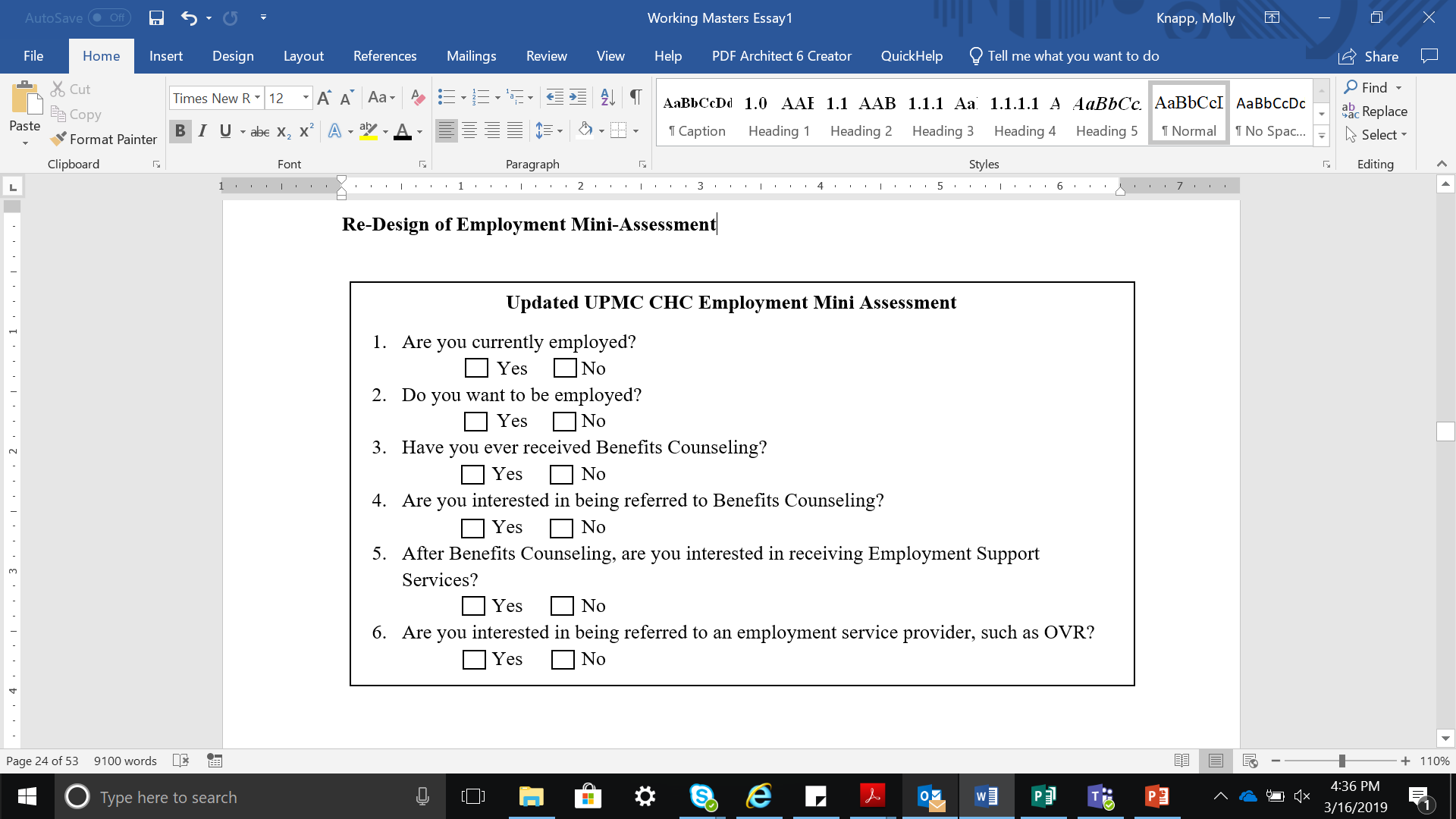
Phase I includes identifying data gaps and inconsistencies with employment assessment process that can improved with a new Employment Mini Assessment design, based on the Employment Mini Assessment data analysis and collected responses from the Service Coordinator Survey. During Phase II, additional and/or edited questions for the assessment redesign are developed. This involves best practice research on how best to frame survey questions to generate meaningful, data-rich responses. Current data gaps include specific information regarding the participants’ history with ESS delivery, as well as consent to facilitate referral to non-waiver providers. After development, questions are assessed for language appropriateness for the final draft of the Employment Mini Assessment redesign, illustrated in the figure below.

Figure 11 Updated UPMC CHC Employment Mini Assessment

The drafted Employment Mini Assessment is then provided to leadership for approval and subsequent building in to eCarePrime for utilization (Phase III). Phase IV will include evaluation and impact of the assessmet re-design. This will be analyzed by comparing data of the new assessment to data recorded at baseline. Key performance indicators include a comparison of rates of participants who express interest in employment services, via Employment Mini Assessment to rates of ESS referral and outcomes. These metrics will be recorded and analyzed on a quarterly basis. By the second quarter after implementation, the targeted proportion of participants who have received ESS (including non- waiver and waiver providers) from those who have expressed interest is 20%. By one year after implementation, the targeted goal for this rate is 40%, with at least five participants who have secured employment as a result of receiving ESS.

## Strategy 2: Implementation of Employment Specialist

The “non-waiver first” requirement within the UPMC CHC contract that directs Service Coordinators to access and exhaust non-waiver ESS providers before referring to providers within the UPMC CHC network has proven to be a complex issue regarding service delivery. This requires Service Coordinator to have a broad, specialized knowledge of ESS providers within the participant’s community, the scope of services offered by everyone, non-waiver provider, as well as their specific referral processes. Due to the workload the Service Coordinator possesses, this is an unrealistic expectation and leads to a dead end in the service delivery process before it has even begun. To address this, UPMC CHC strategy team has proposed the implementation of an Employment Specialist. This role will develop a network of non-waiver ESS providers and assume the responsibility of care coordination for this specified field.

Phase I of this strategy will include using the updated Employment Mini Assessment to identify participants in need of non-waiver ESS and the development of the non-waiver network, specifically primary providers, as defined by DHS, such as WIPA, OVR, and Ticket to Work program providers. Phase II will include the Employment Specialist working with these providers to understand their specific program offerings and referral procedures as well as establishing a point of contact with each non-waiver provider and develop a system of data collection (ex: quarterly report).

Phase III of this strategy will include the Employment Specialist drawing upon the non-waiver ESS provider network to facilitate referrals to benefits counseling through WIPA, as the first step in service delivery for participants identified as having a need for ESS. The Employment Specialist will be responsible for documentation including employment goal, referral date and provider, action taken, progress, and outcomes in eCarePrime. After benefits counseling, Employment Specialist will follow up with Service Coordinator with recommendations and facilitate additional non-waver ESS referrals to OVR, if appropriate in accordance with participant’s employment goals. After service delivery by OVR, if additional ESS is required, Service Coordinators may then facilitate referrals within UPMC CHC network. This process allows for a separation of processes between non-waiver and waiver ESS delivery as illustrated in the figure below.

|  |  |
| --- | --- |
| **Non-Waiver ESS Delivery** | **Waiver ESS Delivery** |

**A close up of a map

Description generated with high confidence**

**Responsibility:**

Service Coordinator

Employment Specialist

Figure 12 New UPMC CHC ESS Delivery Workflow with Employment Specialist Role

E valuation and impact (Phase IV) of the implementation of the UPMC CHC Employment Specialist will be analyzed through collection of non-waiver provider data. The key performance indicator will be rate of non-waiver ESS referrals facilitated compared to number of participants who have self-identified as having interest in receiving employment services via Employment Mini Assessment. This metrics will be recorded and analyzed on a quarterly basis. Because there is no current baseline data available for non-waiver ESS, a loose target of 50% rate of non-waiver ESS referral has been set for the second quarter after implementation. Second quarter data will provide baseline data for new procedures. By one year after implementation, the targeted rate of non-waiver ESS referrals will be a 20% increase in baseline data recorded during the second quarter.

## Strategy 3: Service Coordinator Training

The Service Coordination team has demonstrated a knowledge gap regarding ESS delivery processes and through implementation of Strategies 1 and 2 of the workplan, this delivery process will undergo significant reconfiguration. To address the current lack of awareness regarding ESS and to ensure that new processes and procedures are well understood, Strategy 3 will center around education and training of the Service Coordination team.

Phase I includes identification of data gaps and inconsistencies with in Service Coordinator knowledge of ESS delivery processes, based on responses from the Service Coordinator Survey and demonstrated gaps in ESS data. Three to four areas of focus will be identified for incorporation into ESS delivery training. Phase II will consist of the development of the training module. In addition, the UPMC CHC strategy team will also educational materials based on Strategies 1 and 2, to inform Service Coordinators of new ESS processes. To implement (Phase III), the Strategy team will work with leadership to schedule an in-person training to current Service Coordinator staff, in addition to working with the on-boarding team to incorporate module into training materials for new hires. This will promote standardization of service delivery and increase knowledge base of ESS in general. Impact and evaluation of strategy (Phase IV) will include a post-training survey of Service Coordinator knowledge of ESS and service delivery. Responses will be compared to those collected at baseline – before conduction of ESS training module. Post-training surveys will be distributed 6 months after training. Targeted metrics for improvement will include a 30% increase in number of Service Coordinators reporting of administering Employment Mini Assessment to 50+ participants.

# Discussion

Through the completion of each of these strategic initiatives, UPMC CHC will experience an improvement in the delivery of ESS to its participants. The identification and measurement of key performance indicators for each proposed strategy will allow for a system to measure the impact of each initiative. Achieving the targeted goals for each strategy will produce anticipated results including the standardization of delivery process, improved methods of data collection, and improved employment outcomes which will subsequently lead to an increase of UPMC CHC participants attaining meaningful employment.

## Standardization of ESS Delivery Process

Implementation of the new Employment Mini Assessment in conjunction with the establishment of the Employment Specialist role will standardize ESS delivery processes. The updates to the assessment are designed to capture a better understanding of what specific services participants are in need of, serve as a means of obtaining consent for referrals to non-waiver providers at the point of assessment conduction, and generate an automatic tasking tool for the Employment Specialist to facilitate referrals to non-waiver providers for eligible participants. The implementation of the Employment Specialist enhances the ESS Delivery Process Workflow by separating non-waiver and waiver procedures. These improvements to the delivery process will address the current knowledge gap of this process by creating a step-by-step procedure of how to navigate the complex “non-waiver first” mandate DHS has imposed on waiver ESS programs and by eliminating the need for service coordinators to have an extraneous, detailed knowledge of available non-waiver providers. The standardization of delivery processes will result in increased referrals to ESS providers, non-waiver and waiver alike.

## Improved Data Collection

Methods of data collection for non-waiver service delivery will be also be improved through these mechanisms. Through coordination with non-waiver providers, the Employment Specialist will be responsible for tracking metrics pertaining to referrals, service delivery, and outcomes of non-waiver services. This will be achieved through quarterly reports submitted from non-waiver providers to the Employment Specialist. Reports will address the current lack of data collection methods for non-waiver services and will allow for UPMC CHC to attain a better understanding of how its participants are utilizing these services. These metrics will be instrumental to measuring the quality of the ESS delivery process.

## Improved Employment Outcomes

By improving the ESS delivery workflow and methods of data collection, UPMC CHC will better employment outcomes for participants who are interested in employment. The standardization of the ESS delivery process will allow for increased number of participants referred to non-waiver and subsequent waiver providers. Because referral is the first step to service delivery, an increase in number will resultantly increase the number of participants receiving ESS. With more participants who are able to receive the individualized ESS needed to be able to return to the workforce, UPMC CHC will eventually record an increased number of participants who are employed.

# Conclusion

Through completion of the strategies outlined in the Employment Workplan UPMC CHC will realize an improvement in employment outcomes for its program participants which include a large population of Pennsylvanians with disabilities. This will allow for alignment with the vision of the Employment First Act and UPMC CHC to be put in a superior position to meet policy goals. By setting these expectations for stakeholders related to employment for PWD, legislature like Employment First can effectively emphasize the importance of this issue which can promote commitment, collaboration, and innovation among a variety of health agencies and programs. Through response to policy, the state will see a subsequent decrease in unemployment for PWD.

## Meeting Policy Goals

Employment support services available to UPMC CHC participants provide mechanisms for those in need to secure and maintain meaningful employment. ESS are designed to promote independence through integrated and supportive employment opportunities. UPMC CHC has made the delivery of these services a primary area of focus and has implemented strategic initiatives to ensure the full scope of ESS is received by participants who are interested in employment. This CHC strategic priority is in concert with the bipartisan Employment First Policy, which puts a spotlight on employment for PWD receiving government benefits. UPMC CHC’s comprehensive employment strategies are intended to align with the Commonwealth of Pennsylvania’s employment goals and meet contractual requirements.

## Public Health Relevance

As a social determinant of health, employment has a proven causal relationship with health status. Opportunities for competitive, integrated employment can increase health through multiple constructs, including financial and psychological well-being. Despite this, many PWD experience significant structural and systemic barriers that may inhibit their ability to participate in the workforce. These barriers can be addressed and overcome through the intervention of ESS. This emphasizes the importance of policies that make these services easily accessible to those who are in need. When employment becomes more attainable, it is not only the PWD who benefit as they experience a higher quality of life through increased health and independence, but all Pennsylvanians through the experience of a more accessible and inclusive society.

* + - * 1. Employment First Act

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| --- | --- | --- |
| **EMPLOYMENT FIRST ACT - ENACTMENT** | | |
|  | **Act of Jun. 19, 2018, P.L. 229, No. 36** | **Cl. 35** |

20180036ua

An Act

Providing for competitive integrated employment in State and county agencies and any entity providing publicly funded education, training, employment and related services and long-term services and supports for working-age Pennsylvanians with a disability; establishing Employment First, the Governor's Cabinet for People with Disabilities and the Employment First Oversight Commission and providing for their powers and duties; and conferring powers and imposing duties on the Governor and the Office of the Governor.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

20180036u1s

Section 1.  Short title.

This act shall be known and may be cited as the Employment First Act.

20180036u2s

Section 2.  Findings and declarations.

The General Assembly finds and declares as follows:

(1)  It is the purpose of this act to ensure that individuals with a disability be given the opportunity to achieve economic independence through jobs that pay competitive wages in community integrated settings.

(2)  The current work force participation rate for individuals with a disability is 20%.

(3)  Pennsylvanians with a disability are valued members of society, and all members of society deserve to have the opportunity to work.

(4)  Significant changes have occurred and are continuing to evolve with advances in effective support strategies and technology.

(5)  Each year throughout this Commonwealth, thousands of high school students with a disability who use plans developed in accordance with section 504 of the Rehabilitation Act of 1973 (Public Law 93-112, 29 U.S.C. § 794) or qualify under the Americans with Disabilities Act of 1990 (Public Law 101-336, 104 Stat. 327) graduate from special education programs and are ready and able to work at competitive wages in private sector and public sector jobs.

(6)  The Commonwealth can realize a return on its significant investment in young adults with a disability who have benefited from a free and appropriate public education and other State services by adopting policies that further the goal of competitive integrated employment for individuals with a disability.

(7)  Hundreds of thousands of job openings are listed every day, reflecting the challenges faced by employers in finding and keeping a dedicated work force, which could be resolved, in part, through the hiring of individuals with a disability.

(8)  Recognition and furtherance of the benefits of meaningful work applies to all working individuals, including the opportunity for competitive integrated employment for individuals with a disability.

20180036u3s

Section 3.  Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Cabinet."  The Governor's Cabinet for People with Disabilities established under section 5.

"Commission."  The Employment First Oversight Commission established under section 6.

"Competitive integrated employment."  As defined in section 7 of the Rehabilitation Act of 1973 (Public Law 93-112, 29 U.S.C. § 705(5)).

"Disability."  As defined in governing statutes and regulations of each State agency.

"Employment First."  The policy of State agencies which provides that competitive integrated employment is the first consideration and preferred outcome of publicly funded education, training, employment and related services, and long-term services and support for individuals with a disability.

"State agency."  Any office, department, authority, board, multistate agency or commission of the executive branch, an independent agency or a State-affiliated entity. The term includes:

(1)  The Governor's Office.

(2)  The Office of Attorney General.

(3)  The Department of the Auditor General.

(4)  The Treasury Department.

(5)  An organization established by the Constitution of Pennsylvania, a statute or an executive order which performs or is intended to perform an essential government function.

20180036u4s

Section 4.  Employment First.

(a)  Policy.--It shall be the policy of the Commonwealth that competitive integrated employment shall be the preferred outcome for all individuals with a disability eligible to work under Federal or State law, regardless of severity of disability and assistance required, and work-based learning experiences for all youth with a disability in collaboration with the Department of Labor and Industry. Employment services and opportunities must be offered to all individuals with a disability receiving publicly funded services, regardless of whether they live in their own home or in a residential setting.

(b)  Implementation.--State and county agencies and entities providing publicly funded education, training, employment and related services, and long-term services and support for working-age Pennsylvanians with a disability that provide services and support to individuals with a disability who are eligible to work under Federal or State law shall comply with the requirements of Employment First and ensure that the requirements of Employment First are effectively implemented in agency programs and services to the extent practicable.

(c)  Collaboration.--State and county agencies and entities providing publicly funded education, training, employment and related services and long-term services and support for working-age Pennsylvanians with a disability that provide services and support to individuals with a disability shall coordinate efforts and collaborate to ensure that State programs, policies, procedures and funding support competitive integrated employment for individuals with a disability who are eligible to work under Federal or State law.

(d)  Policies.--

(1)  State and county agencies and entities providing publicly funded education, training, employment and related services and long-term services and supports for working-age Pennsylvanians with a disability shall review their respective policies relating to payment of service providers, including supports coordinators, to align payment policies with the requirements of Employment First. Financial incentives, when allowable under Federal funding rules for employment services, shall be granted to providers who support the placement and continued employment of individuals with a disability in competitive integrated employment.

(2)  State agencies shall provide the designation of employment champions, consistent with the designation utilized by the Department of Human Services, to providers of service coordination, case management and authorization services funded through the State Medicaid program, including home and community-based waiver programs, who demonstrate commitment to Employment First and successfully support the placement and continued employment of individuals with a disability in competitive integrated employment. Employment champions shall be provided increased technical assistance to further support employment services. A complete list of employment champions shall be made available on the State agencies' websites.

(e)  Staff.--State and county agencies and entities providing publicly funded education, training, employment and related services and long-term services and support for working-age Pennsylvanians with a disability shall implement the requirements of Employment First with trained and certified staff that are in compliance with governing statutes and regulations of each State agency.

(f)  Assessment.--State and county agencies and entities providing publicly funded education, training, employment and related services and long-term services and support for individuals with a disability shall develop clear outcome expectations for employment that include annual baseline employment data and specific percentage goals for individuals with a disability gaining competitive integrated employment. Each agency shall complete an assessment of its progress toward meeting these goals annually and ensure that the information is publicly available and posted on its publicly accessible Internet website.

(g)  Progress.--State agencies are authorized to share general, nonindividualized data and information across systems in an effort to track implementation of Employment First. State agencies are encouraged to adopt measurable goals and objectives to promote the assessment of progress under this subsection.

(h)  State agency compliance.--The following shall apply:

(1)  State agencies shall make an effort to employ individuals with a disability in no less than 7% of the overall State work force.

(2)  State agencies shall review on a biannual basis, the adequacy of hiring, placement and advancement practices with respect to individuals with a disability.

(3)  No State agency shall be required to give preference in hiring to individuals with a disability.

(4)  The Office of Administration shall develop a framework for individuals to self-report a disability.

(5)  The State Civil Service Commission shall review and consider changes in its policies and procedures in order to support progress towards the initial goal established under this subsection.

(i)  Initial plan.--No later than one year after the effective date of this subsection, the Office of the Governor shall develop an initial three-year plan based upon information provided by the State agencies for implementing Employment First for submission to the General Assembly. The plan shall identify the specific policies and implementation dates for State agency compliance with this act.

(j)  Annual report.--The assessment information compiled by each State and county agency and any entity providing publicly funded education, training, employment and related services and long-term services and support for working-age Pennsylvanians with a disability under subsections (f) and (g) and any other information deemed necessary shall be sent to the Governor's Office of Policy and Planning no later than October 1 of each year for consideration and inclusion in an annual report by the Office of the Governor to the General Assembly that documents continued and improved State agency compliance with this act. The report shall be submitted to the General Assembly no later than January 30 of each year.

20180036u5s

Section 5.  The Governor's Cabinet for People with Disabilities.

(a)  Establishment.--The Governor shall establish the Governor's Cabinet for People with Disabilities. The Governor shall appoint the members of the cabinet.

(b)  Composition.--The cabinet shall consist of the following members, who may not delegate their duties to other members, except for good cause:

(1)  Secretary of Human Services or a designee who shall be an employee of the Department of Human Services.

(2)  Secretary of Labor and Industry or a designee who shall be an employee of the Department of Labor and Industry.

(3)  Secretary of Health or a designee who shall be an employee of the Department of Health.

(4)  Secretary of Education or a designee who shall be an employee of the Department of Education.

(5)  Secretary of Transportation or a designee who shall be an employee of the Department of Transportation.

(6)  Secretary of the Budget or a designee who shall be an employee of the Office of the Budget.

(7)  Secretary of Aging or a designee who shall be an employee of the Department of Aging.

(8)  Secretary of Military and Veterans Affairs or a designee who shall be an employee of the Department of Military and Veterans Affairs.

(9)  Secretary of State or a designee who shall be an employee of the Department of State.

(10)  Secretary of Policy and Planning or a designee who shall be an employee of the Office of Policy and Planning.

(11)  Secretary of Community and Economic Development or a designee who shall be an employee of the Department of Community and Economic Development.

(12)  Executive Director of the Pennsylvania Human Relations Commission or a designee who shall be an employee of the Pennsylvania Human Relations Commission.

(13)  Executive Director of the State Civil Service Commission or a designee who shall be an employee of the State Civil Service Commission.

(14)  Executive Director of the Pennsylvania Housing Finance Agency or a designee who shall be an employee of the Pennsylvania Housing Finance Agency.

(15)  Executive Director of the Pennsylvania Developmental Disabilities Council or a designee who shall be an employee of the Pennsylvania Developmental Disabilities Council.

(16)  Executive Director of the Commonwealth of Pennsylvania Council on the Arts or a designee who shall be an employee of the Commonwealth of Pennsylvania Council on the Arts.

(c)  Powers and duties.--The cabinet shall have the following powers and duties:

(1)  To conduct:

(i)  a detailed review of existing regulations, policies and procedures relating to the goal of competitive integrated employment for individuals with a disability; and

(ii)  a review and alignment of service definitions, policies and payment structures within and across State agencies.

(2)  To develop:

(i)  recommendations to the Governor, the Secretary of Education, the Secretary of Human Services, the Secretary of Labor and Industry, the Secretary of Administration and the Secretary of General Services for changes in regulations, policies and procedures necessary to ensure implementation of Employment First;

(ii)  recommendations to the Governor, the Secretary of Education, the Secretary of Human Services, the Secretary of Labor and Industry, the Secretary of Administration and the Secretary of General Services for the consistent collection of data and the enforceable sharing of data; and

(iii)  recommendations to the Governor for legislative changes necessary to support and implement this act.

(d)  Collaboration.--The cabinet shall encourage the development and adoption of agreements among local entities of the State agencies to promote collaboration among agencies at regional and local levels across this Commonwealth.

(e)  Meetings.--The cabinet shall meet quarterly and shall be responsible for coordinating the development of policies designed to implement this act by each State agency providing services to an individual with a disability.

20180036u6s

Section 6.  Employment First Oversight Commission.

(a)  Establishment and composition.--An independent Employment First Oversight Commission is established. The commission shall consist of the following members, at least 51% of whom must have disabilities, who shall serve for a three-year term:

(1)  Four members, not under the employ of the Commonwealth, who are individuals with a disability or individuals who are knowledgeable about the employment of individuals with a disability. The following shall apply:

(i)  One shall be appointed by the President pro tempore of the Senate.

(ii)  One shall be appointed by the Minority Leader of the Senate.

(iii)  One shall be appointed by the Speaker of the House of Representatives.

(iv)  One shall be appointed by the Minority Leader of the House of Representatives.

(2)  Two individuals with a disability, appointed by the Governor.

(3)  Two parents or family members of individuals with a disability, appointed by the Governor.

(4)  Two individuals who have successful experience in providing services and support to high school students and recent graduates with a disability, leading to competitive employment in an integrated setting, appointed by the Governor.

(5)  A representative of Disabilities Rights Pennsylvania, appointed by the Governor.

(6)  A representative of the Pennsylvania Rehabilitation Council, appointed by the Governor.

(7)  A representative of the Pennsylvania Statewide Independent Living Council, appointed by the Governor.

(8)  A representative of the Pennsylvania Client Assistance Program, appointed by the Governor.

(9)  A representative of a State association of organizations that provides competitive integrated employment services, among other services, in the community for individuals with disabilities, appointed by the Governor.

(10)  A representative of an organization that partners with private businesses or State agencies, or both, to deliver services that create competitive employment opportunities in the community for individuals with disabilities, appointed by the Governor.

(b)  Meetings.--The Governor shall designate one member to convene and organize the first meeting of the commission at which the commission shall elect a chairperson and other officers as it deems necessary from among its members. The commission shall meet at least four times each year or at the call of the chairperson. A quorum shall consist of a majority of the members of the commission. All actions of the commission shall be taken only after approval by a majority vote of the members present after a quorum is established during a lawful meeting of the commission.

(c)  Reimbursement.--Each member of the commission shall be reimbursed normal and customary travel expenses in accordance with Commonwealth travel policies for attendance at meetings of the commission.

(d)  Progress.--The commission shall establish measurable goals and objectives governing the implementation of this act. The commission shall track the measurable progress of public agencies in implementing this act. All State agencies shall fully cooperate with and provide data and information to assist the commission in carrying out its duties.

(e)  Annual report.--The commission shall issue an annual report on October 1 of each year, detailing the progress made on each of the measurable goals and objectives during the preceding fiscal year. The annual report shall also include recommendations to the Governor and the General Assembly for effective strategies and policies needed to support the implementation of this act.

(f)  Support.--The Office of the Governor shall ensure that reasonable staff and support are made available to the commission to carry out its duties under this section. The Office of the Governor shall also ensure that administrative costs, including money for travel expenses authorized under subsection (c) and money for the distribution of the annual report and other related administrative costs, are made available to enable the commission to carry out its duties under this section. The commission may seek the attendance and participation of members of the cabinet in meetings of the commission in order to assist the commission in carrying out its responsibilities under this section.

20180036u7s

Section 7.  Training and outreach.

All State agencies providing services to individuals with a disability who are eligible to work under Federal and State law shall establish systems of outreach and training that provide information to the following individuals about Employment First and available opportunities for participation in competitive integrated employment:

(1)  Individuals with a disability and their families.

(2)  Providers of employment services for individuals with a disability.

(3)  Education, vocational rehabilitation and human service officials responsible for services to individuals with a disability.

20180036u8s

Section 8.  Applicability.

Nothing under this act shall be interpreted to supersede or preempt Federal or State law. Nothing in this act shall be construed to change, supersede, preempt or otherwise redefine the term "age of majority" as it applies to individuals who qualify under the provisions of the Individuals with Disabilities Education Act (Public Law 91-230, 20 U.S.C. § 1400 et seq.) pursuant to 22 Pa. Code § 11.12 (relating to school age). This act is not intended to create and does not create a prohibition of existing employment options and opportunities or of the informed choices of individuals with a disability made through a person-centered planning process.

20180036u9s

Section 9.  Effective date.

This act shall take effect in 60 days.

* + - * 1. Employment Work Plan

**Employment Procedures and Work Plan**

**UPMC Community HealthChoices**

**February 25, 2019**

**Employment Support Work Plan**

**Introduction**

Employment Support Services (ESS) are available to assist Community HealthChoices (CHC) participants in finding and securing meaningful employment. ESS are designed to promote independence through integrated and supportive employment opportunities. The five core services of Benefits Counseling, Career Assessment, Employment Skills Development, Job Coaching, and Job Finding are available to individualize person-centered employment services that align with individualized goals. All CHC-MCO’s are required to provide ESS to HCBS participants as part of the person-centered services planning process and required to advance employment as a strategic priority in the CHC Agreement.

This CHC strategic priority is in concert with the bipartisan Employment First Policy. This policy, first promoted by Governor Tom Wolf through a 2016 Executive Order, has since been codified into law in Act 32 of 2018. This effort puts a spotlight on employment for participants receiving government benefits. UPMC CHC’s comprehensive employment strategy is intended to align with the Commonwealth of Pennsylvania’s employment goals and meet contractual requirements.

Despite availability that precedes CHC, utilization has been historically low in ESSS. Currently, a limited number of UPMC CHC participants are receiving employment services. This is due to a lack of prioritization, a limited provider network, and little understanding of this benefit. This strategy is intended to bring renewed focus on providing ESS to CHC participants who are HCBS eligible and UPMC CHC is retooling its strategy to ensure that all participants are being assessed for their employment goals. With the right assessment, UPMC CHC can curate the type of ESS services for each participant.

UPMC CHC has developed a four-pronged approach to ensure all HCBS participants are receiving ESS. The four strategies to improve access to employment are:

1. **Education—**Educate Service Coordination staff on ESS and create permanent knowledge base.
2. **Assessment—**Improve employment mini assessment tool and its application.
3. **Referral**—Refer to benefits counseling.
4. **Final Evaluation:** Evaluate outcomes of the strategy annually and implement process improvements.

**Approach**

*Education, Assessment and Referral*

UPMC CHC’s employment strategy begins with the essential step of ensuring that UPMC Service Coordinators understand the ESS benefits and the steps needed to access those benefits. Service Coordinators will undergo an intensive training that provides them the knowledge to access employment benefits and approaches to coaching participants through this process.

After the training, Service Coordinators will have the ability to assess participants for their ESS goals by use of the Employment Mini Assessment during the initial meeting. This assessment records current work status, history with employment, and interest in receiving ESS as part of the Person-Centered Care Plan. The Employment Mini Assessment will be updated to also record data related to the participant’s understanding and history of the ESS process, as well as to better facilitate referrals to benefits counseling.

UPMC CHC will provide ESS for HCBS participants by first assessing participants willingness to work during the Comprehensive Needs Assessment. One of the barriers keeping CHC participants from gaining meaningful employment is the threat of losing their benefits, known as “the benefits cliff.” To counter this, all participants interested in ESS will be referred to benefits counseling. This will ensure participants have a clear idea of the effect employment will have on their benefits. Understanding their benefits will eliminate the fear of the benefits cliff and help participants make informed decisions for themselves.

After benefits counseling, Service Coordinators will refer interested participants to the Office of Vocational Rehabilitation (OVR) for needed employment services. OVR will provide the needed ESS services for participants. The services they will provide include: career assessment, employment skills development, job coaching, and job finding. If participant is unable to secure employment after 90 days, and/or have their case closed by OVR, Service Coordinator may create an authorization and make a referral to waiver services.

As participants advance through the waiver services, Service Coordinators will continue to monitor to ensure they are receiving the appropriate services that will prepare them to gain meaningful employment. If participants are unable to gain meaningful employment after receiving the job finding waiver service, Service Coordinators will refer participant to one of the UPMC system wide ESS programs—Partnership of Workforce Readiness and Retention (POWRR) and UPMC Community Access Days.

POWRR is a job training and retention program at UPMC. The program partners with the Center for Diversity and Inclusion to help individuals chose a career path, prepare for jobs, and develop skills to retain jobs. Participants who express interest in the POWRR program will be referred for an intake by the Service Coordinator and arrangements will be made to ensure they are able to attend the POWRR training.

UPMC Community Access Days are dedicated to perspective employees meeting with and learning about UPMC, the application process, soft skills and interviewing techniques. Additionally, participants will have the opportunity to practice those skills in a mock interview with UPMC recruiters. If participants exhaust both the non-waiver and waiver service benefits, UPMC Community Access Days and POWRR are viable options for them to receive ESS, and path to meaningful employment.

Per the CHC Agreement, each CHC-MCO is contractually obligated to include employment-related needs and participant requirements as a part of the person-centered planning process. UPMC CHC Service Coordinators will provide participants with information about services available through OVR or similar resources. Resources will be directed to participants who are not working but express an interest in work or who are working but whose employment status may be jeopardized due to their disability. UPMC CHC Service Coordinators will refer the participant to OVR and other resources, unless the participant makes an informed choice not to be referred for this support.

*Sustainability*

To ensure the success and longevity of these initiatives, a cross collaboration will be formed between UPMC CHC Analytics, Clinical, Finance, and Strategy Departments to ensure each initiative is fulfilling its intended goal. Each team will have specified roles and have clear understanding of how their roles will fit into the larger framework and lead us to our intended goal.

The Service Coordination and Care Management Departments will be the main executors of the initiatives – including referral to benefits counseling with Work Incentives Planning and Assistance (WIPA), referral to Office of Vocational Rehabilitation (OVR), and other waiver and non-waiver services. The Analytics Department will help define the metrics and reporting needs of the initiatives. The Strategy Department will assemble and manage the initiative, ensure it is on track with their roles and responsibilities, report results to key stakeholders, and maintain and update the employment strategy.

*Evaluation*[[1]](#footnote-1)

The evaluation will primarily be based on the number of participants actively engaged in any employment opportunities. UPMC CHC will track and report on the number of participants referred to benefits counseling and the OVR for services. Ultimately, UPMC Community HealthChoices will collect and publish aggregate data on participant competitive integrated employment outcomes.

Data on participant outcomes such as number and percentage of participants receiving employment services, age group, and disability types will be recorded. UPMC CHC will also track participant wage rates, weekly wages earned, weekly hours worked, type or classification of job, and availability of benefits. All data collected will be shared with the Department of Human Services (DHS) and other interested parties including UPMC Health Plan Board of Directors, and Pennsylvania’s Rehab Council on Employment (PaRC).

**Employment Work Plan**

**Strategy 1: *Employment Mini Assessment: Improve Employment Assessment Tool:***

**Phase I: Identifying Opportunity and Solutions:**

* Identify whether employment mini-assessment is administered to all HCBS participants interested in employment.
* Survey Service Coordinators’ experience, identify barriers, and improve tracking.

**Phase II: Implementation of Strategy:**

* Edit employment mini-assessment questions to better prompt action from Service Coordinators.
* Design new mini questionnaire format to be built by Independent Living Systems (ILS) into E-Care, UPMC CHC’s service coordination software system.
* Provide new mini-assessment to Service Coordination leadership for feedback.

**Phase III: Execution and Rollout:**

* Activate mini-assessment ILS.

**Phase IV: Evaluation and Impact:**

* Evaluate completion rates, timeliness of successive steps, and employment outcomes

**Strategy 2: *Implementation of Employment Specialist Role***

**Phase I: Identifying the Opportunity and Solution**

* Use new mini-assessment tool to identify participants need for benefits counseling
* Employment Specialist Establish relationship with the non-waiver providers including WIPA organizations and OVR.
* Identify provider who will best serve the need of UPMC CHC appropriately.

**Phase II: Implementation of Strategy:**

* Identify the main difference between the services offered by the different organizations.
  + Phone versus in-person counseling

**Phase III: Execution and Roll out:**

* Participants interested in employment will be referred to benefits counseling:
  + Employment Specialist must complete benefits counseling referral form for Work Incentive Planning and Assistance (WIPA).
  + Employment Specialist will save copy in eCarePrime and email participant’s Service Coordinator
  + UPMC CHC Employment representative will email form to WIPA office and coordinate benefits counseling.
* Document in care plan: goal, referral date, provider, action taken, progress, and outcome until new assessment is built.
* WIPA representative will work with UPMC Employment Specialist to schedule and administer benefit counseling to participants.
* WIPA representative will provide participant and UPMC Employment Specialist results and recommendation to benefits counseling:
  + UPMC Employment Specialist: Load it into E-care
* UPMC Employment Specialist will follow up with Service Coordinator with recommendations.
  + Referral to OVR

**Phase IV: Evaluation and Impact:**

* Increase Number of participants referred to non-waiver ESS providers (benefits counseling)
* Outcome of participant benefits counseling.
* Number of referrals to ESS after benefits counseling.
  + Number of participants refusing ESS after benefits counseling.

**Strategy 3: *Service Coordinator training of ESS procedures***

**Phase I: Identifying Opportunity and Solutions:**

* Survey Service Coordinators to understand their knowledge of Employment Support Services.

**Phase II: Implementation of Strategy:**

* Analyze responses to determine three to four areas of opportunity for training.
* Design training placing focus on ESS goal including:
  + Benefits Counseling
  + Office of Vocational Rehabilitation
  + Medicaid waiver services

**Phase III: Execution and Rollout**

* Work with SC leadership to schedule ESS training.
* Provide training to incumbent Service Coordinators and develop onboarding tools for new staff.

**Phase IV: Evaluation and Impact:**

* Evaluate process improvement and outcomes pre- and post-training.

**Edited Employment Mini Assessment**

**Employment Mini Assessment:**

The current mini assessment does not inform the participant of the action steps needed to get them on the path to employment services. The edited assessment questions will be satisfying the OPS 22 report while providing actionable steps towards participants employments goals.

**Mini Assessment Edits:**

**Edited Questionnaire:**

1. Are you currently Employed?

Yes No

(if yes, stop. If no, move to next question)

1. Do you have a desire to be employed?

Yes No

(If yes, go to next question, if no, stop.)

1. Have you received benefits counseling for your benefit through Social Security?

Yes No

(If yes, stop. If no, move on to question 4)

1. Are you interested in being referred for benefit counseling?

Yes No

(If yes, date of referral to WIPA should pop up, if no, Stop):

Drop down to which one referral is being made to:

Date of referral:

Subject: Benefits Counseling

Date of Appointment:

Tasking tool: Reminder of Service Coordinator to ask about results of benefits counseling and participants’ willingness to move forward with employment goal.

1. After receiving your comprehensive benefits counseling, are you still interested in being referred to Employment Support Services?

Yes no

(If Yes, Move to question 6. If no, Stop).

1. What type of employment are you interested in?

Being Self Employed Working with an Agency or company

1. Are you interested in being referred to an employment service provider, such as OVR?

Yes No

(if Yes, open non-waiver referral template and complete. If no, Stop)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Community HealthChoices | Employment Work Flow Timeline | | | |
| Task | Comment | Responsible | Status | Due Date |
| *Strategy 1: Improve Employment Mini Assessment* | | | | |
| Phase I: Identifying Opportunity and Solutions: |  | Strategy | Complete | 11/2018 |
| Phase II: Implementation of Strategy: |  | Strategy/Clinical | Complete | 11/2018 |
| Phase III: Execution and Rollout | ILS for building into eCare | Strategy/Clinical Ops | In Progress | 4/1/19 |
| Phase IV: Evaluation and Impact: |  | Strategy/Clinical | Choose an item. | 4/30/19 |
| *Strategy 2: Implement Employment Specialist Role* | | | | |
| Phase I: Identifying Opportunity and Solutions: |  | Strategy | Complete | 2/2019 |
| Phase II: Implementation of Strategy: |  | Strategy | In Progress | 4/2019 |
| Phase III: Execution and Rollout: |  | Strategy | Choose an item. | 6/2019 |
| Phase IV: Evaluation and Impact: |  | Strategy | Choose an item. | 8/2019 |
| *Strategy 3: Educate Service Coordinators on ESS Procedures* | | | | |
| Phase I: Identifying the Opportunity and Solution |  | Strategy | Complete | 11/2018 |
| Phase II: Implementation of Strategy: |  | Strategy/Clinical | Complete | 11/2018 |
| Phase III: Execution and Roll out: |  | Strategy/ Clinical | Choose an item. | 4/1/19 |
| Phase IV: Evaluation and Impact: |  | Strategy |  | 4/30/19 |

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1. Complete list of metrics can be found in final evaluation section. [↑](#footnote-ref-1)