Introduction

This brief summarizes data collected from key informants in Iowa about the state’s efforts to support integrated employment for people with intellectual and developmental disabilities (IDD). It highlights features that contribute to the effectiveness of Iowa’s collaborative structures that have resulted in the state’s success in achieving integrated employment outcomes for individuals with IDD across three state systems: IDD, vocational rehabilitation (VR), and education.

Presentation of these features is organized by the seven elements of the High-Performing States Employment Framework. These elements have been found to be important in achieving higher rates of competitive integrated employment outcomes for people with IDD.

The large variation in employment participation across state IDD agencies suggests that examining state agency policy and practice is vital for understanding employment outcomes. The High-Performing States Employment Framework (Figure 1) was developed over ten years ago from research that considered common strategies and approaches across state IDD agencies with high levels of integrated employment outcomes, and identifies seven elements that communicate commitment to the goals of community inclusion and integrated employment (Hall et al., 2007).

Given the increasing emphasis on a cross-systems focus and interagency collaboration, this model is evolving to encompass the systems’ interactions, relationships, and partnerships that characterize higher-performing states. Building on this foundation, project staff and partners in this research are exploring the relationships between state strategy and employment outcomes, with the goal of producing a framework where systems intentionally align practices with a priority for employment.
Methods

In 2015, researchers at the Institute for Community Inclusion’s Rehabilitation Research and Training Center on Advancing Employment for Individuals with Intellectual and Developmental Disabilities developed the State Employment System Performance Composite Indicator. The indicator was developed using data representing employment outcomes for state IDD agencies, state VR agencies, and state public education systems. The composite indicator represents an overall state employment system performance ranking (Smith, n.d.).

This study used the indicator to identify states with higher-ranking employment systems. The ten states with the highest-ranking state systems, as evidenced by their indicator scores, in ranked order, were Maryland, New Hampshire, Vermont, Oregon, Washington, Iowa, Oklahoma, South Dakota, Colorado, and Delaware. To understand what collaborative interagency policies and practices are being implemented in states with relatively high rankings in integrated employment, and to contribute to the evolution of the High-Performing States Employment Framework, a case study of Iowa, the state that achieved higher-than-average scores for each of the ranked systems, was conducted.

Data was collected from a wide variety of sources, including publicly available policy and practice documents from the state IDD, VR, and education departments; expert interviews with past and current technical assistance providers and state agency staff members; and key informant interviews with state agency staff in formal positions of leadership within the state agencies shown in Table 1.

<table>
<thead>
<tr>
<th>State Agency Name</th>
<th>Abbreviation</th>
<th>Function</th>
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</thead>
<tbody>
<tr>
<td>Department of Human Services Division of Mental Health and Disability Services</td>
<td>MHDS</td>
<td>Intellectual and developmental disabilities agency</td>
</tr>
<tr>
<td>Department of Human Services Iowa Medicaid Enterprise</td>
<td>IME</td>
<td>Medicaid authority</td>
</tr>
<tr>
<td>Iowa Vocational Rehabilitation Services</td>
<td>IVRS</td>
<td>General vocational rehabilitation agency</td>
</tr>
<tr>
<td>Iowa Department of Education, Special Education</td>
<td>Special education</td>
<td>Special education agency</td>
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<tr>
<td>Center for Disabilities and Development</td>
<td>CDD</td>
<td>University Center for Excellence in Developmental Disabilities</td>
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Interagency Collaboration and Partnership

There is a shared statewide intra- and interagency responsibility and authority for coordinating transition services and achieving competitive integrated employment of youth and working-age adults with IDD. This collaboration draws on the participation of a broad consortium of stakeholders across the state. Collaborating public agencies should at a minimum include state and local education, VR, workforce, IDD, and Medicaid agencies.

Leadership in advancing employment for individuals with disabilities, including those with the most significant disabilities, is shared across multiple state agencies. Formed in 1998, the Governance Group originally consisted of the state’s Department of Education, Department of Human Services, Vocational Rehabilitation Services, Workforce Development, Department of Blind Services, Department of Human Rights, and Developmental Disabilities Council. The group was formed when the leads of two federal systems-change grants in Iowa formed an overarching interagency group to facilitate the implementation of grant activities. On an annual basis, the heads of these agencies meet to share and coordinate goals and strategies. Program implementation staff from these agencies meet more regularly to engage in the development of policy and practices to fulfill common goals.

Grounded in the Memorandum of Agreement to Strengthen Employment Services for Iowans with Disabilities (2001, revised 2012) (Harker & Desenberg-Wines, 2017), the Governance Group has addressed inconsistent
information and practices across state agencies on benefits planning and the lack of a common method to collect employment outcome data. These actions enabled the group to evaluate systemic efforts to increase employment outcomes.

One senior state agency leader described the foundation of the collaborative relationships:

*They didn’t say, “Oh, the federal law tells us in the education system that we’ve got to do this first.” No. In the discussions they were having, it was, “No. Our children should be looking at employment. Our children should be trained for jobs outside of high school. They should not be going to workshops.” So it wasn’t even a discussion of, we have some federal law that might be telling us what to do. It’s, what do we want for Iowans? And what do we want for our kids?*

Participants report that cross-agency relationships grew as the Governance Group continued to operate. Agencies became less isolated in their policy and practice and administrators shifted their focus towards achieving common goals.

Interviewees explained that the Governance Group established a culture of interagency collaboration that had far-reaching consequences. One stakeholder observed, “The Governance group provided the model for the state … It demonstrated that agencies could work together and … set that tone.” The existence of the Governance Group positioned Iowa for success in implementing the federal Workforce Innovation and Opportunity Act (WIOA) and obtaining other federal systems-change grants.

WIOA brought a change in approach to the Governance Group. The Iowa Workforce Development leadership team through the state’s Unified Workforce Development Plan has assumed responsibilities for the collaborative work teams across our core partner systems.

Iowa’s DD network partners such as the DD Council, University Center of Excellence in Developmental Disabilities (CDD), and Disability Rights Iowa as well as Rehabilitation Act partners such as the Iowa Department of Human Rights Client Assistance Program have also been leaders in efforts to ensure employment is the priority outcome. While not required to take part, each has played a key collaborative role in Iowa’s systems change activities. At various points in time there were at least 3 CDD staff embedded in MHDS.

The culture of collaboration can be observed through the interactions between smaller groupings of state agencies. Iowa’s IDD agency, MHDS, and Medicaid Authority, IME, have strong alignment across goals, policy, and practice. Similar to many states, these two separate authorities both operate under the state Department of Human Services, but what sets Iowa apart is the long-term focus these two agencies have had on employment as a priority outcome for adults with IDD. Additionally, in multiple interviews and policy documents, these unique and separate authorities are consistently referred to as “MHDS/IME.”

Other examples of interagency collaboration are evident in Iowa. In 2012, MHDS/IME and IVRS entered into a cooperative agreement to fund employment services for workers with disabilities seamlessly across the VR and Medicaid waiver systems. More about how this process was developed and implemented is discussed in the Funding section. IVRS also has a collaborative relationship with Iowa’s Department of Human Rights. One of the Department of Human Rights roles is to help advocate for clients who feel they are not receiving the services they need to be successful. IVRS makes use of the Department of Human Rights knowledge and invites their staff to provide feedback on how to improve IVRS services.

Interviewees perceive that the interagency collaboration among top-level administrators has also been increasingly realized at the level of direct service delivery. For example, one administrator who had previously worked for many years for a provider organization explained,

*“On the provider side of things … we went from a system that felt confusing and disorganized, in part because of … silos … to a system that felt like everybody was singing from the same songbook. So you didn’t ask a question here and here and get completely separate answers, you got the same answers no matter where you … pointed … and so did your neighbor … and so did the person in Sioux City.”*
Collaboration across systems-change efforts

Iowa leaders experienced three employment systems-change activities that co-occurred in the state. Iowa’s IDD agency was a member of the State Employment Leadership Network from 2009 to 2018, the VR agency was the recipient of the Office of Disability Employment Policy’s Employment First State Leadership Mentoring Program (EFSLMP) from 2012 to 2017, and the Iowa DD Council was the lead applicant for the state’s Partnerships in Employment Systems Change grant (2011 to 2016).

To ensure that these efforts were integrated in their strategies and messaging, a wide range of stakeholders were included across project staff and advisory structures: individuals, families, providers, and policy makers. Stakeholders reported that these efforts allowed each partner to lead in their area of expertise, e.g., transition, state policy, or provider transformation, while ensuring that individual projects benefited from new knowledge and practices in real time.

The Iowa Coalition for Integration and Employment (ICIE) is an example of how Iowa’s Governance Group has served as a long-term catalyst for collaborative action. ICIE was funded in part by a Partnerships in Employment grant from the U.S. Administration on Intellectual and Developmental Disabilities. ICIE expanded the number of formal collaborative relationships to include the Employer Disability Resource Network, community rehabilitation providers, the Olmstead Consumer Task Force, family members, individuals with disabilities, managed care organizations, community service providers, the Iowa Association of Community Providers (IACP), Iowa APSE, Center for Disabilities and Development (CDD), Iowa’s Parent Training and Information System, and experts in Iowa’s transition services from local schools, area education agencies, and the Iowa Department of Education Special Education. Additionally, ICIE developed structures to ensure that the front-line and mid-management staff at these organizations were active partners in ICIE’s employment systems-change efforts.

Those involved in building the membership of ICIE were attentive to geographic diversity within the state, solicited participation of stakeholders in inclusive ways, and welcomed people with a wide range of views, including providers of sheltered workshops. One member of ICIE noted: “We had a number of people who were willing at the right time to step forward, work with each other, and follow through. We had a collection of people committed to building relationships and trust.”

The message was that efforts to increase integrated employment was not about shutting down sheltered workshops, but about making sure people with IDD had access to best practices in employment services and supports. One provider who was a member of ICIE was noted for saying, “I started my career building a sheltered workshop and ended it moving it to something different.”

Over the course of the initial grant ICIE grew from fewer than 50 members in 2011 to nearly 280 members in 2020. When the grant expired, ICIE continued to exist as a coalition of people intent on moving the competitive integrated employment of people with IDD forward.

In describing the impact of ICIE, one leader shared, “In the end it was really about people. It was the tone that everyone is welcome. That helped so that people weren’t alienated and felt welcome to give different ideas and share differing points of view.” By creating a safe place for people to say what they needed say, ICIE staff were able to document how participants’ viewpoints changed and that people who were initially hesitant became leaders in Iowa’s employment systems change efforts.

Another example of how Iowa coordinated employment systems change projects is when the state was awarded an EFSLMP grant from the U.S. Department of Labor’s Office of Disability Policy (ODEP), within the same time frame as the ICIE project. Organizers worked collaboratively to avoid duplication of activities and instead developed unique individual project work plans that complemented one another’s activities.

To coordinate these efforts, members of the EFSLMP project team joined the ICIE core team and vice versa. ODEP subject matter experts provided training and technical assistance to community rehabilitation providers working with ICIE. ICIE and EFSLMP collaborated with DHS in convening community forums and workgroups representing a wide range of stakeholders throughout the state to accomplish a redesign of employment services.

Another example regarding the collaborative use of systems change resources has been support for the Iowa Association of Community Providers (IACP). ICIE and EFSLMP collaborated with IACP to offer providers trainings on customized employment and organizational transformation to community-based employment.

Lastly the Iowa Department of Human Services Division of Mental Health and Disability Services (MHDS), along with the Iowa Medicaid Enterprise, redesigned employment services and payment rates using technical assistance from the SELN, a partnership with Iowa Vocational Rehabilitation Services, an Employment First workgroup, and ICIE.
The interagency collaboration established in Iowa to increase the competitive integrated employment of individuals with IDD is characterized by a culture of relationship-building that includes all stakeholders, and is facilitated by mutual respect, dialog, and transparency. One of the long-term administrators we interviewed remarked on “the strength of the relationships that we were able to build over time.” These behaviors were exhibited not only by senior administrative staff but also by midlevel staff. Midlevel managers were given the freedom to work across agencies and figure out mutually beneficial solutions.

### Strategic Goals, Policies, and Operating Practices

**State and local agencies’ goals and operating policies require and support competitive integrated employment and postsecondary education as the first and preferred options in planning and service delivery for youth and working-age adults with IDD.**

For nearly two decades, Iowa has been evolving its state-level strategic goals and policies towards the goal of increasing integrated employment for individuals with IDD. Iowa’s Olmstead Plan has served as a touchpoint in these efforts. Unique to Iowa, multiple state agency staff members expressed a strong awareness of the state’s Olmstead plan and a commitment to realizing the plan’s ideals through policy and practice change.

In 2000, the Iowa Department of Human Services (DHS) began the process of developing and implementing the state’s plan. DHS convened 20 public meetings to gather input from consumers and other stakeholders, established a statewide steering committee to oversee plan development, distributed the resulting plan, and convened a consumer task force to oversee its implementation. The first Iowa Olmstead Plan was released in 2001 with updates occurring in 2005, 2010, and 2016. Throughout the iterations of the plan, competitive integrated employment has been a priority.

MHDS and IME have continued to work together to make needed policy and practice changes to reflect the goals of the Olmstead Plan. Iowa accessed the federal Balancing Incentive Program (BIP) through the Affordable Care Act of 2010 (Section 10202) to increase access to non-institutional long-term services and supports (LTSS) (Centers for Medicare and Medicaid Services, n.d.). This work was a natural progression of their efforts to improve the service system and support Iowans with disabilities to be fully engaged in their community. Efforts included establishing a No Wrong Door/Single Entry Point System, offering core standardized assessments to guarantee consistency and equitable resource allocation, and implementing a conflict-free case management system. The result was that Iowa was able to change its LTSS service spending allocation so that more than 50% of its funds were spent on Community Services.

### The Olmstead Plan

Iowa’s Olmstead Plan has continued to be a common set of grounding values and principles for the collaborative work between MHDS and IME. The principles were evident as these entities engaged in a 2012 redesign of the service funding and administrative process for adults with IDD.

The goals of the redesign process as described in Visions and Principles for the Redesigned Mental Health and Intellectual and Developmental Disabilities System (Technical Assistance Collaborative, 2011) included the following:

- Ensure that state and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work, and recreate in communities of their choice, thereby reducing Iowa’s current reliance on high-cost institutional settings.

- Invest in people through appropriate training, salary and benefits to improve workforce and organizational effectiveness.

- Recognize and respect the ability of people (1) to make informed choices about their personal goals, about the activities that will make their lives meaningful and about the amounts and types of services to be received; and (2) to understand the consequences of, and accept responsibility for, those choices.

- Ensure that individuals and families actively participate in service planning, in evaluating effectiveness of providers, supports and services and in policy development.

- Encourage the use of innovative thinking and progressive strategies that lead to better results for people.

- Provide adequate and flexible funding and cost effective management of supports and services that promote positive outcomes for Iowans.
In 2013, MHDS/IME worked with stakeholders to redesign Iowa’s Home and Community-Based Waiver Services to ensure prevocational services were time limited and provided a pathway to supported employment. By 2016, MHDS/IME had made further changes to its policy and practice guidelines. Reimbursement rules were changed to allow reimbursement for supports provided on behalf of (if not in the presence of) individuals served and limits were placed on the provision of pre-vocational services.

IVRS state policy and practice has also played an important role in supporting individuals with IDD to obtain employment in the community. In 2013, IVRS added a Discovery service code to its menu of services and would no longer allow individuals to be deemed unemployable. Additionally, during this year, IVRS and MHDS/IME entered into an agreement to achieve greater administrative clarity in the funding of employment-related services by delineating areas of responsibility for each agency and describing how their funding streams could be braided on behalf of individuals served. In 2014, IVRS implemented funding for customized employment and a focus on serving all customers under age 24.

The Workforce Innovation and Opportunity Act of 2014 led to additional changes in IVRS policy and practice. IVRS, Iowa Department for the Blind, and Iowa Workforce Development partnered to form Disability Access Committees composed of VR staff, local workforce staff, people with disabilities, businesses, and union representatives to assess whether the workforce centers and their programs have been accessible to people with disabilities. Information generated by the committees was then used to develop plans for integrating VR and workforce center services and to ensure transition-age youth across Iowa have access to employment services.

**Leadership**

Leadership is defined as taking responsibility for the transition of youth and young adults with IDD from high school to competitive integrated employment or postsecondary education, and for working-age adults with IDD from non-integrated employment services to competitive integrated employment. Leadership is dispersed through the state, regional, and local agencies that play a role in the transition and employment of these groups.

In Iowa leaders can be found across and within state agencies, provider organizations, Developmental Disabilities Act Network Partners, and advocacy organizations. One stakeholder noted that “Iowa is a coalition of the willing that is built from the bottom up and the top down.” Common across these leaders is the commitment to long-term systems change efforts:

“So I think maybe the biggest thing that kind of sets the stage is the belief that we’re not where we want to be, that the race for equality continues, and we need to continue to push ahead and not be satisfied with status quo, recognizing that until we get the last person served and employed, we have a lot of work to do.”

Leadership in Iowa universally engaged in efforts to facilitate and incorporate stakeholder feedback into employment systems change activities. In 2008–2009, Medicaid Infrastructure Grant funds were used to hold a series of grassroots conversations about how to make employment the priority for working-age adults with disabilities. A stakeholder shared that “the mission was not to have an Employment First law or governor’s edict or executive order. … But (for) everybody to have the opportunity to have input. Because we had 11 of those focus groups, it was a lot.” Additionally there was an Employment First Summit attended by approximately 200 people.

During the 2012 redesign process, the Adult Intellectual and Developmental Disability System Redesign Workgroup was formed and identified supported employment as a core service for expanding and supporting community integration. Community conversations were held across the state, ongoing workgroups met in person and through online platforms, and summaries and recordings were posted to the MHDS webpage.

The Iowa Association of Community Providers (IACP) has strong relationships with DHS, IVRS, IME, and the UCEDD. In addition to individual provider organizations, IACP has been included by state agencies and technical assistance projects in policy and procedural discussion and development. The association works to support communication and mutual understanding among providers and MHDS, IME, and IVRS.
Iowa also has a strong cohort of leaders at the service implementation level. Beginning in the early 1980s, a cohort of providers “moved to getting people in the community and they just saw that it worked.” This initial group of providers has shared their experiences with others through IACP and the Iowa APSE chapter, leading multiple community rehabilitation providers to transition their day and sheltered workshop programs to community employment.

Staff at individual provider organizations are also key in facilitating outreach to local Chambers of Commerce and other business membership organizations to identify and support customized employment outcomes. Lastly, providers have advocated for changes in the type of resources individuals with IDD need to live fully in the community. For example, advocacy to the state Transportation Coordinating Council has focused on “local providers saying we need more vehicles, we need smaller vehicles, because people are going here and there and they’re not going in large groups anymore.”

Families have emerged as key leaders in Iowa’s employment systems-change efforts. In advocating with legislators and policy makers, families have been sharing their experiences and influencing others. State agency staff noted:

“It really cascaded and the voices of folks who were willing to stand up and be advocates and wanted to tell the story about their child, ‘This is how we have gotten my child into a supported employment relationship. And this is what it means to her to be integrated in the community. And by God, you better make this so,’ that sort of thing. That pressure was important. I mean that was part of our shift of the paradigms.”

Iowa is fortunate to have two lead universities providing training and professional development for students interested in a career in vocational rehabilitation: the University of Iowa and Drake University. Both of these programs have a long history of influencing state and national VR practice and their graduates are known as leaders in the VR field.

**Funding**

*Funding strategies prioritize and support competitive integrated employment and postsecondary education for transitioning youth and working-age young adults with IDD.*

In 2012, MHDS/IME made the decision to redesign their funding structures to rebalance the allocation of state funds away from facility-based services and towards community-based services. The intended outcome of the redesign was to create a service and funding system that:

- Is individualized and flexible over the person’s life, and that coordinates the use of all available resources, with the goal of people accessing individual jobs.
- Makes use of service definitions matching 2011 policy guidance from Centers for Medicare and Medicaid Services, a revised rate methodology, and redistribution of Medicaid resources from facility-based to community-based services.
- Offers support for providers to increase the array and quality of employment supports and services through staff training and higher qualification standards.

MHDS/IME contracted with the SELN to complete a funding design study in 2012. In spring 2012, SELN staff conducted a day-long stakeholder work group to explore funding barriers for individual employment and goals for improving the funding system. SELN staff developed a funding approach for Iowa to consider. The recommendations addressed the following factors in developing the new funding structures: staff salary, employee-related expenses, mileage costs, program support and administrative costs, and adjustment for available (billable) hours. The model also made specific assumptions about the levels of staff expertise and knowledge required to provide high quality job development, job coaching, job exploration and career planning, and the impact of an individual’s level of support need on the type and intensity of services required for a successful job outcome.
MHDS/IME made use of multiple technical assistance venues to assist in vetting the proposed service definitions and funding structures within the agency and with the public. Partnering with EFSLMP, SELN, and ICIE resources allowed for broader coverage, more resources to a greater audience, and engagement on a statewide level.

Within MHDS/IME, staff worked with technical assistance experts through the SELN to brief senior agency leadership regarding the anticipated outcomes of the changes and explain how the recommendations had been developed. Staff also worked with the IME Provider Cost Audit unit and fiscal staff to ensure understanding of the impact of changes, timelines for cost reporting, and to conduct rate modeling to ensure cost neutrality as clients transitioned to the new fiscal structures over a seven-year period.

One state agency staff member described the impact of having the modeling data: “I think beginning to have some real numbers to show people, I think had an impact on thinking. And I think being able to demonstrate what it really costs and where the costs are, was an important thing that came out of the studies.”

MHDS/IME invested extensive time and staff resources to supporting the vetting of the new fiscal structures by stakeholders. The state recognized that in order for changes in the funding methodology to be successful, providers would need to change their staff hiring and training practices, fiscal practices, use of provider-owned buildings and transportation networks, and provider billing and management information systems. This level of change would require providers to feel that their concerns were heard and that the final funding methodology mitigated many of the changes that providers would need to implement.

MDHS released a stakeholder brief regarding recommendations for Iowa’s integrated employment funding system and the accompanying capacity-building study prepared by the SELN. The MHDS Employment Website was also used to inform stakeholders that changes in the funding structure would occur and offered ways for stakeholders to engage in the vetting process including inviting stakeholders to apply to be part of a funding redesign work group. Stakeholders were repeatedly given opportunities to candidly express their fears and concerns, and to offer their feedback on the proposed changes in funding methodology.

**Regional funding incentives**

As a result of Iowa’s 2012 Mental Health and Disability Service redesign process, the system began operating on a regional basis. The regional structure ensures that MHDS services are administered on a local level while adhering to statewide standards. Regions coordinate community services that support individuals with disabilities to live independently in the community, including supporting access to employment services.

To support Iowa’s focus on integrated employment, several regions used local tax dollars to develop supported employment funding incentives. The regional funds are derived from local property taxes. Several regions implemented a Supported Employment job placement grant that paid providers for successful job placement and job retention of clients. These payments were made separately from the MHDS/IME payments and were available even if an individual was not receiving Medicaid long-term services and supports. The intent was to assist community rehabilitation providers to transition to integrated employment services for residents with mental illness or IDD.

Payments were available at three points in time to eligible providers: at placement (two weeks on the job), after three months of job completion, and after six months of job completion. This additional cash infusion also helped providers to ensure their staff participated in advanced trainings on supported employment and to improve their organizational quality and capacity.

Staff from one region noted that over a four-year period, $1.5 million was made available in their area for the incentives. In this region, the incentives helped providers maintain cash flow as they transitioned away from facility-based services and towards supported employment. Previously, the region spent $600,000 or $700,000 on sheltered workshop services per year; in 2019, this region was not spending any regional dollars on sheltered employment.

One Regional Chief Executive Officer described the importance of these funds: “I really do think that, outside of Medicaid funds, it’s really just so important to have something to help assist if it’s not going to be able to be sustained through Medicaid only. The providers have told us they wouldn’t be doing it if it wasn’t for the incentives that we’re providing. So it’s just enough to kind of get them over the hump and make it sustainable, and being able to hire folks to do the supported employment piece.”

In 2018, IVRS and the Iowa Developmental Disabilities Council built on this model and collaborated to leverage funding and technical assistance to further expand Employment First efforts to additional community providers and locations across the state.
The funding redesign workgroup was comprised of 30 members who represented a wide range of stakeholders. The workgroup met in person 8 times between July and October 2013, in all-day in-person facilitated work sessions. Some work group members travelled five hours one-way to attend each of the sessions.

Meetings addressed employment service definitions, provider requirements, staff qualifications, and staff training. To ensure that stakeholders were able to provide informed feedback, the conversations were grounded in key principles and policy such as the Americans with Disabilities Act, Iowa’s Olmstead Plan, Center for Medicare and Medicaid Services (CMS) September Home and Community-Based Waiver Application guidance regarding Employment Supports and Day Habilitation (2011 and 2014), and the IVRS reimbursement structure.

Community conversations were held in five regions of Iowa to gather input about employment for people with IDD and more than 150 stakeholders participated. Three Reimbursement Methodologies Feedback Webinars informed stakeholders about the proposed changes and solicited feedback. Stakeholder groups such as Iowa APSE, Brain Injury Alliance of Iowa, DD Council, ICIE, and Olmstead Consumer Taskforce were asked to provide comments and feedback on the proposed changes.

Throughout these efforts, provider agencies were encouraged to volunteer to use the proposed rates to model anticipated changes in client outcomes, agency revenue, and staffing needs and share their results to inform the final changes. Iowa made use of technical assistance from EFSLMP to expand the number of providers who modeled anticipated changes. EFSLMP subject matter experts used the results of the modeling to enhance the capacity of these providers to effectively deliver the proposed services.

As MHDS/IME worked with stakeholders to develop service definitions and a rate methodology, the agency was simultaneously working with IVRS to ensure that any changes made by MHDS/IME would be compatible with IVRS funding structures and policy. As a result, a new cooperative agreement between Iowa Medicaid and Iowa Vocational Rehabilitation Services was developed to fund employment services for workers with disabilities seamlessly across systems. IVRS also implemented funding for customized employment service and developed specific practices to support MHDS/IME job seekers under the age of 24 to access IVRS job development and short-term job coaching services.

MHDS/IME were granted approval for the new funding rules and rates in April 2016. MHDS used the funding redesign to reduce the payment rate for sheltered workshops and other group services. By significantly increasing the reimbursement rate for supported employment services, the state encouraged providers to improve the quality of employment services and job matches.

<table>
<thead>
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<th>FFY</th>
<th>Potentially Eligible Students Served</th>
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A provider discussed the outcome of the new funding structure:

“From my provider-side standpoint, it allowed me to put a lot of support at the front side of getting somebody engaged into community employment. That was of huge benefit. The standing up of a community employment relationship has a lot of work involved, developing the job, essentially. But as a person learns the skillset, as they learn their soft skills that they’re acquiring while they’re working, that amount of support can kind of level and fade. So from a provider standpoint, it worked. It just made obvious sense.”

Providers also noted that the new funding structure sent a clear message about the state’s expectations: “It also was a very clear communication about where the money was going to go. So it was to my benefit as a provider to be innovative in how I expanded community employment because it was apparent that the more workshop-looking settings, the pre-vocational settings, that sort of thing, those weren’t going to be the way that we did business in the future.”

Complicating the implementation of the funding redesign process was the transition to Managed Care Organizations (MCOs) to implement Medicaid long-term services and supports (MLTSS). Beginning in spring 2016, Iowa began contracting with MCOs. While the new MHDS funding rules and rates were approved in April 2016, MCOs were allowed to submit their contracts for the service system and funding structure as was in the pre-2016 rules.

There have been changes in the provider community as a result of the transition to MLTSS. In 2016 there were 160 employment and day service providers in Iowa. By 2019, this number had been reduced to 140. Providers have struggled with the MCO administrative structure and delays in payment. Stakeholders noted that some providers went out of business while others merged together into larger organizations. There is a perception that larger providers are better able to manage administrative costs associated with contracting with the MCOs.

**Performance Measurement and Data Management**

*Data on service delivery and employment outcomes for youth and working-age adults with IDD are shared by state agencies, and are used to track progress and support state agencies and policy makers in developing policies and procedures.*

In Iowa, performance monitoring and data management is valued across agencies. MHDS, IME, ICIE, Department of Human Rights, IACP, and provider staff worked together to establish shared goals for data collection, develop a data collection process, and disseminate the outcomes of the data collection.

One of the ICIE Project’s systems-change goals was to develop a statewide system for ongoing measurement of employment outcomes for people with IDD. ICIE invited stakeholders and facilitated the group to establish the purpose of the data collection, identify variables, and select data collection processes. The stakeholder group worked with MHDS to pilot an employment data collection process for MHDS service recipients with IDD. This process relied on providers to document the number of individuals working in the community. During the pilot, feedback was gathered from participating providers and was used to evolve and refine the data collection system.

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**Using data to inform systems change**

A key strategy used by ICIE to inform system change activities to improve employment outcomes for transition-age youth was the use of performance measurement data. At the start of the project, ICIE focused stakeholders on data that showed high levels of marginalization of young adults who had received special education in school. ICIE shared that 60% of Iowa’s graduates with IEPs were underemployed, and 20% were not engaged in either employment or postsecondary education. This data provided a catalyst for changing the way employment services and supports were provided to transition-age youth.

ICIE supported local schools across Iowa to engage in best practices related to employment for youth with IDD and tracked the employment outcomes of these local sites. The data were used to highlight locations in the state that were experiencing improved employment outcomes, demonstrate the impact of the changes for transition-age youth, and raise expectation for post-school outcomes for individuals with IDD.
During 2015, the MHDS regions and IACP began training providers to collect and submit quality of life outcomes, including the piloted employment outcomes. The data were integrated into a publicly available data display that provided statewide and regional outcomes for MHDS. Providers found the data, which allowed them to compare their performance with other providers, helpful for their own operations, and began to use it to identify, network with, and learn from other providers with superior results.

**Capacity Building**

*There is a sustained and significant investment in education, training, and technical assistance to support statewide goals regarding the transition of youth and young adults with IDD from school to postsecondary education and competitive integrated employment, and for working-age adults with IDD from non-integrated employment services to competitive integrated employment. These investments are targeted at the staff of state agencies, schools and providers, youth and young adults, their families, and employers.*

Capacity building efforts in Iowa have been directed towards all stakeholder groups. Areas of emphasis have included changing expectations for individuals with IDD, ensuring a high-quality employment workforce, changing provider organizational practices, and supporting the implementation of systems change efforts.

Beginning with the state’s Medicaid Infrastructure Grant project, funds were used to educate individuals, families, and service providers that people on Medicaid can work without losing their benefits and that individuals with significant disabilities can work in the community. Building on this, ICIE brought together case managers and care coordinators to identify and develop resources to continue building knowledge about employment across stakeholders.

This work led to the *Employment First Guidebook: A Resource for Community-Based Case Managers, Care Managers, Service Coordinators, and Integrated Health Home Care Coordinators*. The publication was developed by Iowa DHS, IVRS, CDD, ICIE, Iowa Department for the Blind, Iowa Department of Human Rights, and Iowa APSE, and EFSLMP funds were used to support the work.

To support a deeper understanding of the need for Employment First expectations across partners, staff embedded within MHDS and the Client Assistance Program staff hosted screenings of the movie *Bottom Dollars*. Screenings were held in eight different cities across the state to emphasize the role that employment has in supporting individuals with disabilities to obtain economic self-sufficiency and independence in the community. One staff member described the outcome of the screenings:

> We would get a lot of individuals with disabilities whose eyes were opened, “You know, this is really something I really can do.” And parents who began to say, “We see now what you mean, and it would be only fair that my child is getting above minimum wage or minimum wage.”

An additional collaborative publication led by the Department of Human Rights is *The Great Debate: The Shift from Sheltered Workshops to Competitive Integrated Employment*. Available in English and Spanish, it is shared at conferences, with the legislature, and with other stakeholder and advocacy groups. The publication “explains the history and why we feel our mission and the values have changed so much that we understand sheltered workshops had a place at one point and it was important. But things have changed for persons with disabilities.”

IVRS has a dedicated business services team that focuses on serving their dual customer base: the job candidate and the business partner. Key trainings are focused on customized employment and discovery, which helps to ensure IVRS counselors across the state can empower individuals with more significant support needs to obtain a job in the community.

IVRS has worked to ensure that all agency staff members embody the belief that everybody can work with
the right services and the right supports. IVRS has found sharing individual success stories helpful for building momentum.

Both IVRS and DHS ensure that trainings on employment of individuals with IDD are available regularly to account for turnover of staff and provide multiple opportunities for participation. Trainings for provider staff are not mandatory. Instead, they are marketed to providers as a strategy to help them become more knowledgeable about how to maximize the impact of their employment services.

MHDS regions have offered funding to staff of sheltered workshops to attend trainings on supported employment. By covering the costs of substitute staff in sheltered workshops, providers are able to afford to send their staff to training. Iowa APSE has also provided trainings across the state for provider agencies for minimal cost. Lastly, the IACP provides online training in supported employment through which certification from the College of Employment Services can be obtained. IACP also offers technical assistance to its membership, including pairing member organizations to mentor each other in transforming from sheltered employment to integrated employment.

DD and Rehabilitation Network partners were uniquely positioned to provide education to stakeholders about systems change activities. One partner noted that through the use of pilot projects and grant funds they were able to “show how it [employment systems change] would work, how it could work within the system, was a huge impact.” Most importantly:

... We had the skills. We had the opportunities. We had the latitude. We’re not locked in by the executive branch. We have that freedom to cross between agencies. So what I’ve noticed is, over the years, that just because of all the different meetings we go to, we’ve been able to help people bridge sort of a gap sometimes, where we can say, “Did you realize that IVRS is studying this? Or that education is looking at this?”

In Iowa, staff members from DD and Rehabilitation Network partners served in formal and informal positions of responsibility and through these roles were uniquely positioned to share information and facilitate the transfer of knowledge across state agencies and stakeholder groups.

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Iowa Coalition for Integration and Employment

Since its beginning in 2011, ICIE has focused on building capacity at both the practice and policy levels. At the practice level, ICIE funded pilot programs in several community rehabilitation agencies and in public school districts to improve the employment outcomes of transition-age youth and young adults. These Model Employment Transition Sites (METS) identified individuals with IDD who had significant employment support needs and offered supports to ensure that these youth had positive post-school employment outcomes. ICIE and other resources were used to provide technical assistance to METS to support partnerships across multiple services systems.

Iowa used federal funds that supported ICIE to develop local school-to-work transition projects. Called the Model Employment Transition Sites (METS), these sites spurred changes in the services provided to transition-age youth. The sites piloted and focused on local-level implementation of best practices for youth with disabilities. For example, IVRS is now using the Positive Personal Profile (P3) to identify potential business and community connections that correlate with a job candidate’s conditions, interests, skills, contributions, and challenges as part of the Discovery service. Additionally, as part of a statewide needs assessment, the State Rehabilitation Council contracted with ICIE to identify the strengths and weaknesses of the service delivery system.

ICIE also helped to build the capacity of stakeholders across Iowa regarding the need for change in the state. The coalition provided information on federal and state policy and operating procedures, best practices in employment services, planning for the transition from school to work (including employment preparation and postsecondary education), types of available employment services (supported employment, customized employment, career counseling, self-employment, and discovery), the importance of informed choice, and the role of person-centered planning and individualized case management.
**Services and Service Innovation**

State agencies create opportunities for schools, providers, youth, and working-age adults with IDD and their families to use best practices and creatively develop supports for transitioning to postsecondary education and competitive employment.

In Iowa, the development of innovative services has occurred at the local level, within state agencies, and through pilot projects supported by federal systems change projects. These initial efforts have been scaled up over time across the state with a focus on ensuring all Iowans have equal access to high-quality integrated employment services and supports.

The state has a long history of local-level innovation grounded in the previous MHDS county structure. Counties were noted for encouraging the use of evidence-based practice tools. They also served as places to gain support for innovative ideas such as working with employment providers to strategically move away from facility-based services and towards community-based options. Efforts included implementing an adult career exploration program. This consisted of classes for people coming into vocational services right out of school or who had been in facility-based employment so they could make experiential decisions about their career goals and receive targeted support to obtain a job in the community by practicing soft skills for employment.

In 2012, when MHDS moved from a county to a regional structure, local-level service innovation continued. In 2015, the Southwest Iowa MHDS Region developed a Request for Submission of Innovative Ideas Grant for Vocational Providers operating in the region. The intent of the grants was to support vocational providers to enhance community-based approaches to vocational services for people with IDD or severe mental illness.

These grants were available on a one-time basis for a maximum of $25,000 per applicant. The funds were to be used for training opportunities for provider staff and the grant recipients were required to participate in data collection and outcome measurements being implemented by Regions and IACP. Grantees were expected to make changes within their overall organizational practices to ensure that staff implemented the skills learned through the training.

IVRS has supported service innovation for Iowans with significant disabilities. IVRS leadership described this attitude as, “We need to think a little smarter and be more efficient or effective. So we have to team together a little bit differently; we have to create capacity in other systems to be able to share resources, to get common customers’ outcomes.”

One strategy IVRS has used is to work with American Job Centers to ensure they provide information about IVRS to all Iowans with disabilities, including those who need the most intensive support. IVRS also has two staff members who are focused on assistive technology who work with individuals with the most significant disabilities to access technology to help them work.

Another strategy that IVRS has engaged with is to support service innovation within local school districts. Every fall, IVRS staff members meet with every school district in the state to develop individual school plans for transition-age youth. The focus is on identifying the array of services that will be provided by IVRS and those that will be provided by the local school and how IVRS can support the local district’s activities. The school district and IVRS develop a plan to facilitate the most efficient and effective use of joint resources.

IVRS has developed an Integration Continuum Model* with each American Job Center through the work of the Disability Access Committees. The Centers completed a self-assessment to determine the level of service integration between Workforce Development Partners. The self-assessment asked the Centers to rate their current status and set goals for where they would like to be in one year. Based upon the assessment and goals, core partners are developing local strategies to improve employment outcomes.

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* For more information on the Integration Continuum Model please see the Workforce Innovation and Technical Assistance Center (WINTAC): www.wintac.org/topic-areas/integration-workforce-development-system/resources
Conclusion

The High-Performing States Employment Framework provides context to the factors that permit state IDD, VR, and education agencies to support a high percentage of individuals with IDD in employment. Stakeholders in Iowa are optimistic about the state’s opportunities to continue to improve employment outcomes for individuals with IDD. Despite the end of the federal grant that funded ICIE, the coalition has continued with funds from other sources in the state, has 280 members, and 40 to 80 members continue to gather in person on a quarterly basis to address strategies for improving employment outcomes for Iowans with IDD.

One senior state agency administrator noted, “We’re far from done. And we still have energy to keep moving ourselves there ... we still have the energy. Nobody has kind of reached a point where they’re ready to sit back and say, ‘Well, we did it.’ I think that’s a great benefit.” This culture of collaborative energy and purpose will support Iowa to continued progress with respect to the High Performing States Framework.

References


Acknowledgements

The development of this brief was supported in part by Grant #90RT5028, the Rehabilitation Research and Training Center on Advancing Employment for Individuals with Intellectual and Developmental Disabilities, funded through the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS). The content of this brief does not necessarily represent the policy of ACL or HHS.

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Suggested Citation