



REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

Testimony

**Testimony of Stephen Suroviec, COO and Director, Intellectual and Developmental Disabilities Division, Rehabilitation and Community Providers Association (RCPA)
Before the Pennsylvania House of Representatives Human Services Committee
140 Main Capitol – Majority Caucus Room, Harrisburg, Pennsylvania
March 13, 2017**

Good morning Mr. Chairman and members of the committee. My name is Steve Suroviec and I am here representing RCPA, a statewide association representing over 330 providers of human services across the Commonwealth. A significant percentage of our membership are providers of services for Pennsylvanians with intellectual and/or developmental disabilities (IDD). Our members are in business to deliver the best possible supports and services to help people with disabilities live and thrive in their communities. For purposes of today's hearing, committee members should know that RCPA represents both providers of facility-based vocational and day-habilitation services, as well as providers of non-facility services, such as supported employment services. Supported employment assists individuals with disabilities with obtaining and retaining competitive-integrated jobs.

I am joined by Ms. Colleen Stuart, Chief Executive Officer of the Venango Training and Development Center based in Seneca, Pennsylvania (near Oil City). Ms. Stuart is not only a provider of services, but she also serves on the Board of Directors of RCPA. She's here this morning to help answer any questions you may have of RCPA that requires the expertise and perspective of a service provider.

The first thing I want to do is express thanks and appreciation to Chairman DiGirolamo and the committee for holding this hearing. My testimony today deals with the "community participation support" service proposed by the Office of Developmental Programs (ODP). It will be a new service funded by ODP's Medicaid waiver programs.

While this service is technically a new service, the way I've described it to people is that it is essentially five services under one name. Within the single umbrella service called community participation, ODP is proposing to pull-in the existing "prevocational" service, which is provided in licensed 2390 vocational facilities, and the existing "day habilitation" service, which is provided in licensed 2380 adult training facilities. In addition, ODP is including what I refer to as "non-facility versions" of both the prevocational service and day habilitation service. In other words, in addition to the traditional services offered in licensed facilities, non-facility versions of the services will be offered as part of the new community participation service. This will give a provider the ability to deliver vocational services in or outside a vocational facility, as well as the ability to provide non-vocational, habilitation-type services in or outside an adult training facility. Finally, a fifth leg of the stool, called a "community hub" service, is being added to the community participation service – this is a new concept for Pennsylvania - a "hub" is where people with disabilities and their staff are supposed to meet first thing in the morning before they engage in their activities for the day. So, this new community participation support service will have the in-facility and out-of-facility versions of prevocational services and day habilitation, making up the 4 legs of the stool, and the new hub concept will be the fifth.

RCPA supports the concept of this new community participation umbrella definition. It provides much greater flexibility for waiver participants, their family, and the provider. Having the flexibility to move in and out of facility services to access non-facility services - based on individual circumstances, needs

and preferences, and other factors like the weather or access to transportation - will be of great help to people who want to experience all that society has to offer.

As RCPA understands ODP's intentions, one of the foundational goals of creating this new service is to promote the idea of competitive-integrated employment for people with IDD. I wanted to take this moment to say that RCPA unequivocally supports the concept of "Employment First". In fact, the governor's employment first executive order signed in March 2016 established executive branch policy, making competitive-integrated employment "the first consideration and preferred outcome" of publicly-funded programs, like the Medicaid waivers we're here today to discuss. RCPA supports the governor's executive order policy.

In fact, RCPA supports a lot of what ODP is doing and has been doing over the past two-plus years to promote employment and remove barriers to employment. For example:

- Placing a greater emphasis on the role of the supports coordinator to promote employment
- Collecting data on how many people are working or getting employment services to inform future policy and program changes
- Developing new services to help people get and keep work, like benefits counseling, discovery services, and customized employment services
- Raising provider qualifications (within reason) so better employment services will be provided.
- Allowing people who live in group homes to access transportation separate from the group home provider so they can get to work and back when it fits their schedule.
- Raising the Person/Family Directed Support waiver cap by \$15,000 if the person has a job
- Working more collaboratively with the state Office of Vocational Rehabilitation to improve VR services for people with intellectual and developmental disabilities, and
- Carrying out regional trainings between county MH/ID staff, OVR district offices, and local education agencies, to increase cross-system knowledge, collaboration, and outcomes.

However, the governor's executive order says competitive-integrated employment should be the "first consideration and preferred outcome", *not* the "only consideration or only outcome". Thus, at RCPA, while our members agree that there is far more that can be done to promote competitive-integrated employment (and it's starting to happen), RCPA's concerns have been focused on the arbitrary and, in our opinion, unnecessary limits and restrictions ODP set-out to impose on in-facility community services that make up two of the five "legs" of the community participation stool - specifically, the amount of time a person could spend in a facility program and the size of a facility program, both existing and future facility programs.

Rather than impose arbitrary and unnecessary limits and restrictions, RCPA believes in allowing people to have access to information, be given a chance to try new things, be encouraged and supported, yet be allowed to evolve at their own pace. And, after being exposed to information, resources, and new kinds of services, if the person decides they like what they're doing, RCPA believes in honoring the person's decision. No two people are the same. And no two people change at the same pace. RCPA believes strongly in respecting the decisions of individuals with disabilities and honoring their wishes, giving them a chance to evolve at their own speed and make their own informed decisions.

This is why, when RCPA saw ODP's initial proposal, our members collectively were opposed. Strongly opposed, in fact. However, in recent weeks, ODP has gone through an evolution of its own, eliminating many of the objectionable provisions of the initial proposal and clarifying others. For example, it is RCPA's understanding that:

- ODP has eliminated the 75% and 50% out-of-facility requirements. It is now just 25%.

- ODP has clarified that this standard will only apply to individuals who are getting in-facility community services 3 days per week or more, and it will be measured monthly by daily attendance. These clarifications are helpful.
- ODP will allow exceptions for medical issues, behavioral issues, and now for an individual's choice. These too are helpful improvements and clarifications compared to the original proposal.
- ODP will only allow a new facility to be funded if it serves 25 people or fewer during a day – this is a change from the original proposal of 15, which RCPA appreciates.
- ODP will only fund existing facilities if they are serving no more than 150 people during a day – this is a change from the original proposal of 100 – again, RCPA appreciates the movement ODP has made on this provision.

Based on ODP's changes, and in recognition of ODP's willingness to compromise and make improvements to its proposal, RCPA has **withdrawn its opposition** to the community participation service definition.

That said, even though RCPA has withdrawn its opposition, our members remain concerned about the practical realities of implementing the ODP compromise. For example:

Existing facility cap: According to ODP's figures, this will require 20 providers across Pennsylvania to eliminate service capacity until they reach the 150-person cap. RCPA is concerned this will do little else than to disrupt the lives of the individuals who are over the cap.

Requirement to limit an individual's in-facility services:

- While RCPA is supportive of ODP's decision to allow exceptions for not only for medical and behavioral issues but for individual choice as well, the "choice exception" apparently requires the person to try something outside the facility first. RCPA understands and shares the goal of encouraging people to try new things, but ODP should clarify what happens in the event the individual exercises self-determination and refuses to try services outside the facility.
- RCPA has also raised questions about the exceptions process. Recent information circulated by ODP seems to indicate exceptions will be determined solely by the Individual Service Plan (ISP) team. If this is the case, then RCPA agrees and thinks the ISP team is the best place to determine such things – this is far preferable than requiring exception requests be submitted to the ODP, which would then beg several questions, such as who can ask for an exception, what criteria guides whether an exception is granted, can exception decisions be challenged or appealed, and if so by whom can the exception be challenged?
- ODP should offer a process that would enable providers to demonstrate to the state why their program does not "isolate" people with disabilities from the community of people without disabilities (which is the federal standard) and in turn why their program should be exempt from the 25% requirement and/or the 150-person cap on existing programs.

For example, one of our members, the Cambria Association for the Blind (also known as CAB), has an operation at two sites – one in Johnstown and another in Ebensburg. Dick Bosserman is the CEO there. I have toured both sites of CAB. It's an impressive operation. My experience touring that company really impacted my views about "sheltered workshops". Spending an afternoon there made me realize that, even though promoting competitive-integrated employment is a good thing, it would not make sense to force the individuals working at CAB to leave their position there just so they can take another job in a restaurant or store-front shop on Main Street. The individuals at CAB seem to be engaged in meaningful work, they have meaningful relationships with friends and coworkers, and they have a sense of pride because the products they make have the ability to save lives of miners in Pennsylvania and in states all

over the country. CAB, and others like it, should be given a chance to demonstrate to ODP why their operation does not isolate people with disabilities and why they should be exempt.

- RCPA is still hearing from its members about the administrative challenges of documenting individuals' time. Every day will be different, and there will be circumstances that arise – many of which are uncontrollable - like the weather, illness, transportation issues, and one individual's preference over another's preference. Documenting individuals' activities to make sure 25% of each person's time during a month meets ODP-established criteria will be onerous. ODP recently issued draft rates for its services, and this new community participation service appears to have over 50 billing codes. Our members have expressed serious concerns about the administrative difficulties this will create. We have asked ODP to share more information with our members to explain this new rate construct and answer questions. We hope they take us up on our request.
- RCPA members are concerned about the staff-to-individual ratio limits. ODP's original proposal included a limit for out-of-facility services of one staff to three individuals. Our members have expressed concerns about what happens in the event that real-life situations occur. For example, if one person needs to use the restroom and needs assistance – who is supporting the other 2 individuals? Or, what if one of the three individuals is having behavioral issues and requires one-to-one attention. Even if it is temporary, who is supporting the other 2 individuals while the first person's issues are being attended to? RCPA has requested that there be an allowance for a 2-to-3 ratio (or some other 2-staff ratio) but we have not heard from ODP whether this change will be made.
- RCPA members are concerned about the new staff qualification requirements to deliver vocational and/or employment services. ODP's original proposal would have required certain vocational staff to hold a Certified Employment Support Professional (CESP) or have completed an Association of Community Rehabilitation Educators (ACRE)-approved training within 18 months. RCPA has learned that opportunities to secure such certifications or get such training are quite limited relative to the new demand being created by ODP's proposal. ODP has since indicated it will change their proposal from 18 months to 24 months, yet the concern RCPA continues to have is that the 24-months is a one-time only grace period after the waiver is approved. RCPA believes that some level of grace period needs to be in place for all new hires.
- RCPA remains concerned about the adequacy of rates for the community participation service. The provision of out-of-facility services will require more staff and a lot of transportation. The aforementioned staff qualification requirements will also impose additional costs on providers. While RCPA supports the concept of having more qualified staff providing these services, our members are worried that the rates will be inadequate to cover providers' costs.

In conclusion, RCPA's membership is appreciative of the movement ODP has made to address the many concerns being raised by providers and families. This is why we have withdrawn our opposition and committed ourselves to working with ODP to implement the community participation service in a way that makes sense. We continue to have concerns as outlined in this testimony, but we stand ready to work with ODP and this legislative committee to do what is in the best interest of everyone involved.

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