



North Carolina Department of Health and Human Services
Division of Vocational Rehabilitation Services

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DVR/CRP Recommendations Meeting
May 21, 2009

Members present: Ed Davis, NCDVR; Brenda Williamson, NCDVR; Joan Wofford, NCDVR; Carl Thompson, NCDVR; Beth Newcomb, NCDVR; Beth Coberly, NCDVR; Davan Cloninger, LifeSpan/NCAPSE; Michael Maybee, WOI/NCAPSE; Patricia Little, JCI/NCARF; Julia Augustoni, Monarch; Carol Collins, Community Partnerships/NCAPSE; Beth Barwick, Easter Seals/UCP

Members Unable To Attend: Jim Pleasants, NCDVR; Jim Swain, NCDVR; Tim Goodson, NCDVR; Tara Myers, NCDVR; Veta Cooper-Henderson, NCDVR; Trish Harper, NCDVR; Crystal Gulledege, NCDVR; Alicia Camacho, DECI

Ed welcomed everyone including Linda Harrington, Director of NCDVR and Robert Deans, CFO. He thanked Linda and Robert for taking time to meet with us.

Opening remarks - Brenda Williamson welcomed everyone and thanked us for serving on the committee and taking time to meet. She announced that Ed and Tammy Reese, NC Department of Commerce, Division of Workforce Development, Job Link Unit will be presenting a track on employment and Ed will be doing one specifically for CRPs at the up coming Dec. 2009 Assistive Technology Expo. Brenda shared that the DVR Internet-CRP web site is up and running and suggested that everyone visit the site. The Employment Service Section is about to launch the DVR Employment Services Intranet site that will help VR staff with resources and information. She recommended speaking with Ed if there are specific questions.

Linda Harrington thanked us for our commitment and reported that she and Robert had just returned from the General Assembly (GA) where the focus was on budget cuts. The GA is proposing a lot of reductions for everyone; however, The Department (DHHS) is very supportive of VR. She shared that everything is up in the air but feels that VR will be okay in the end. We are still unable to make any commitments as all contracts are being reviewed (across the state). We are expecting “across the board” contract reductions. We are slated to receive a total of \$15 million in recovery dollars and so far we have received \$7.5 million. It has to be spent but no commitments have been made yet.



Linda reported that CRPs will likely see some of that money but warned that all proposals need to be measurable. All dollars spent will be posted on the Governor's Web site and has to be approved by the Secretary.

Robert commented that The Department has asked him for research and analysis on a daily basis. Contracts do not look good...CRP roles may be cut but we're still uncertain about that. It is so fluid that it changes everyday. VR is committed to preserving the role that CRPs play. The Department is looking at everything. The Performance Based Funding (PBF) model is good for us in terms of showing what we are doing.

Linda added that we may have to look at more of a reduction in comparable benefits. We may end up paying for more services making the cost of rehab more expensive.

Ed thanked Brenda, Linda, and Robert for their remarks and asked everyone to introduce themselves. We then moved onto the 2009 Steering Committee Recommendations.

1. The Annual Rate Adjustment – Michael Maybee thanked VR for being at the table and gave a heart felt thanks for the partnership between VR and CRPs. Michael indicated that in light of the significant budget reductions slated for next fiscal year, a rate adjustment should *not* be recommended. However, he did point out that the Employer Cost Index should be used in the future.

As a result of postponing a rate increase, Michael recommended that this group set up emergency meetings to determine ways in which the stimulus monies can be used. He explained how the high unemployment rate is affecting the successful job placement of our consumers and he would like to examine how the stimulus monies can be used to assist CRPs. Linda agreed with this strategy but suggested that we all meet via conference call.

Robert reported that he also agrees with this strategy and added that even though VR does not plan to spend any of the stimulus dollars this fiscal year, creative ideas would be encouraged and needed.

2. Criteria for moving PBF programs to IA funding - Davan reported on the subcommittee designed to set up the criteria for CRPs wanting to move from Performance Based Funding (PBF) to Individual Authorization (IA) funding. Davan reported that the committee (Joan Wofford, Ed Davis, and Beth Coberly) had been asked by Linda last year to come up with more criteria for this scenario. Davan reminded the group that this will be a part of the Rules and Standards for CRPs and that providers must meet the criteria set up in order to move back to PB funding. The specific recommendations include:

- If a program receiving performance based reimbursement feels that they can no longer continue under this type of reimbursement and needs to seek alternative ways of reimbursement, there must be some type of hardship noted to initiate the request.
- A letter of request for a change along with justification of the need for the change must be submitted to the Regional Community Rehabilitation Program Specialist. Requests will be considered by the Division on a case-by-case basis.
- The length of time problems have occurred should be considered along with the total number of years of decreased revenue.
- The request should not be based on lack of quality of service delivery.
- The recommendation must be supported by the Unit Manager and Regional CRP Specialist.
- Requests must be approved by the Regional Director.
- Requests must be approved by the State Director.
- If approved to move to IA funding, the program must meet all criteria noted in the AP Rules to move back to PBF.
- The above procedures will be added to our AP Rules and Standards for CRP services.

3. Enhanced Service Delivery to Mental Health Consumers in CRPs - Patricia Little reported on Enhanced Services with MH consumers. Jack Rogers left The Division and his position is reportedly frozen which affected this group's momentum. Patricia is requesting that this recommendation continue on for next year's committee. The current recommendations are:

- VR should continue to collaborate with the Division in seeking to secure reporting of the expenditures of the Long Term Support service definition (YM 645) in order to assure consistent administration of these funds. This will become critical as more LMEs move to single stream funding. Additional work needs to be done on assuring utilization of this service for consumers with mental health diagnoses, as indicated within the definition.

DVR/CRP Steering Committee Minutes

Page 4

- VR should continue to collaborate with the Division in educating LMEs and their network of providers on working with VR and CRPs in promoting effective employment practices. Particular attention needs to be placed on educating case managers in understanding sound employment practices in cooperative efforts with VR and CRPs.
- VR should continue to collaborate with the Division to develop best practice teams in with LMEs and other local community stakeholders that will provide a forum to work collectively to address service problems that impede consumer progress.
- VR should continue to work through the Memorandum of Agreement (MOA) committee that meets semi-annually to work on developing referral guidelines to VR. This would be an educational effort as opposed to restricting VR referrals.

4. Monitoring Tool for CRPs Not Yet Nationally Accredited - Carl Thompson reported that his committee has created a monitoring tool to be used by Regional CRP Specialists for programs that have not yet attained national accreditation. Carl reviewed the form with the group. Robert asked about qualifications for staff and whether or not the committee discussed this. Ed responded that this was not specifically addressed. Robert stressed that the Division (MH/DD/SAS) had experienced a lot of negative attention with services such as Community Supports being delivered by unqualified staff. Robert feels strongly that some sort of standard/qualification should be established for CRP staff. We will be evaluating their education/experiences. The committee will take this on. This tool will be used for each of the 3 accrediting bodies (CARF, COA, and CQL). Michael suggested that On-line SE training proposal from APSE be considered as a way to meet this need. Julia Augustoni shared that the Division lists the qualifications required by staff in the service definition descriptions and that perhaps VR should consider using something similar.

The Quality service guideline tool is for Regional CRP specialists to be more consistent across the state when programs are reviewed. This would be an internal form used by specialists. If approved, Ed explained that both of these forms would need to go to a “forms committee” for approval.

5. Transportation – Beth Newcomb - Programs covering large or very rural areas are affected. Transportation costs are sometimes the second largest cost (after salaries) for a lot of our programs. Even though it's in the rate, it is still quite an expense for some of our providers. Ultimately, the committee decided they needed to do more research (Virginia pays for transportation, SC uses their own employees). It was to continue to look at this decided because of the possible lose of small SE programs. No solution has yet been identified however; the committee will continue this discussion. Robert indicated that DRV wants to pay for the cost of the *service*.

Membership update – Carl oversees this group and reported that Carol Collins is rotating off from APSE and Kathy Bryan is rotating on. For NCARF, Alicia Comacho is rotating off however, will be returning since she is President of NCARF. Ed will appoint another CRP representative. There is a DMH position open, Linda revealed that she has been told that the Division is committed to assigning someone to our committee. Beth and Joan will be rotating off and Lenora Mathis will be replacing Joan. We still need a Counselor and a UM from the West DVR region. Ed indicated that members rotating off will be a part of the first couple of meetings as part of a transition strategy.

Agenda items for next year include standards for CRP staff;

- review transportation reimbursement issue for SE-R2 program
- strengthen DVRS DMH collaboration as relate to MH consumers and CRPs
- Davan pointed out that IA programs have not received any reimbursement for achieving national accreditation. This issue will be added to the agenda for next year.
- crps to expand their Assistive Technology services.
- establish some sort of standard/ qualifications for CRP staff
- develop a proposal to unitize DVRS recovery funds to CRPs
- develop direction to enhance quality and expanded CRP services to DVR consumers

Linda thanked everyone and reminded us that she and her team in Raleigh work for the committee.

Robert reminded the group that he started out working for a CRP and thanked everyone for their commitment.

In closing Ed stated Ruth will be in touch with committee members to set up a conference call to start the discussing and brainstorming on ways Recovery \$\$ could be spent to help CRPs. Again, Ed thanks everybody for hard work on the committee.

Meeting adjourned.