

IL-NET

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Establishing and Managing Fees-for-Service in Centers for Independent Living

Overview of Independent Living Resources' FFS Programs

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Presenter:

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Overview of ILR's FFS Program History

- 1997 – Responded to & was awarded a State DHS 5 year Pathways to Employment grant
 - \$150,000 per year
 - Added 3.5 staff
 - Introduced Benefits Specialists to CILs & DVR
 - Absorbed 15% of administrative costs
- 2000 – responded to & was awarded a 2 year statewide Nursing Home Transition grant
 - \$150,000 per year
 - Subcontracted with 7 other CILS
 - Added 1 full time staff
 - Absorbed 6% administrative costs

Overview, cont'd.

- 2002 – developed Personal Care Services
- Wrote start up grants for \$25,000 & \$14,000
- Service opportunities exploded due to shortage of providers – 2002-2005
- Managed care changed our environment in 2006 adding 15-20 home care providers in our region
- ILR has much smaller program today – which is motivation to continue to search for other opportunities

Contract Development

- Mental Health Drop-in center 1.50 FTE (full time equivalent) \$84,000
 - County Human Services
 - 9 years as provider
 - Request for Proposal every 3 years
 - 3 consistent funding sources
 - RAVE open 9-5 M&F, 9-7 TWT
 - Provide safe accepting environment
 - Provides education, recreation & socialization
 - Served 425 people in 2013

Contract Development, cont'd.

- MH Consumer Affairs Coordinator 1 FTE \$70,000
 - County Human Services
 - 10 years as provider
 - Request for Proposal every 3 years
 - Provides education/support to Comprehensive Community Services (CCS) participants
 - Leadership development of persons living with mental illness

Contract Development, cont'd. 2

- Crisis Center Follow up .75 FTE \$40,000
 - County Human Services
 - 4 years as provider
 - RFP every 3 years
 - Referrals recovering from Mental Health crisis
 - Consumers have no health insurance
 - Majority are homeless
 - Majority are young males with no income
 - Provide Case Management to secure resources
 - Stabilization and avoiding recidivism are required outcomes

Contract Development, cont'd. 3

- Peer Run Sites Technical Assistance 2.6 FTE \$184,000
 - Wisconsin DHS
 - 1.5 years as provider
 - Statewide RFP every 3 years
 - Provide organization & recovery technical assistance to 11 consumer run MH sites

Hourly Fee-For-Service



- Personal & Supportive Home Care
 - Medicaid, managed care, private, county human services
 - 12 years as provider
 - \$16.48 Supportive Home Care
 - \$16.08 Personal Care Services
 - Approximately \$500,000 annually

Hourly Fee-for-Service, cont'd.

- Comprehensive Community Services – CCS
 - County Human Services
 - 8 years as provider
 - \$33.92/hr + travel
 - All IL staff do CCS
 - Preference to use Certified Peer Specialists (CPS)
 - 48 hours training required and must pass state exam
 - Wide array of skill training
 - Must do very specific documentation
 - Ongoing staff training required

Hourly Fee-for-Service, cont'd. 2



- Benefits Assessments:
 - 12 years as provider
 - \$65/hr (counties)
 - Division of Vocational Rehabilitation/Managed Care Org.
\$750/per assessment
 - Training is expensive & time consuming but worth it
 - Statewide/IL Coalition effort
- 504 Assessments:
 - 18 years as provider
 - \$65/hr + travel
 - Rural Development
 - Cities/towns/villages
 - All IL staff trained but 4 do majority of assessments

Hourly Fee-for-Service, cont'd. 3

- Home Modifications:
 - 18 years as provider
 - \$65/hr + travel
 - County Human Services/IRIS (self-directed managed care)/Children's waiver/Managed Care

Hourly Fee-for-Service, cont'd. 4

- Assistive Technology Assessment:
 - DVR, County Human Services, IRIS, & Managed Care
 - 4 years as provider to DVR – due to I&E grant
 - 20 years AT experience
 - Statewide/WCILC effort
 - \$65/hr + travel
 - 3 ATPs Trained – wrote grants to get staff trained
 - Must have special/expensive certification
 - Difficult criteria to be able to take training
 - Training is difficult
 - National test very difficult
 - Equipment purchase

Hourly Fee-for-Service, cont'd. 5

- Mental Health Wellness Curriculum
 - 6 years as provider
 - Must be provided by a Certified Mental Health Peer Specialist
 - DVR: \$43/hr + travel
 - CMO: \$28.42/hr
 - County: \$33.92/hr + travel

Population Served



- As ILR developed FFS, monitored people served (CSRs & I/Rs) quarterly to assure cross disability
- Certain Services target disabilities
 - Benefits Specialist – all disabilities
 - Assistive Technology – Physical disabilities, elderly and children
 - Home Modifications – Physical disabilities, elderly and children
 - Comprehensive Community Services – Mental illness
- Overall saw the following increase due to FFS:
 - Persons living with mental illness
 - Co-occurrence, mental illness with physical, cognitive, hearing, vision and substance abuse
 - Children
 - Elderly

Characteristics—FFS Consumers

POSITIVE

- Consumers & funders excited about ILR's approach to providing services
 - IL Philosophy
 - Recovery Philosophy
- Consumers motivated by expectation to control, learn, and succeed

POSITIVE, cont'd.

- Consumers became aware of other ILR services and utilized them
 - Advocacy
 - Housing
 - Benefits
 - AT
 - Peer Support
- Consumers develop self reliance, confidence, & successful outcomes

Challenging

- More transient/mobile populations
- Homelessness much more prevalent
- No history/employment, mental illness, housing
- Youth who are struggling with acceptance of their disability
- Under/unemployed
- Co-occurring disability complications
- Higher cancellation rate

How Staffed and Administered

- Everyone (board, staff, consumers) involved and informed of agency's intent
- Understood requirements for staff
 - Trainings
 - Certifications
 - Documentation
 - Referral process
- Identified staff to provide services
 - Very good at that particular service
 - Enthusiastic & willing
 - Professional
 - Excellent at documentation
 - Uses MyCIL very effectively

How Staffed and Administered, cont'd.

- Identified managers to take lead
 - Strong supervisor
 - Understands parameters of the project
 - Good communicator
 - Values quality service

How Staffed and Administered, cont'd. 2

- Accountant understood billing process
 - Set up tracking of costs
- Set bench marks for increasing staff:
 - Example: averaging 48 hours/mo. of CCS \$34/hr
\$1,632/Mo. cost of \$20/hr week skill training is
\$1,600/mo.
- Executive Director/Assistant Director monitored
 - Program outcomes
 - Actual costs vs. income
 - Any complications/concerns
 - Recognition for staff

How Staffed and Administered, cont'd. 3

- Kept board and staff informed
- Complications:
 - Referrals that don't fit the program
 - Different expectations from consumers than the CIL or funder
 - Goals don't belong to consumer – social worker came up with goal so no buy-in

Example of FFS Development

Mental Health Drop In Center – RAVE

- Requested by county human services to take over management in 3 months
 - Building in very poor shape
 - Not accessible
 - Terrible history/reputation
 - Wanted current staff to stay
 - Approximately \$30,000 repairs/upgrades needed
 - Increase in liability insurance
 - Generous budget
- ILR did our homework
 - Identified similar sites
 - Developed budget
 - Researched potential problems

Example of FFS Development, cont'd.

- Took request to Board and to staff with a basic plan
 - Got lots of input to add to plan
 - Developed questions/requirements for County HS
 - Wrote grant to do upgrades \$30,000
 - Requested an extension to do remodeling
 - As a group developed staffing structure
 - Developed job description
- Submitted plan to County
 - Accepted with 3 month extension
 - Secured \$25,000 grant but needed 5 year lease
 - Made building safe and accessible

Example of FFS Development, cont'd. 2

- Began publicity with positive focus
 - Met with neighboring businesses
 - ILC Newsletter
 - Press releases (3) grant/upgrades/opening
 - Changed inherited staff
 - Recruited consumers to work
- Executive Director developed policies/procedures with consumers who use the site

Example of FFS Development, cont'd. 3

- Executive Director and accountant worked with county contractor and their finance department
 - Negotiated advance
 - Able to utilize advance to pay for start up costs
 - Identified county expectations
- Trained staff who were peers/no Certified Peer Specialists at that time
- First year was hard but learned a lot

Marketing Our Service



- Best marketing tool is
 - High quality service
 - Positive outcomes
- Create cooperative/respectful relationship with funder
- Create an electronic buzz: website, Facebook, Twitter
- ILC newsletter add eligible consumers in the county (in collaboration with funder)
- Press release

Marketing Our Service, cont'd.

- Do presentations wherever you can & include FFS information
 - Human Service Departments
 - Kiwanis, Lions, Junior Achievement, etc.
 - Division of Vocational Rehabilitation
 - Support Groups
 - Consumer Groups
 - Professional groups

How Services Interface with Core Services



- Majority of FFS Services are core services or closely related
- Peer Support/Certified Peer Specialists
- Skill training
- Assistive Technology – Wisc. 5th Core Service
- Make sure referrals are aware of other ILR services
- Staff use consistent language when referring to services w/ consumers, when doing presentations, and in all agency brochures, etc.

Outcomes Identified

- Consumer Outcomes
 - Be sure consumers own their goals
 - Expect success
 - Keep open dialogue with consumer about expectation (theirs & yours)
 - Collect data to share/use
 - Provide monthly consumer specific documentation
- Agency outcomes from funders
 - Have good data collection system
 - Provide thorough and timely reports

Outcomes Identified, cont'd.

- ILR Outcomes
 - Quality services/satisfied customers
 - Staff are satisfied with the project

For more information



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