

Adult Day Training (ADT)/Supported Employment (SE) Workgroup

Meeting Dates Summary: November 19 and December 2, 4, 9, 11, 2014

Purpose 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, but all sites will be required to serve the category, Individuals Who Are Able and Willing to Work. The framework will indicate the proposed costs for each of the sites. This is due to Director Palmer by December 18, 2014.

Goal: To provide incentives for agencies (ADTs) who assist individuals in getting jobs and provide meaningful day activities.

Definitions

Complex Medical Needs Group

- Individuals requiring nursing oversight and intervention who are totally dependent on others for care
- Individuals needing hospitalization for care
- Individuals with intensive behavioral and/or psychiatric concerns needing stabilization

Employment Group

- Competitive work in the community
- Earning minimum wage or higher
- 20 hours per week or more as a best practice

Alternative Work Situations

- Internships – paid
- Internships (or volunteering – unpaid for a maximum of 12 weeks

60+ Group (This number is not static, and will be based on needs and interests)

- Individuals over 60 and who do not want to work
- Activities that help Seniors maintain the skills they already have
- Community involvement activities (shopping, dining, Kiwanis Club, etc.)

Additional Needs

- Transportation availability and affordability
- VR and other state and community partners to be involved

Innovative Ideas

- State incentives for businesses to hire individuals
- Increasing ratios for those not needing a 1:10 ratio as a way to free up dollars

High Level Frameworks

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 or the small group model with ration of 1:3
5. Money follows the person
6. Shift funding to ADT off-site
7. Provide funding for transportation
8. Partner with DOE and VR
9. Use Discovery Model and possible group discover to get to know the job seeker's knowledge, skills, and abilities
10. Set program expectations, including classroom training, volunteering, internships, and competitive employment
11. Look at enhanced rates for providers who go through certification process

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, community involvement, volunteering, stimulating environments, socialization, inclusion outside of sheltered environment
4. Person-Centered Planning
5. Staff qualifications

Medically Complex

1. Maintain the skills people already have
2. Add Occupational Therapy and Skill Building
3. Look at community involvement for leisure activities, volunteering, stimulating environments, socialization, inclusion outside of sheltered environment
4. Behavioral Intervention
5. Self-Care
6. Person-Centered Planning
7. Staff qualifications

Incentives for ADTs

- Director Palmer wishes the pilots to have three different incentives in order to determine which worked best.
- Incentives we have already identified are:
 - 1) Money Follows the Person
 - For individuals on the waiver who are served by the ADT organization (could be any site where the pilot ADT serves individuals)
 - Individual becomes competitively employed and the ADT funding follows the person for SE services for 6 -12 months
 - Funding can be used prior to employment for job development (if individual is not served by VR for employment services) and after employment VR services
 - Workgroup will work further on the details
 - Discussion:
 - There can be no double payment for the same service
 - Money could be used before Vocation Rehabilitation (VR) enrollment or after the person stabilizes in the job
 - Person needs to continue in ADT during job development with VR, providing a safety net which will please concerned families/guardians
 - One agency was told by VR that the individual must discontinue ADT services before VR would approve an individual career plan for job development
 - APD follow-along funding is needed for all ADT clients or nothing can change
 - No loss of funding between jobs
 - Transportation funding is needed until the employee can manage to pay for it (Example: Tampa International Airport which employs people in off hours)
 - It is necessary to have providers who are vendors for both APD and VR in order to cover all SE phases
 - 2) Increase in SE Rate
 - When the pilot ADT successfully employs 10% of individuals (served in the ADT at the beginning of the pilot project) in jobs where the employee works at least 20 hours per week
 - Rates would increase by a specific percentage (to be determined) when a person has been on the job for a specified time – 6 months
 - ADT rate remains the same
 - 3) Retention Payment: for 3-5 years for those who remain employed
 - Semi-annual benchmarks for Provider: for career advancement (Promotion or salary increases)
 - We never remove choice. Employee can select other services (for meaningful day activities) if they decide to leave a job. Suggest exit interview with employee to learn why they wished to leave the job. iBudget allows individuals to receive Life Skills Development 1, 2, and 3 at the same time. The individual can work and also attend ADT; work with support coordinator to transition money for flexible services.

Next Steps

- Clearly define services for each group
- Determine outcome measures each group and timeline
- Determine provider incentives for medically complex and retirement group
- Determine how to identify participants in each group
- Determine type of pilot for each location