Adult Day Training (ADT)/Supported Employment Workgroup

December 9, 2014

Invited *(Names in bold text were in attendance)*

Co-chairs: **Shirley Balogh** and **Nancy Boutot**
Andy Vega, **Art Barndt**, Barbara Lazarus, Barbara Palmer, Beth Braden, Bobbie Wigand, Christy Brown, **Clint Bower**, **Connie Calub**, Darnell Forbes, David James, **Debbie Terenzio,** Deborah Linton, **Debra Noel**, Denise Arnold, Derrick Snead, Ed DeBardeleben, Elizabeth Ann Shoemaker, Elizabeth O'Brien, Grendy Henry, Harvey Landress, Jan Pearce, Janet McIndewar, Jean Sherman, **Jenny Sykes**, Jermaine Lewis, Jim Ressler, **Jim Freyvogel, Jim Whittaker**, Jose Carbonell, Julia Boone, Julie McNabb, **Kali Rose**, Ms. Kanary, Karen Lane, Kathy Harris, Kathy Howell, Kathy Jackson, Kathy Lauderbauch, **Kathy Palmer**, Kathy Rusciano, Kevin Johnson, **Kim Aarons**, Kim Faustin, Larnie Killen, Laurie Hoffman, **Leah Craig**, **LeeAnn Herman**, **Lesli Clark**, Leslie Richards, **Linda Mabile**, Lorrie Cline, Lynne Funcheon, Mark Barry, **Marty Norris**, Mary Williamson, **Meghan Murray**, Michael Ervin, **Mindy Nguyen**, **Minerva Barndt**, **Natalia Wong**, **Pat Goff, Pam Miller** Patti Hoagland, Paula Whetro, Pauline Lipps, **Rhonda Beckman**, Rhonda Wynds, Robert Gramolini, Robin Wilson, **Shirley Zonneville**, Stacy Davis, Stephanie Brown, Sue Cain, Sue Koziol, Suzy Hutcheson, Tina Tucker, Tom Rankin, Tracey Tolbert, **Troy Strawder**, Vicki Brown

Goals of Workgroup

Develop a best-practice framework for a 3-tiered ADT structure for three groups of people with disabilities:

1) Individuals ages 60 and older who do not wish to work
2) Individuals with complex medical needs
3) Individuals who are able and willing to work (main focus)

Develop a high-level report based on three pilot sites. This group is charged with defining the sites. All sites could serve all populations, or each site could serve one of the categories of individuals. This is due to Director Palmer by December 18, 2014.

December 9, 2014, Meeting Summary – Nancy Boutot

High Level Framework for Competitive Employment

1. Education on the value of working/cultural change away from segregated settings/work incentives/expectations: Including persons with disabilities, families, staff at all levels
2. Education for businesses – More emphasis on small business, engaging businesses to provide employment opportunities
3. Legislative education regarding state hiring incentives for individuals with disabilities
4. Follow individual model (1:1 ratio), or small group model with ratio of 1:3
5. Money follows the person (money does not drop to an insignificant level when person goes to the community)
6. Shift funding to ADT off-site
7. Provide funding for transportation
8. Partner with Department of Education (DOE) and Vocational Rehabilitation (VR)

9. Use Discovery Model and possibly group discovery to get to know job seekers' knowledge, skills and abilities to do job development appropriately
10. Set program expectations, including classroom training, volunteering, internships, and competitive employment
11. Look at enhanced rates for providers who go through certification process

High Level Framework for 60-Plus Age Group (Action Club)

1. Maintain the skills people already have
2. Add Occupational Therapy
3. Look at community involvement for leisure activities, volunteering, stimulating environments, socialization, inclusion outside of a sheltered environment
4. Use Person-Centered Planning
5. Staff qualifications

*At least one pilot should have all three components

Individuals with Complex Medical Needs

Debbie Terenzio: We are seeing aging-related issues for those as young as 45. Will this be addressed?

Nancy Boutot: Director Palmer will attend the final call next week and we can suggest this to her.

Debbie Terenzio: Complex medical needs include the enhanced needs for personal care assistance (PCA) or behavior needs for those who wish to work. They will entail additional support. Staffing ratio and staffing qualifications are critical. The best ratio now (1:3) is not enough.

Shirley Blalogh: What does the framework for those with complex medical needs look like?

Linda Mabile: Some require nursing oversight, and some are totally dependent on others for care.

Debbie Terenzio: Needs include personal hygiene, mobility, and transfer needs, as well as support for those who utilize tubes for eating and have toileting needs.

Linda Mabile: I agree with Debbie about 1:1 or 1:2 ratios. Much intervention is needed. Hand-over-hand assistance is labor intensive.

Debbie Terenzio: A combination of several conditions can qualify a person for complex or multiple needs (including psychiatric needs).

Shirley Blalogh: We must consider staffing qualifications, kinds of services and quality of services.

Linda Mobile: Behavioral interventions may be needed. We can bundle services.

Shirley Blalogh: What kind of activities can we offer with supports?

Linda Mabile: Need daily living, skill maintenance, socialization, skill building, work training focusing on stabilization. The goal is to assist individuals to gain control of behaviors for movement to job setting. We want to offer an entire menu of services, individually defined, according to need.

Nancy Boutot: We should include person-centered planning in this framework as for the other groups.

Debbie Terenzio: Do we assume this group has opportunity to work?

Shirley Blalogh: Yes, though all do not wish to work.

Art Barndt: The ADT surveys will soon be available, published on APD's website. The challenge is to not segregate individuals; integrate programs for those who do not wish to work.

Nancy Boutot: Staffing qualifications for those who are medically complex. Beyond nursing staff what is needed?

??: Certified Occupational Therapy Assistance (COTA), CBAs, behavior assistance, home health aides, CNAs, entry-level direct care staff who assist with lifting, toileting, physical therapy (PT), occupational therapy (OT), and speech therapy. Assistance for each group for community involvement as this will be key. Must have smaller ratios in order to support them. Typically individuals with physically disabilities require long-term support.

Jim Whittaker: For accessing the community, we need to provide transportation. We must have access to vehicles to transport people into the community.

Art Barndt: Now all states, including Florida, must overcome transportation issues. Small states have overcome it by shutting down ADTs. This is a good opportunity to address the transportation issues while there is funding.

Nancy Boutot: How do you see this pilot operationalizing? Do we operate out of the same site or different sites?

Shirley Blalogh: Look at rural settings and urban settings. How many providers do we have who serve all three groups?

Nancy Boutot: What would we want the third pilot to be?

Art Barndt: I suggest offering something in the southern part of the state due to geographical rate differences; this would give us an idea of rate increases for this area.

Suzy Hutchinson: Make sure the sites meet the criteria of populations while having real success. We are asking a lot. Ensure there is demonstrated commitment and pilot sites have all needed for success. The pilot must be able to be replicated. Look at the historical part and true commitment (on the providers' part.) Are we looking at working with other entities on aging so we do not take it all on?

Shirley Blalogh: Yes – Council on Aging, transportation providers, VR. Find one provider who serves all three groups with a good track record.

Art Barndt: In addition, we can break this up to multiple pilots throughout state to encompass providers who excel with a certain component.

Nancy Boutot: With good collaboration agencies could concentrate on their area of expertise. If someone has expertise in one area to lend best practices to the pilot, we should include them. Address the successes and challenges.

Linda Mabile: Must be a three-year pilot. All agreed.

Art Barndt: Florida could be on cutting edge for compliance with new CMS rules; this is a great opportunity to launch new things.

Nancy Boutot: What do you suggest for the structure? How would specialized pilots look?

Debbie Terenzio: In Miami barriers include: 1) increased numbers of staff required, 2) transportation, and 3) back-up safety net for times when there is not a community activity. Individuals and families wish to participate in a meaningful day program. We need increased community staffing but we also need onsite staff. Need facility-based and community-based services.

Debra Noel: if all sites do the same thing, what are you comparing? You are not looking at distinct differences.

Nancy Boutot: Opportunity to use different techniques and training. We might get better results and be able to evaluate at the end. Remember that we are concentrating on the employment piece. Director Palmer put this group together to incentivize getting those who wish to work into competitive employment. Maybe all have competitive employment component with each focusing on at least one other group. Look at demonstrated commitment and success.

Art Barndt: We need baseline for those over 60. Employment is the most measurable and biggest bang for the buck.

Nancy Boutot: Let's hear from you regarding funding.

Jim Whittaker: We serve all three groups, but I have no idea about costs at this point.

Debbie Terrenzio: Why are you not doing complex medical SE services? Why are these groups underserved? Transportation and staffing ratios are required to move individuals into the community with supports for success.

Shirley Blalogh: Those doing SE struggle due to less funding. We understand that SE must have increased funding.

LeeAnn Herman: How many use Personal Care Assistance (PCA) for work? It's a service to be used for work support apart from SE.

Pam Miller: We utilize PCA. They come on breaks to assist employees. However, it is a constant battle to justify need for SE as a service. A huge struggle.

Rates are good for SE but maintaining person in stabilization is not. They need long-term SE services for continued success. SE is not for continued funding. Knowing they may lost SE in order to maintain employment builds fear that the service will be cut as soon as the person improves. Huge subject which needs a small group to address. To do this right, you must add funding. Don't get rid of SE services for maintaining the job and when a person has improved. The improvement/success is due to the SE services.

Pam Miller: Things fluxuate. How do you predict what crisis will occur on the job and require extra supports?

Clint Bower: The goal is to come up with new service models which is critical for job development and maintenance.

Troy Strawder: Attach dollars to programs. You have SE and senior program. What kind of dollars are needed? Staffing is the biggest challenge for senior program. Need 1:4 ratio or less to accommodate mobility, toileting. Look at people's needs and back dollars into that. We spend 30 hours and get paid for 12. We do it because it's the right thing to do. Transportation continues to be a challenge. Follow along component must be included. If I have a crisis with a person receiving SE services, if behavioral issues arise, the doors close. That employer who will not take another chance. Be prepared for the crises.

Shirley Blalogh: How can we attach the dollars for transportation?

Jim Whittaker: We need to create a line item budget and assign specific costs. Using same rates. I do better with 1:10 instead of 1:3. Rates are pathetic.

Debbie Terenzio: Reduction in Supported Living (SL) and SE will flourish if you provide maintenance money. Build in crisis money for back-up services (meaningful day activities) requires additional staffing. Person loses job and needs to return to day activity.

Nancy Boutot: Why does employment have to be a money-saving service? You save money in the long run. We discussed money follows person. ADT funding does not disappear when the person gets a job.

Suzy Hutchinson: Trust and integrity must be in the system on all sides.

Nancy Boutot: Not reimbursing on quarterly hourly, rather flat monthly rates.

Debbie Terenzio: Let's reduce paperwork. The documentation requirements are ineffective and expensive. Easiest way to cut. Look at flat monthly rates for bundled services.

Jenny Sykes: Remember that not all SE providers are APD providers.

Linda Mabile: Establish a 1:1 or 1:2 for medical needs. Denise Arnold can advise of the unpublished rate. Pull sample from cost plan data for those with nursing with PT/OT. Changing or increasing ratios to use as base for a dollar figure for supervision. Some plans will have PT/OT/Speech so use this information for establishing a bundled rate for the service.

Art Barndt: Allow people to submit ideas on ratios and rates. Can you put together a proposal which show differences for geographical areas?

Shirley Blalogh: Geographical areas are so different. Give us the rate for what you would like to see for the SE program. Fates, incentives, ratios.

Next Actions

- APD will publish a Public Notice for an additional meeting next week.
- APD will publish a template for rate, ratio, and billing structures proposals.
- Participants will submit proposals to Nancy Boutot nancy.boutot@apdcares.org by close of business on Monday, December 15. Consider who you are serving now; what you want the pilot to be, and what rate is required to make it work. Nancy will include this information in the report.

Next Meeting

Date	Time
December 11	10-12
TBA	TBA

Meeting notes will be posted on the APD website under News/Legal Notices/Public Notices: http://apdcares.org/publications/legal/

Nancy Boutot's email: Nancy.boutot@apdcares.org
Kathy Palmer's email: mailto:Kathy.palmer@apdcares.org