Good afternoon, everyone. This is the Office of Disability Employment Policy. I want to make sure with our technical folks that they can hear us.

We can hear you loud and clear, Serena.

Wonderful. Wonderful. Good afternoon, everyone. My name is Serena and I'm a senior policy adviser to the Office of Disability Employment Policy within the US Department of Labor. It's my wonderful privilege to welcome you all to today's webinar, the first in a two-part series that we are hosting in collaboration with CMS. And we are delighted to have our assistant secretary, Kathy M artinez, here to provide a few introductory remarks. I will turn it over to Assistant Secretary Martinez.

Thank you, Serena and welcome to today's webinar. We at ODEP are delighted to host this national dialogue which will highlight some great policy advancements, from our partners at the Centers for Medicare and Medicaid Services. We call them CMS. This is the first in a two-part webinar series that we are hosting to help state policymakers and disability stakeholders learn about recent CMS policy development that can be used to inform and support state's employment first system change efforts. There are many parallels between health and employment for folks with disabilities. State Medicaid programs play a super critical role in supporting people with disabilities -- folks with disabilities to live, work, and principally -- and participate. And that's why we've been working hard with our partners at CMS to find ways to collaborate on sharing information and leveraging technical resources. 2014, I would say, is a fantastic and exciting time as the Affordable Care Act implementation comes into full force. And ODEP is supporting work towards implementation of this great act. We are pleased by the tremendous efforts of our colleagues at CMS to issue really strong policy guidance. The importance of providing services funded by state Medicaid in the most integrated setting as possible. And hopefully by the end of today's discussion, you'll have a really great sense of the various ways the states can use the myriad of state Medicaid plans and waiver options to promote integrated employment. And community engagement for folks with disabilities. Now, I'm going to turn the program back over to Serena. Thank you all for attending. I know you are going to learn a l ot.

Thank you so much. This -- Assistant Secretary Martinez, we are just really so blessed to have a wonderful leader who really gets the importance of cross systems collaboration and makes this all -- makes us walk our talk in terms of really coordinating efforts and reaching out to our partners across other federal agencies to do what we can to promote policies at the federal level and also at the state and local level that improve employment opportunities and socioeconomic advancement of citizens with disabilities. So thank you so much, Assistant Secretary Martinez for getting us started. It's now my pleasure as the webinar facilitator to introduce our two colleagues who will be our key presenters today from the Centers for Medicare and Medicaid Services. Colleen Gauruder has been employed with the division of long-term support services and supports at CMS since January of 2011. And served as the division subject matter expert on employment. And also on the division's Employment Team. Prior to her work at CMS, she was employed with the state of Maryland developmental disabilities administration. For many years she held the system -- the position of statewide coordinator. During that tenure at the state of Maryland, Colleen implemented several new programs and initiatives including implement first initiatives, self-employment, and fiscal incentive programs for employment of individuals with developmental and intellectual disabilities. She's also -- prior to state employment, she has worked with an array of community service providers and even formerly as a director supported living in senior and employment coordinator. So she has walked in many of the shoes of the professionals on the call today. At a state level and also at a provider level. So I think she's going to have a great perspective in how you can utilize various state waiver and plant and Medicaid plan options to really further your own systems change efforts on the ground to increase employment opportunities for individuals with significant disabilities. Our second presenter from CMS is Jeffrey Clopein. Jeff has been employed in the community systems transformation since June of 2010. He is the CMS project officer for the Medicaid infrastructure grant program and the money follows the person grant program. And he works with a team of folks at CMS who oversees and monitors the MFP program and several states. He's also a member of the CMS employment Workforce team as well. Prior to his tenure at CMS, he was with one of our other federal colleagues, US department of Education Rehabilitation Services Administration for four years. So he also brings a really strong and -- and policy expertise to the table in how these various federal policies and systems can interact and engage to further employment and economic advancement of citizens with disabilities. So on that note I want to echo Assistant Secretary Martinez's point. And really show our gratitude to our colleagues at CMS who have been working tirelessly on a number of policy development initiatives and also to provide support to states who are really trying to shift the focus of their Medicaid funds for long-term supports and services for individuals with disabilities to make sure that they are in the most integrated setting and that folks really have an opportunity to succeed and achieve their American dreams within typical community settings like the rest of us. So we are very proud partners with CMS and of both Colleen and Jeffrey specifically and appreciate their time today. And with that, I'm happy to turn it over to our colleagues.

It's a pleasure to be here with you today. Thank you so much to Assistant Secretary Martinez for her opening remarks and to Serena for arranging this webinar. We're very excited to share the information that we have with you today. And we'll allow plenty of time for questions and answers. Any questions that we're not able to answer today, we will get back with you on. And we'll make those arrangements through Serena. I wanted to just take a minute to remind folks about the purpose of this particular webinar, which is to share information with you about various Medicaid authorities that exist to support employment for people with disabilities and the elderly. And also to provide information on various different grant programs that we have through CNS that also further the goals of employment outcomes for people with disabilities. The purpose of this webinar is not to talk about the home and community-based settings rule, which I'm sure you are all very eager and anxious to hear about. That will be next week's call with my supervisor, Ralph Lawler. So stay tuned for that information. Jeff and I are not prepared to talk about that particular subject t oday. And that information will be coming to you next week. So I just wanted to clarify what the purpose of today's webinar is. So there are various different Medicaid authorities that support employment including 1915 (c) home and community-based waiver services which is a service that probably the majority of you -- are the most familiar with. We have approximately 340 1915 (c) waivers across the country. I would say a little less than 100% of them include some type of support in employment settings, either prevocational supported employment, career planning, but the majority of waivers that we support through our work do include some type of employment type of services. We're also going to touch base on the 1915(i) state plan option for home and community-based services. The 1915(j), 1915(k), and we could go on through the alphabet all the way to Z. But we're not going to today. That's for another day. And we're going to talk also a little bit about 1115 demonstrations and how the 1115 1115demonstration work ties into employment services as well. So I'm going to go ahead and advance the slides down. The 1915(c) home and community-based waiver services were established in 1981. They provide home and community-based services to individuals who require an institutional level of care. So either nursing facility, ICF, IDD or hospital level of care. The 1915(c) allows the option to offer various services including habilitation, which may also include prevocational, individual supported employment, group supported employment and career planning.

 On September 11 -- September 16, 19 -- sorry, 2011, CMS put out an informational bulletin to all of its stakeholders regarding employment supports and services. And I wanted to go over some of the highlights of the informational bulletin because that informational bulletin is our latest policy on employment support. So if you don't have a copy of that 9-11 informational bulletin, make sure you get your hands on a copy of it. You could get that through going to Medicaid.gov and doing a search of informational bulletin 9-16-11. And that is really the impetus for our discussion today and the kickoff point for our discussion today. So the informational bulletin which provides technical guidance to states underscores CMS's commitment to the importance of work for waiver participants. We believe that all participants with disabilities regardless of the severity of disability can work and should be supplied with the support that they need in order to achieve employment outcomes. It supports state efforts to increase employment opportunities and meaningful community integration for waiver p articipants. We recognize that there are -- let's see -- how many of you are there on the phone right now? I would say there are probably close to 300 people on the phone right now -- 314 participants so far on the phone now. Of you, probably representing around 30 or so states. There's also another technical assistance opportunity available that's available to states through the national Association of State Directors of developmental disabilities services, which also offers similar type of technical assistance to about 27 other states. All told, just about every state in the nation is covered with some type of assistance for furthering your Employment First goals. So we are hopeful that this informational bulletin actually supports your efforts in furthering employment outcomes for people. It also provides further clarification of CMS guidance regarding several of the core definitions and as several new core service definitions. So we have in our technical guide currently several core service definitions such as prevocational, day habilitation, and supported employment. What we did is elaborated on those definitions, either adding some clarification to some of them or adding additional service definitions so that states have a little bit more flexibility in the way that they're providing services to people.The informational bulletin provides a strong preamble that highlights the importance of competitive work and CMS's goal to promote more integrated employment options and waivers. So in states work with analysts at CMS, when you are submitting an amendment or renewal or an 1115 or 1915(i) for 1915(b), we will have the conversation about employment. Employment is high on our radar screen. It's a high priority for us. And we want to make sure that this information bulletin that I'm talking about is enforced the way it should be. It's intended to provide you with guidance on how you could create your core service definition. You could either use CMS' core service definition or create your own as long as you have the tenants of CMS's core service definitions within your own service definition. So we allow you a bit of flexibility in how you actually word your core service definitions, but knowing that you need to continue to follow CMS's policy on what needs to be included in each of those service definitions. The other thing on the informational bulletin does is it emphasizes the critical role of person centered planning in achieving employment outcomes. I think everyone on the phone probably believes and feels the same way that we do here at CMS. That is that good person centered planning leads to a good job and a sustaining job. Not just any job. So the better a job we do with person centered planning and really getting at the bottom line of what the person's skills and interests and strengths are, the better the job developers or the employment specialists or whatever you call them in your state can do and actually develop a job for an individual. So person centered planning is at the heart of everything that we talk about here today. It articulates best practices and highlights self-direction options for employment support. So we talked a little bit in the bulletin about self-direction as being a really key element to employment supports for people who want to self direct their own services. Employment is certainly a service that could be self-directed for folks. Explains that Ticket to Work out, and milestone payments are not in conflict with payment for Medicaid services rendered. So that basically means that providers that choose to become an Employment Network through the Ticket work opportunity can also receive a CMS Medicaid payment for a day of service without it being a conflict. And the reason is because the Ticket to Work is an outcome based payment, and the services for Medicaid are paid for services rendered. We've got attorney input on that. We've got clarification that that is allowable, so if that helps to support you in any way in terms of increasing the finances that are coming into your agency by becoming an Employment Network, by all means consider that. Because again, it is not in conflict at all. And we would support it certainly.It clarifies the prevocational services are not an endpoint but a time-limited activity to help someone obtain competitive employment. And you may notice in the informational bulletin that we don't give a specific timeline. We leave that up to states to decide. The bottom line is that it's up to the individual's person centered plan as to how long they would be in a prevocational service. Gone are the days where people were in prevocational services for 20, 30 years with the hopes -- and I use hope with a little H -- of getting a job out in the real world. That's simply not acceptable anymore. The purpose of prevocational is that pre-means there's something else, and that's bigger and better. And we see that as competitive employment. The purpose of prevocational services is really not that the person gets stuck in limbo in prevocational services for the rest of their lives and perhaps served in a sheltered workshop but rather that they are gaining some short-term goals and skills that they need to move on to a job in the community. The informational bulletin describes the volunteer work and other work type activities that are not paid, integrated community employment, appropriately classified as prevocational and not supported employment services. So let me say that again. That's really important. Some states do have volunteer work in their definition of supported employment. I just want to remind you. Volunteer work and other related work that are not paid, integrated community employment are prevocational services and not considered employment services. We recognize there's an important -- importance for volunteer work. I think though -- probably out of the 315 or so together today, probably the large majority of us spent a little bit of time at least volunteering in a job or two before we landed our dream job or our job that we are currently in. So we recognize that it's very important for people to have the opportunity for volunteer work. We just don't want to classify it as supported employment any longer because the person is not making minimum wage. So the other thing the informational bulletin does is it splits sports and employment into two core service definitions. Individual and small group. For individual support of employment, it is expected that the individual will make minimum wage or more and that they will be constant -- compensated at the same rate as those individuals that are not -- that do not have disabilities. For small groups, it is for between 28 people. And we are looking at that being a training type of activity if you will that sort of is a jumping off point for someone to get a job -- individual job in a community. Again, small group employment is not meant to be a forever type of situation. It is meant to be a training opportunity that people move onto and move on to individual competitive employment. We also added a new service definition for career planning. We heard from various different associations and stakeholders that they felt like career planning was an important enough category that it could stand alone as a service category or it could be combined with other service categories such as day habilitation, prevocational, and supported employment services. So you can use career planning either by bundling it into one of the other services I mentioned, or it could be a stand-alone service. But we felt it was very important to code -- include career planning in our variety of services that are offered through CMS, because it -- good career planning leads to a good job as well.So CMS is not changing policy through this informational b ulletin, but rather we are clarifying and strengthening the guidance around permissible waiver options to promote employment for people with disabilities and individuals who are elderly. There's a link in your PowerPoint presentation to the bulletin. Informational bulletin that I mentioned. I just wanted to also mention that these changes that were made in the informational bulletin will also be included in the 3.6 version of the waiver technical guides to be released at a later date. And I can tell you that at this point, that date seems to be coming later and later because we have now rolled out this massive rule on home and community-based services, which is consuming quite a bit of our time right now. So it's coming. It will come. But in the meantime you have this informational bulletin that you can lean on for guidance. Section 1915(i) is an opportunity to provide home and community-based services for individuals with disabilities. It was modified through section 2402 of the Affordable Care Act to allow services -- states to expand Home and Community-Based Services without requiring institutional level of care for enrollees. That's probably the most critical -- critical distinguishing factor between 1915(i) and 1915(c, individuals don't need to meet level of care. We have 16 approved 1915(i) HCBS state plans. Services include such -- for example supported employment, career planning, we've seen some prevocational services, but this is a really good opportunity for expanding services to the mental health population. It's a great fit for that population. It allows you to provide employment services and supports for that population. 1915(c's I live this -- are a little tricky because there's such a thing called IMD exclusion that gets in the way of providing the 1915(c services. But -- not that they're not provided but we don't see them quite to the same extent we do in the 1915(i). So I will just point that out and -- the other population that the 1915(i) has been helpful with is the transitioning youth -- people with severe emotional -- that particular population, we've also seen some I's and he seems to be a good fit as well. Medicaid infrastructure grantees as they developed 1915(i) options -- you will be talking with your MIG coordinator, if they are still around -- looking at Jeff -- as a result of no cost extension -- to help integrate employment supported policies and supports. We are really -- CMS is looking at every opportunity we possibly can to integrate employment into all of the work that we do. So 1915(i) is another example. 1915(j) is self-directed personal assistance services or PAS. It's a state plan option that was effective on January 2007. It provides a new state plan participant directed option for individuals receiving services under state plan personal care services benefits, and/or 1915(c), HCBS waiver service. Personal care and related services could include Home and Community-Based Services under approved section 1915(c) such as supported employment and state discretion, items that increase individual's independence or substitute for human assistance to the extent that expenditures would otherwise be made for human assistance including additional goods, sports, services and supplies . 1915(k), which has been hot in the press lately because it goes out recently -- it includes a 6% enhanced federal matching funds which allows -- a lot of states like to hear. If you are looking for sources of money, here's a source of money for you to enhance your employment programs.

Services may include supported employment career planning and as states are having conversations with CMS analysts, you will have a conversation -- expect a conversation about employment sports. Again, we are making sure we are threading employment through all of our discussions on all of the different authorities that we o ffer.And with that I'm going to turn it over to Jeff now.

Good afternoon, everyone. Pleasure to be with you all this afternoon. I'm going to be talking about three programs on your screen. Before we do that, Colleen mentioned earlier about the Medicaid infrastructure grant. That grant has ended in 2012. There was a number of states last year that asked for a no-cost extension which ended in December of 2013. So 44 out of 50 states who started out with Medicaid infrastructure grant over 10 years ago do have a sustainability plan in place where the Medicaid infrastructure grant is still going on as -- at some level, at it -- at some capacity in your state. If any of you want to look into your state contact as to where they are with the Medicaid infrastructure grant, feel free to contact your representatives. I'm going to talk about the Medicaid Buy-In program. Basically, this program was approved through the budget act of 1997, balanced budget act of 1997. Ticket to Work incentive, improvement act of 1999. This program really gave the opportunity to allow individuals with disabilities to work and access Medicaid benefits and earn more than otherwise would be possible while enrolled in the traditional Medicaid. Being able to buy into the Medicaid insurance while they are working so that they don't lose their b enefits. Typically, the states allowed individuals to buy-in to the Medicaid program by paying the premiums that are based on their income. 46 states operate Medicaid Buy-In program. And there are approximately 200,000 Medicaid and buy-in enrollees annually. At high percentage of Medicare beneficiaries as well. Quite a few are due eligible for Medicare and Medicaid. In states that have the option to eliminate income and assets and resource limitations, it is dependent on the state and how they are set up and they have to amend their policy through CMS in order to get that approval. Medicaid Buy-In members do rely on critical community long-term care services such as durable medical equipment, and other Home and Community-Based Services to stabilize their health and support employment through activities of daily living. Which may not otherwise be covered through the payer sources of other health insurance. On average, Medicaid Medicaid Buy-In members have lower cost per service expenditures than individuals with disabilities on a traditional Medicaid. So it does save some money on a national level. The next section I'm going to be talking about, which is the area of my expertise, I've been working with the program for four years now, I am the project officer for -- currently there are 44 states including the District of Columbia who participate in the Money Follows the Person program. Originally authorized in section 1671 of the -- section 6071, which originally provided $1.75 billion over five years through the awards in 2011. When the Affordable Care Act came along, it amended the deficit reduction act and provided an additionalvided an additional $2.25 billion through federal fiscal year 2016. What happened there -- when we get to 2016, which is not far from now, but any unused portion of money that's left over is a $4 billion program -- when you add the two together, will be disseminated to the states in 2016. What will happen is that they would be providing us the budget that will carry them until 2017, which will be in December of 2017. The last day that they can transition someone from an institution to community setting with a year of follow-up, 365 days, through 2018. And then 2019 and 2020 is mainly a closeout period to close out the grant. Having said that, the Money Follows the Person program does provide numerous opportunities for states to support employment through program administration, policies and services. States also have an opportunity to rebalance funds to support employment related services and activities. Money Follows the Person program -- we collect a rebalancing program. It is to rebalance how states are realizing their Medicaid funds for individuals who are institutionalized in nursing facilities and ICF facilities where there's a major trend -- a major trend process to change the way how individuals who may be in nursing facilities could benefit much better in a home and community-based setting. And we recognize every individual is unique and print in many ways depending on which services is needed for them to be successful in the community. Of the Money Follows the Person program has several state investments using rebalancing f unds. What that means is the rebalancing funds -- the amount of transitions that the end of -- the amount of transitions that the state accomplishes -- the difference between facility based costs versus home and community-based costs. There's a savings in between there. That's what's called rebalancing, the amount of money states are saving when they are transitioning individuals out of institutions into the community. And that is -- we call that state money. It becomes stage money that they can only use that so-called extra savings when they transition someone from the facility into the community. And that allows unique opportunities for states to increase waiver slots where is they might be a waiting list in many areas. This rebalancing fund believes that waiting list and allows opportunities to allow for more slots. It also allows for development of needs assessment tools and increases community service capacity including employment services. Colleen mentioned earlier about employment being on the radar. And yes, it is very much on the radar. Very hot topic right now here at CMS. And without collaboration with Serena and her staff at ODEP, we are really trying to work together at -- as a team to share information and to share ways to increase employment outcomes for people with disabilities. The Money Follows the Person program does employ the opportunity for states to higher employment specialists on staff. Benefits counseling, support employment home community-based services -- specialists. And on this slide, you'll see that there is a web link that has our employment policy. That we have created within MFP program that kind of lines up what MFP can pay and what the Home and Community-Based Services can pay and they kind of cross each other systematically to share resources. So when you all have a chance, take a look at that policy and feel free to contact us on that. Going to the next slide. The next program I'm going to be talking about is another grant program called bouncing incentive program. I'm not an expert in this area, but I'm here to share the information. At the end of the slides, there's contact information. Individual on their is Ms. George -- along with Kerry working on the bouncing incentive program. I'm going to share information. If anyone has questions, I'll do the best I can but we will certainly be able to take the questions and get back to you. So really the bouncing program authorizes CMS to provide financial incentives to states. It's really the goal to increase assets or noninstitutional long-term services and supports. The participating states are required to make the following structural reforms in the areas of no longer single entry point s ystem, conflict free case management and core standardized assessment instruments. Total funding is not to exceed $3 billion in federal matching payments. The bouncing incentive program also transforms long-term care systems. This program actually started in 2011. And it has a variety of areas that will lower costs through the improved system performance and efficiency, help create tools to help consumers with care planning and assessment along with quality measurement and oversight. The bouncing incentive program also provides new ways to serve more people in home and community-based settings in keeping with integrating mandate of the Americans with Disabilities Act, as required by the Olmstead Decision. And regarding the bouncing incentive program, there's some technical terms here but really, is to help make structural reforms to increase nursing home diversions and assets to noninstitutional long-term support services. And states are getting enhanced match and they are tied to the percentage of the state long-term support services spending mechanisms with the -- the increase is going to states -- they will help make fewer reforms. Total funding over four years from October 2011 through September 2015 cannot exceed $3 billion. And federal enhanced matching payments -- there's a website that I included on their that gives a lot of good insights. Certainly you can e-mail us for any questions. The next area I'm going to be talking about is supported employment for people with significant mental health conditions. Basically, the current picture here as we see it is that people with mental illness have unemployment rates beyond 80% yet more than two thirds report that they are -- that they want to work. Psychosocial rehab services comprise a significant percentage of state mental health spending. Virtually all statement of spending on day services. According to 2011 data, only 1.7% of the people served by state mental health agencies received any type of supported employment services.There's a benefit design in this area. The descriptions of the typical service component include assessment, supportive counseling, benefits planning and assistance, job development, and on job supports . And the case for supported employment -- as you see on your screen, there's a variety of bullet point areas that plays a major role for employment. As many of you may know, but we certainly have it highlighted on this screen as improvement in mental health functioning, improved clinical outcomes, reduces psychiatric admissions, reduced use of psychiatric services, increases attendance at regularly scheduled mental health appointments, improved performance outcomes as we all like to see, certainly a key role for individuals -- for any disability having employment outcome makes a huge difference. Higher rates of placement and competitive employment. Higher salaries. Creates an opportunity for higher number of hours worked. Higher rates of job retention and higher levels of job satisfaction. So that concludes what we have for today. And certainly we are -- believe there is a question and answer session. And if Serena wants to jump in and see how we can go from here, we will be glad to help you out.

Absolutely. I want to thank Jeff and Colleen again for a very thorough and comprehensive presentation. And overview of a number of state waiver and plan options and other initiatives that states can take advantage of through the state Medicaid agencies and supportive sub agencies to really promote integrated employment options for individuals with significant disabilities. So that was a wonderful overview. We are going to jump right into Q&A session. In order to preserve the sound quality of the phone, we will be taking questions via the chat feature. So those of you that register for today's webinar and are participating, as you have questions, please feel free to submit them. Many of you submitted several questions during the registration process. So I have several. I'm going to take the liberty of facilitating a conversation with Jeff and Colleen based on those questions first. And then as other questions percolate, we'll take those as w ell. One of the first questions that we had -- I'm going to scatter all over the place so that we are able to capture diverse interests in the various options and initiatives you all spoke to, we did receive a number of questions on 1915(c). I'd like to start with our first question which is, how can states comply with federal regulations and simultaneously adopt a policy of no new entrants to facility-based prevocational services for existing 1915(c) waivers? Colleen, can you take that for us?

Yeah. I'll take it and I'll punt it. Actually, that's an area that we're looking at. We've had so far one state has come into us with a proposal to do just that. That is to close the front door to all new entrants. And in particular this one state has closed the front door to sheltered workshops for transitioning youth, which I think was a very smart strategic move on their behalf. But we're trying to figure out policy wise how we can make that happen smoothly so that it doesn't become a waiver within a waiver. So for example, all waiver services must be available to all waiver participants. So by saying that certain participants can't participate in prevocational services or -- that's the service that's typically offered in the sheltered workshop, then you are excluding that group from being able to access the services. So we are looking at a policy on how to make that happen. And I'm guessing that the policy will come out relatively shortly, because obviously we have home and community-based settings rule that is hot on the trail that will be effective on March 17. And folks are going to need guidance on that. So we are working on that, but we're not at a point where we're ready to give folks guidance on that just yet.

Great. For states that are looking at t hat, would you recommend that they reach out to CMS or to have a conversation in advance?

Yes. Definitely. And I'm always open to having states contact me -- state employment coordinators talk -- contact me at talk with me about their ideas for what they want to do with their employment services. So if you are grappling with let's say offering career planning as a stand-alone service versus bundling it in with other services, I'm happy to have that conversation with states. Sometimes it helps to talk through your ideas and to know that CMS is supportive of your ideas before you put them down in writing and then submit it to us for approval.

Wonderful. Thank you for that. I'm sure there are many enthusiastic participants on today's webinar will take full advantage of that opportunity. One of our next questions is something that comes up quite frequently in a number of our conversations from ODEP's standpoint. It's related to personal care assistance. And we have a question here from one state. They are very interested in getting some clarification and even some ideas on creative strategies that states are using to allow personal care assistance services to assist people in the workplace. Could you share some light -- shed some light on that as well?

Sure. I've seen some examples of personal care assistance being used in addition to a job coach for the purpose of personal care tasks. So for example, the personal care attendant may go to the i ndividual's home, help them get prepared for work for the day, help them get dressed come help them get up and help them access transportation that they need to get to work and then meet them on the job site at a later time, let's say at like 12:00, 11:00, or whatever for a break. Bathroom break, feeding that needs to occur, changing that needs to occur, positioning that needs to occur, that kind of thing. So we have seen some of that in waivers.

And that's completely allowable by CMS. Correct?

Yes. That's allowable by CMS.

Great. Our next question [Indiscernible -- multiple speakers]

It can be a component of a certain service, like prevocational service for supported employment service, but it can't comprise the prior service. So you can have as -- let's say for example, it's a supported employment service. You could have as a sub component, personal care attendant services for X amount of hours of the day. And then job coaching services for X amount of hours of the day. It gets a little tricky when states have daily billing because then it's not as easy to break up the day. Into different billing units. But it certainly can be done from a policy perspective.

Okay. That's very helpful. Thank you. For clarifying that. Our next question is with respect to career planning. I'm going to read it from one of our participants from the great state of Iowa. I understand career planning services would include discussions, assessments, et cetera to identify one's career plan but can career planning services also include financial planning services, Work Incentives advisement, et cetera?

Certainly. States can build their services to include just about anything under the other category. And career planning would be a service that falls under the other category. So you could absolutely build in Work Incentives planning into that particular service. And also Work Incentives could potentially be a stand-alone service that states offer in there waivers. Although I have to say that we will ask the question, is it available through other means first and foremost? Such as through the local WIPA's? But if it's not available or if there's a lack of resources, then by all means, financial planning and Work Incentives planning could certainly be considered a 1915(c) service. Within career planning or as standalone.

Thank you for that. That's very helpful. Another question that we had was with respect to the infusing or braiding of resources, HCBS services and resources across systems. In this case, with respect to Vocational Rehabilitation. Can you discuss a bit how HCBS services can support and integrate but not supplant VR services? And how you've seen that interplay with various states?

Yes. Let me tell you that that's the $10 million question. How to do that successfully. If we had the answer to that, I don't think any of us would need a job. And it's interesting because Jeff comes from the VR system and I come from the IID system. And we work collaboratively. We put our heads together and can't figure it out either. But all kidding aside, the purpose of VR services as I understand them -- Jeff will correct me if I'm wrong -- is to provide the short-term upfront job coaching and job development that a person might need to obtain a job. The purpose of 1915(c) or 1915(i) services would be the long-term sustaining of a job. Sustainability of a job. So VR should be used upfront first and foremost. And then there's a handoff naturally to either the IID system, mental health system, or any other system that is providing employment services to people long-term, to provide the long-term job coaching. And I can give you an example of a best practice that's out there that -- the best one I've seen so far in my career at CMS -- it's not just because I'm from Maryland. Shout out to all of my Maryland friends out there. But the Maryland VR and mental health system have a really good working relationship. They even share a database. A computer database whereas it's a single point of entry. Folks can access either/or service by entering that portal. And then there is really good tracking of who is paying for what. So who is paying for job coaching on any given day? Was paying for job development on any given day? Et cetera. Et cetera. And again that's through the mental hygiene administration at the state of Maryland. And the VR department in the state of Maryland. In fact, I know there was a paper that was written. I apologize that I don't have the citation for it. But perhaps if you Google VR and mental health systems, you might be able to come up with that paper. The contact person in Maryland, I know, he will shoot me if he knows that I'm spreading his name around. Steve Reeder. And he's the person that really put his heart and soul into creating that program. So he's very knowledgeable. I'm sure he would be happy to share his expertise with folks.

We also have a club over here at ODEP of Maryland systems. And Steve Reeder in particular who is a subject matter expert for our state mentoring program. We also have that citation. So we can send that around to folks who are interested in that and learning more. The next question I have is related to the balanced incentives program. And so I'll turn it over to Jeff for this one but for the big g rants, how are they supporting employment systems change from facility to community-based services? It seems to me that all these employment services are already under the HCBS side of the IP. Can you all help clarify for us?

Well, my understanding is the way the balanced incentive program works is number 1, it is supposed to bring down the Medicaid spending for state spending over 50%. Is supposed to bring down the level of spending. As far as -- I know that's not the answer you're looking for, but I think in relating to the question, whether or not they are connected to HCBS side, BIP is really supposed to be a mechanism to assist with any areas that may not be covered. I'm not -- I might not be saying it in the right manner but my understanding is it's really to help facilitate states on the areas of the no wrong door and the career planning aspect of it. And I think if you go onto the website, there is a question and answer area. And to be honest with you, I don't have an answer for that. I don't know off the top of my h ead, because it is really not my expertise area. But I can get this question answered through Abby and Kerry who run the BIP grant and I can feed -- I see the question on the screen. I'd be glad to get that answer for you.

Great. Follow-up to that, I know that one question that we get a lot or interest in is states who are looking at the BIP or who are already receiving a BIP grant, they are very interested in terms of its correlation with employment, looking at how some of the structural reforms required under the BIP can be used to help support their employment transformation efforts. And one of the key structural reforms I believe, Jeff, is that the state has to introduce policies to promote conflict free case management. Across the board so that individuals are not being counseled about their options from the same folks that are providing the services and the kind -- it creates some independent and ethical processes with that. So when you follow-up with them -- I will send these -- passion -- pass these questions long, it would be great to get additional clarification or information on strategies that existing BIP grantees have put into place to really make sure that on the employment and dayside of service delivery, that is financed through Medicaid, that there's a conflict free case management protocol in place.

I could tell you -- this is Colleen -- from my perspective, I work with a couple of BIP states. And FC George, the BIP project officer, will bring up employment as part of the dialogue, a bsolutely, for states that are investing in -- reinvesting and I should say, community-based services. So you can expect to have that conversation with FC and/or Cara depending on which project officer you reach. Just as part of this conversation that we're having, when we're talking about the institutionalization of people, we're not just talking about where they live, we are talking about where they work as well -- Effie George.

Great point. Excellent point. Another question we have is around the topic of transportation. And we know at ODEP that this is an ongoing challenge for states grappling with trying to ensure full wraparound supports for individuals to ensure their ability to participate in integrated employment. And other aspects of life. So community living -- the question is as follows: transportation is a big issue for young people to and from their jobs. Can we continue to have travel reimbursement for those who are needing assistance with transportation? Can you speak a little bit to how the different waiver and plan options can be used to support the transition -- transportation needs of individuals with disabilities?

Sure. Within the waiver, often times people link transportation with the service that they are providing. So if you receive day habilitation or prevocational or supported employment services, transportation is part of the great. That's not always the case. Sometimes, states provide transportation as a separate service outside of a bundle. Which is fine as well. The other thing that we've seen some states get creative with is paying for bus vouchers, paying for taxi fares, people who are self directing could pay a neighbor to provide transportation for them to and from work or a coworker, et cetera, et cetera. I think the thing you have to be careful with is that the provider is not filling the individual for transportation and accepting Medicaid payments at the same time for transportation big -- because once you accept the Medicaid payment, it is a payment in full. If it includes transportation in the -- you cannot bill individuals separately for transportation. So I just wanted to throw that in there. I know that happens in states sometimes.

Boy, that's a great cautionary note for a lot of folks, both states and providers of services, many of whom are on the phone, as well as disability advocates. So thanks for making that clarification. I want to talk about outcomes for a little bit. As we have talked behind the s cenes, I know you guys are getting a lot of great questions about whether or not rates can be tied to some type of performance-based tiered payment system or outcomes system. So we received a question that I think really speaks to this. Can rates be developed based on outcomes such as quantity of work achieved and amount of employer funded benefits received? I know you guys -- this is an ongoing dialogue for you internally but could you speak a little bit too the issue around states who are wanting to try to tie and attach their rates or payment to specific milestones or outcomes?

Sure. This is an ongoing question that's becoming more and more popular, which actually we think is a great thing. As you know, Medicare pays for outcomes. Medicare, the billing is very different for -- very different than Medicaid billing where we are pairing -- paying for a service. However, there is some wiggle room within the current CMS technical guidance policy in other words. It would allow a state to build a rate structure that is outcome based. You could do it through a number of different ways. Either you could have the service and let's use supported employment as an example. For supported employment, you may have an outcome that is -- a career plan is developed. So you have a career plan in hand. You a milestone payment for that. A job is developed. You get a milestone payment for that. The person increases their work hours. You give them a milestone payment for that. The increase their earnings. Give them a milestone payment for that. Whatever. I'm just throwing out random outcomes that could be possible. You could either build that as subcomponents underneath your supported employment rate, so so for individuals supported employment, under that particular billing code, you would have somethingve something -- subcomponents that would list of the various different outcomes. Or you could also bill the outcomes under supplemental payments. Which is an option that is in appendix I of the waiver. And you could build them as supplemental payments. The one cautionary thing I want to throughout their to the wind is that when the states are coming into CMS with proposals to pay outcomes -- pay for outcomes versus services, we're going to ask some really hard questions about what are your qualifiers? What are the quality standards for each of the outcomes that you've established? What has your state looked at in terms of can it be any job that a person gets for example? Or does it have to be a job that the person is interested in? Or that the person chose? Can it be any wage? Does it have to be minimum wage at a minimum? That's a qualifier that has to be minimum wage or higher. So we're going to be looking for you to give us a proposal on how you're going to lay out the program pretty specifically. In terms of providing an outcome based payment system. It's not just as simple as listing the outcomes one, two, three, four. We want to know how did you get there? What kind of conversations did you have to bring you to the point of selecting those particular outcomes over other outcomes? And what qualifiers did you d iscuss?

Great. Thank you for that. I think there's a lot of states that are really interested in this. You know better than anyone, it's a very complex effort to do this. And I think folks will need some additional opportunities to get feedback from CMS along the way. So thank you for that. The other thing that -- one question we had is that on your slide eight, -- hold on a second -- slide eight related to the 1915(c) waiver technical guidance revision, I think other work activities that are not classified as supported employment if not paid, such as volunteering. In this instance, this is coming from a provider. Typically conduct 20, 30 hours of community-based work assessments which are unpaid. Does this mean they will no longer be funded?

We're saying that it is not considered supported employment.

Right. I'm sorry. There's a break in the question. That's what she wants to know. So they currently receive reimbursement for under supported employment but you are saying moving forward, they would not be funded under supported employment but they would be funded as may be a separate service?

Yes. Prevocational, most likely.

Great.

Or possibly small group depending on the size of the number of people working in that. But assessment would fall under prevocational activity.

Wonderful. Thank you. Okay. Shifting gears a little bit to Money Follows the Person, we have a participant here would like to get a little clarification about what Money Follows the Person can pay for and what the waiver can pay f or. And how those are distinguished in a state that has both. And where does ITRS come in? I think you answered the last part of that question, Colleen but I'm wondering if you and/or Jeff have some thoughts about -- or guidance for states that really want to maximize both their waiver options and their existing Money Follows the Person program to promote integrated employment outcomes.

Coming from the MFP side, basically when we are working with individuals who become MFP participants, number 1, they're coming from an institution to begin with. That is how they are eligible. We have two budget areas. We have a demonstration service and supplemental service. The demonstrations service is the area where -- what Medicaid pays that is allowable within Medicaid services wise whereas the supplemental -- it's an area where Medicaid doesn't cover it but the MFP program will be able to cover it. For example, this is just an example. When we are transitioning individuals to an apartment or to a home, usually they need the first month's rent up front. Medicaid doesn't pay that. MFP can pay that. So the uniqueness of the MFP program is that I'm not going to say we can pay for everything that Medicaid doesn't, but for the majority of the unique circumstances that do come up, there's quite a bit of things in there that we can pay for that Medicaid doesn't because we have to make sure that the individual is being able to transition in the community successfully. That's the uniqueness of the MFP program because it's a demonstration, to show what the services are needed for that individual in the community if they can get everything they're getting in the institution versus in the community. Also depends on level of care. Going out into the community. I don't know if that actually answers the question, but I know when individuals transition out into the community, we -- the states follow-up with 365 days after the first day of transition. But before they transition, they have to -- the states have to make sure that there's a waiver slot available for that individual to transition to because otherwise the transition will not occur without the waiver support being in place. So I think it really depends on the state's waiver applications as to what they have in the state waiver area. They may be saving for example -- some states have several waivers and they are serving physically disabled population or elderly population. So it's a state-by-state as to what their waivers at state capacity -- what they're willing to pay or able to pay. And I don't know -- Colleen can chime in with more on the waiver side. But that's how it works with the MFP, no one transitions into the community until the individual has been confirmed through the waiver -- through the waiver program.

I think -- thanks for clarifying that. I think most people on the phone are aware of that element. I think what the question might've been attempting to ask and something that we get asked a lot is for states who have a Money Follows the Person program, and their into the program, starting to have some success, how can they leverage those resourceseverage those resources to support the employment goals of those individuals and to do that with whatever waiver supports an individual or group of individuals are already receiving? We know there are states that have had some good success or limited success with using the MFP resources to help promote employment. But I think states are really read interested in hearing about those successful strategies. So are their resources or information that CMS could provide on some of those examples?

Yeah. It's actually on this slide. I forgot which slide number it is, but it's on the slide where I talked about a link on their -- there's a comparison between MFP employment support and waiver employment support. And it outlines what's MFP can pay for and what the waiver can pay f or. For example if someone would need to go into the community and they need a home modification, they need a ramp or a car modification, the MFP portion sees what can be done to make that work. Utilizing of the resources, whether or not it can be through the waiver or whether it -- whether or not it could be through the Assistive Technology program, so there's of the resources even including the VR program who may be able to play a role into that area as well. As far as job coaching support and job sports, we are really relying on the waiver community sports through the information bulletin that talked about the job coaching support aspect of that. I don't know if that's quite answered that question -- I don't know if that quite answered that question.

Thanks, Jeff. Colleen?

I wanted to I guess just reemphasize the list that Jeff is talking about gives examples of how states have used the rebalancing money to support individual employment outcomes.

Yeah. Good point, Colleen. The rebalancing fund. That's the fund where states are collecting money so to speak through the savings when they are transitioning individuals from the institution to the community, there's a amount of money being saved for the state. And that amount of money is actually translated that the rebalancing fund. The rebalancing fund is technically state funds, but the state test reports was how they are using that fund. For example, as emphasized in our policies, the rebalancing fund cannot be used for roads and bridges and other state infrastructure. It must be used with the concentration and the Home and Community-Based Services. If an individual has been transitioned out into the community and some time has gone by, and they need some other assistance in the home, that would not necessarily be may be picked up early on or was developed later on, that something has occurred, and that they need assistance in the home, that the rebalancing fund can play a role to help maintain the individuals who remain in the home, rather than go back and be re-institutionalized. So the rebalancing fund is a very unique Avenue of funding sources that could be used to keep and help the individual maintain their independence in their home at whatever service is needed.

Great. Thanks so much, Jeff, for that. A couple of additional questions. Before we do that, I want to jump back to outcome-based payment strategies and milestone payments. Colleen, can you clarify if states are interested in including job coaching as part of a milestone payment or a tiered payment, outcomes-based payment process, similar for example, -- Oklahoma has a pretty interesting o utcomes-based model. And job coaching is a part of that. Is it your impression that that would be an allowable or appropriate milestone or outcome to have in a tiered payment structure?

Yeah. Would have to really look at it on a case-by-case basis. -case basis. Unfortunately, Oklahoma isn't a good example to share, just for the mere fact that they didn't specify how they're doing their outcome payments in their waiver application. So it's not like I can point you to Oklahoma and say look at their waiver application, the language is in there, good example. It's not written in the waiver application. So I can't really point to that as a best practice. But again, just in general, of l ate, we have come to the understanding that it's really important to be able for states to pay outcome-based payments. And so we're looking at various different ways that we can allow that to happen within the current regulations, statutes and guidance that we have.

Great. Thank you. We received a question from one of our participants related to AbilityOne contract jobs that individuals with significant disabilities may be participating in. Question is, does CMS recognizability one jobs whether they be service or product oriented as integrated employment? And can waiver money be used to support these jobs?

CMS does not take a position on AbilityOne contracts. We simply don't want to get in the middle of Department of Labor work. That's really Department of Labor's area of expertise. So we don't want to dabble in it. It's up to the state to look at the criteria that are listed in each of the different core service definitions and determine which category AbilityOne fits in best. And it could be that an AbilityOne contract for one provider looks very differently than AbilityOne contract for another provider. So for example, a perfect example here in the state of Maryland, I know that we have some AbilityOne contracts where individuals are cleaning buildings when the buildings are closed and there are no employees in a building. Therefore, they are not integrated with individuals without disabilities. Versus an AbilityOne contract where they're cleaning the airport, where there are face-to-face interactions with people without disabilities all the live long day no matter what our of the day you go day you go to the airport, there are people without disabilities that are in the airport that people are interacting with as they are cleaning. So it's really up to the state to make the determining factor on a case-by-case basis which AbilityOne contracts will fit the bill for supported employment versus groups -- group supported employment versus prevocational services.

Thanks so much for sharing your perspective on that, Colleen. That was most helpful. We also have received a question for you all. What are some creative ways or approaches that states are providing for meaningful wraparound supports for individuals who may be employed less than full-time? But that does not include spending part of the time in a segregated -- segregated day habilitation services or prevocational services?

That's the question of the day. There is going to be much more guidance that's going to come out on that in follow-up to the HCBS rule that will be effective on March 17. We have a nonresidential workgroup that is working on providing sub regulatory guidance that Jeff and I are both on that workgroup. Where we will be providing examples of places that may meet the home and community-based settings criteria and those that may not and what some of the individual criteria are for looking at each individual circumstances to determine whether or not it's the most integrated setting for that particular person. Did that get at your question? I'm sorry. I might have gone off track.

It does. I think this was brought up by a state two is probably thinking sooner than later about proactively including strategies or thoughts into an upcoming or imminent waiver renewal application. So do you have any examples to date of states -- maybe proactively infuse some strategies through their waiver or state options that -- state plan options that you would highlight?

At this point, it's still in the information gathering phase. And we got recommendations. We spoke with multiple different stakeholders as part of our work on the non-residential workgroup. And they also offered some suggestions for best practices of particular states or providers. And we feel like it wouldn't be in the best interest of anyone for us to simply just pass along the name or the state or provider to individuals without us researching it first. So we're looking into how we can get really good evidence-based practices information out there in the hands of providers. And I can tell you that some of the services that I've seen personally in my goings-on around in the country are settings where individuals are in the community when they're not working, spending time either sharpening their work skills, sharpening their social skills, sharpening their independent living skills, they are exploring other job opportunities that may meet their interests better, that are volunteering, they are spending time doing what you and I would do if you and I were all of a sudden tomorrow to become unemployed. What would we be doing? And I would daresay that we probably wouldn't be bowling for very long, because bowling doesn't play the -- doesn't pay the mortgage. Now, bowling may be appropriate for some people. That may be a social activity that is appropriate for someone, but people who are of working age should be focusing on work related activities to the extent that it's appropriate for the individual. And again, I'm going to go back to the person centered planning. I think that's so critical in all of this. There are programs that are out there that are doing van therapy. And we know that. There are programs that are out there that are sending folks to bowling alleys or two malls to do mall walking all day long. And we know that. They are not necessarily best practices. And we would not probably promote those types of programs. If they are a program where the individual is let's say meeting in the morning at a bakery with a couple of friends that they like and that they choose to go to the bakery with, and then from there, they are going out and doing different things that meet their specific interests. Maybe one is going to volunteer at a soup kitchen, one is going to work out at a gym, one is going to a doctors visit. Maybe one person is going to a part-time job. And then maybe those folks gather back at the bakery later that day or they gather at the library later that day. But it's about the community, being in the community, doing community-based activities that people without disabilities are doing. That would be considered a best practice. I can tell you that just off the record because that hasn't come out in guidance yet. But I think that we all hear that CMS believed that that would probably be a best practice -- believe that that would probablyuld probably be a best practice.

Thank you for that. A couple of questions. Can you give any insight to the Medicaid billing process for fee-for-service dates?

Can you repeat that again?

Sure. Can you give any insight to the Medicaid billing process for fee for service dates?

I'm not really sure what that means.

Yeah. I had it at the end here, because I wasn't real sure either if it was applicable.

I'm sorry. I'm not real clear on what that means. If the person that asked the question could give us more d etails, that would be really helpful.

Great. Okay. We will follow up. Another question, one of the big concerns that states have is as they're transitioning the focus of the types of services they're financing to ensure that people are receiving services in the most integrated setting, what kind of steps or assurances do they need to take to ensure that these individuals that are being transitioned from perhaps segregated setting, whether it be segregated work or segregated prevocational or day have will have complete access to qualified employment vendors who actually know how to help them achieve integrated employment in the community?

I think that that is a tough challenge for the state. Each individual state. To develop that capacity for really good qualified providers. CMS looks for an assurance that the states are providing good, qualified providers and that they are meeting their that they've set. That the states have set t hemselves. For ensuring that the providers are meeting certain qualifications. It's a tricky one. It's a tricky one. I think a lot of it has -- a lot of it comes down to good training and technical assistance. I know it's an area that ODEP is focused on. It's an area that we intend to focus more intently on in the coming years. As states work on the HCBS rule. But training is really the key. And you can't simply hire someone and send them out into the field to do good work and expect them to do good work. They need to be mentored and really shadowed for a while before they can be cut loose and expect to do a really good job.

That's a great point. As a follow-up subset question of that, could you speak a little bit to the individual supported employment service definition that was in the 9/16/11 bulletin? And some of the things that's allowed there, such as Customized Employment strategies and other things, just so that states really have some ideas for how they could utilize that service definition to encourage and incentivize providers to focus on developing expertise and key practices?

If I understand your question correctly, I think what you're asking for is what are some of the best practices in providing employment support that could be provided through a waiver that may not necessarily cost money?

Well, not that may not cost money, but that would be allowed under individual supported employment services. Under the waiver .

Let's see. So for example, coworker supports? Is that an example of what you're talking about?

Yes.

Good. I'm on the right track. Coworker supports models are a really good resource for states to use to expand the capacity of job coaching. So coworker supports our supports that are provided by a coworker that does presumably not have a disability that works in the same place as a person that has a disability. And they are basically responsible for assimilating the individual into the workplace, inviting them to lunch, showing them where the lunchroom is, showing them where the punch out clock may be, that kind of thing. It's the job coach's responsibility to actually teach the individual their job and then to link the person to someone like either a natural support, which would be the ideal situation where you are not paying for them, or a coworker where you may pay the coworker a stipend for providing the support that I just talked about, like making those natural bridges -- bridging that gap. Coworker supports models can be funded through the waiver. And you could use it again as a supplemental service, or you could use it as a subcomponent under supported employment rate. And I've even seen -- I'm sorry that the state escapes me right now -- there's one example of a state -- I want to say or in -- that actually has a coworker support service -- I want to say it is Oregon -- I would have to look at that information. I'm giving you the actual information. Coworker supports as a separate, distinct service. Which is pretty cool.

Great. Thanks for that, Colleen. And there's other practices as w ell. Correct? Like discovery and Customized Employment services. I'm assuming?

Sure. Yeah. Customized -- I get hung up on the words here because Maryland called it the opposite of what it actually is. Customized Employment. But Customized Employment is a really good strategy that works particularly well for people with very significant disabilities. It's really matching the individual' s strengths and interests to the needs of an employer making a really good job match. It's like job carving into '80s and '90s. We used to call it job carving. That's basically what it is. Customized Employment. It works really well for people -- in particular with significant disabilities. Those that can't speak for themselves perhaps or have physical disabilities and have trouble communicating. Self-directed models are another model that worked really well for employment support. Instead of hiring a provider and providers -- close your years -- the individual could hire the next door neighbor or a coworker at a place of employment. To provide the job coaching for them. It can be done. It has been done. It is done now today. So self-direction is a really good model that people should take advantage of if they have the opportunity and supports to do so. Peer support is an excellent model for particularly, people with mental illness but not just for that population. Let me be clear about that. Peer support is just plain a good model. It is appears that are training other peers. -- it is peers training other p eers. It works well -- for example when I started working at CMS, I was assigned a mentor who was a. -- they showed me around the job, they showed me where the cafeteria was, where the post office was, blah, blah, blah. And I could go to them. They were my go to person. For all things brand-new to me and the world of CMS. That's a peer support. That's the support that is not p aid. But peer sports sometimes can be paid. Let me be clear. It is allowable to be paid under the waiver. But sometimes it is not and it's a natural support and it's a wonderful support. So those are some examples. I of course would be remiss if I didn't mention self-employment. Self-employment is a wonderful option, particularly for people who have significant disabilities -- typical job may not work well for. I've worked with a number of people with autism that just had difficulty working around other people in an environment -- busywork environments. I could think of one example of a guy that set up a print shop with the help of his high school t eacher. And then from there, he continued with the print shop job after his high school career was over. And he continues this day printing all kinds of T-shirts and mugs and hats, you name it. He does it. So self-employment is a really good option as well for folks to consider that sort of not the ordinary if you will.

Those are some wonderful examples of effective practices. Colleen, I really appreciate you spending some time giving us your sense of some key effective practices. I think that was really important for all of the participants to hear, especially those that are intimately involved in their states, waiver renewal application process or state plan, to really think about how to infuse those strategies. So thank you so much. That was excellent.

Serena? This is Jeff. If I can add two quick things here, I failed to mention earlier in my presentation regarding MFP. Just so folks on the call know that as of December of last year, December 2013, we have transitioned a little over 35,000 people since the start of the program, 2007, it may sound like a low number, but it takes several years for states to get their infrastructure in place. And it really picked up within the last two years, we've really gained momentum and transitioning folks in the community. That's the one point I want to m ake. The other point is regarding the balance incentive program. Two areas I just wanted to clarify. We can go two ways with this. For states that are on the call, that are aware that you know you have a balancing incentive program, I would strongly encourage you -- if you don't know who the project director is handling the grant, should be able to find it on your state's website. They usually post that kind of information. If for some reason you can't locate that information, please let us know. The reason I'm suggesting that is that you can always go to the project director and ask the balancing incentive question that you have. And also realize Effie George and carry, but mainly Effie George -- this is just an idea -- I'm not speaking for Effie George here, but maybe something similar to this call if you want to coordinate something something if you have a strong need from the states -- needing some little bit of a orientation or something regarding the PIP and how it relates to all the systems transformationion, I'm sure Effie George won't mind coordinating that and be glad to be assistance -- to be of assistance. And I can code -- I can help you with that.

That would be fantastic. I think we would welcome that opportunity. You guys are doing so many great things. It's hard to get your good information into one call. So we absolutely would be delighted to host some additional webinars beyond the series. I will definitely be following up and I appreciate you not only making the offer, but assigning Effie George up.

Will work together on that. I'm sure the schedule -- it may take time to schedule that, but it is important for stakeholders and providers to understand the connection where -- with the BIP program has a huge impact for states, especially states who have MFP and the waiver. You've got all these waiver authorities, you've got MFP, BIP, you've got all these grant programs and how they work together. Not duplicating services is a huge task for states, but it's certainly a win-win for those states who do have all three.

Thank you so much for that. Colleen, we had a couple of follow-up questions pertaining to how the coworker idea could be infused into a waiver or paid for. The first is whether or not coworker structure could be used to give funding to a current employee at a job to aid an individual or colleague with a disability, or could it be used to fund an additional staff person to work alongside the individual?

The purpose would be to fund a coworker, current employee at the job to support the individual. It can be paid for with waiver funds. So for example if the state gives provider M $10 an hour for job coaching, the provider could then subcontract with that coworker through a subcontracting arrangement and pay that coworker a dollar or $2 extra and our in addition to the salary that they're getting from their employer to provide the coworker sports -- supports.

That's really helpful. Thank not mistaken is six months. I should know. I wrote it. It's been that long ago that I can't remember, but I think it was six months. The bottom line is that it should be a short-term gearing up period for the individual where they are learning some intense employment skills so that they can go out and get a job in the real world. And not that they linger on forever and a day. I guess one of the things that we'll be looking at is what is the timeframe? Is it realistic? Two years, maybe that's a stretch. And maybe that might be acceptable, but if there's an individual who says they want a job and they are ready to work, ready to roll, maybe they're just out of high school and they say they want to work. Then the goal for that individual should be work. It should not be prevocational services. You have to meet the person where they are.

That's really very, very h elpful. Our time is up. I really cannot thank the two of you enough for your time. I know -- actually I can't even fathom how busy you and your respective teams are at CMS these days. So it means a lot to us that you made yourselves available for this national dialogue. I think I'm hoping that folks on the phone got as much out of it as we did. I know that we get so many questions related to all of the exciting policy developments coming out of CMS on a regular basis that we thought it was absolutely essential to host these sessions. So I thank you both very much for your time and expertise today. It was just really incredible. I want to encourage folks that are on the phone today if you have not already registered or signed up for the second webinar which will be hosted this same time next T hursday, a week from today, from 2:00 p.m. to 4:00 p.m. Eastern t ime, please do so as soon as possible. Limited space available. And please submit your questions. The topic of that webinar is going to be focused on the final HCBS rule. And some general information around that. So please submit your questions. As Colleen said, she will be back with her boss, Ralph Lawler, from the division of long-term services and supports. And until then, I hope everyone has a great week. And thank you again so much, Colleen, and Jeff for your time today. It was really exceptional. Greatly appreciated.

Thank you. Our pleasure.

Thank you, everybody.

Thank you. Take care.

 [event concluded]