


Employment: A Critical Social Determinant of Health

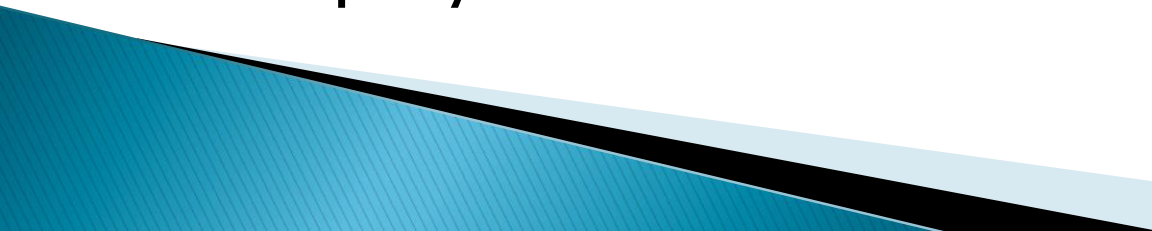
2017 HCBS Conference
August 29, 2017

World Health Organization Definition of Health

"a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."



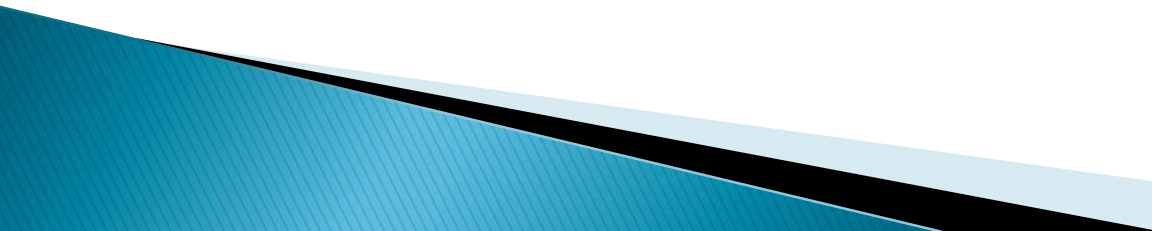
What Really Drives Good Health?

- ▶ Research shows that health outcomes are not primarily determined by the health services an individual receives, but rather by a host of non-medical (social) factors.
 - ▶ The social determinants of health particularly influence the health of low-income individuals enrolled in Medicaid.
 - ▶ Since 2000, CMS has sponsored grant programs and released numerous policy and guidance documents addressing employment for individuals with disabilities on Medicaid
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Why Employment as Priority Outcome?

- ▶ ADA states the nation's proper goals for citizens with disabilities include:
 - Equality of Opportunity
 - **Full Participation**
 - Independent Living
 - **Economic Self Sufficiency**
- ▶ Poverty compromises people's lives in many ways
- ▶ We may wrongly attribute the causes of poor health to disability when poor health is really the result of poverty and social isolation

Why Employment as Priority Outcome?

- ▶ People are healthier when they work
 - ▶ People maintain and can improve mental health when they work
 - ▶ People maintain ADLs better when they work
 - ▶ People can maintain and extend natural, unpaid sources of support
 - ▶ People can contribute to the cost of their services (e.g. through Medicaid Buy-In)
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Good Health and Employment

- ▶ Robust social network
- ▶ Stability
- ▶ Safe, decent, affordable housing
- ▶ Access to healthy foods that are affordable
- ▶ Feeling of productivity and value

Employment

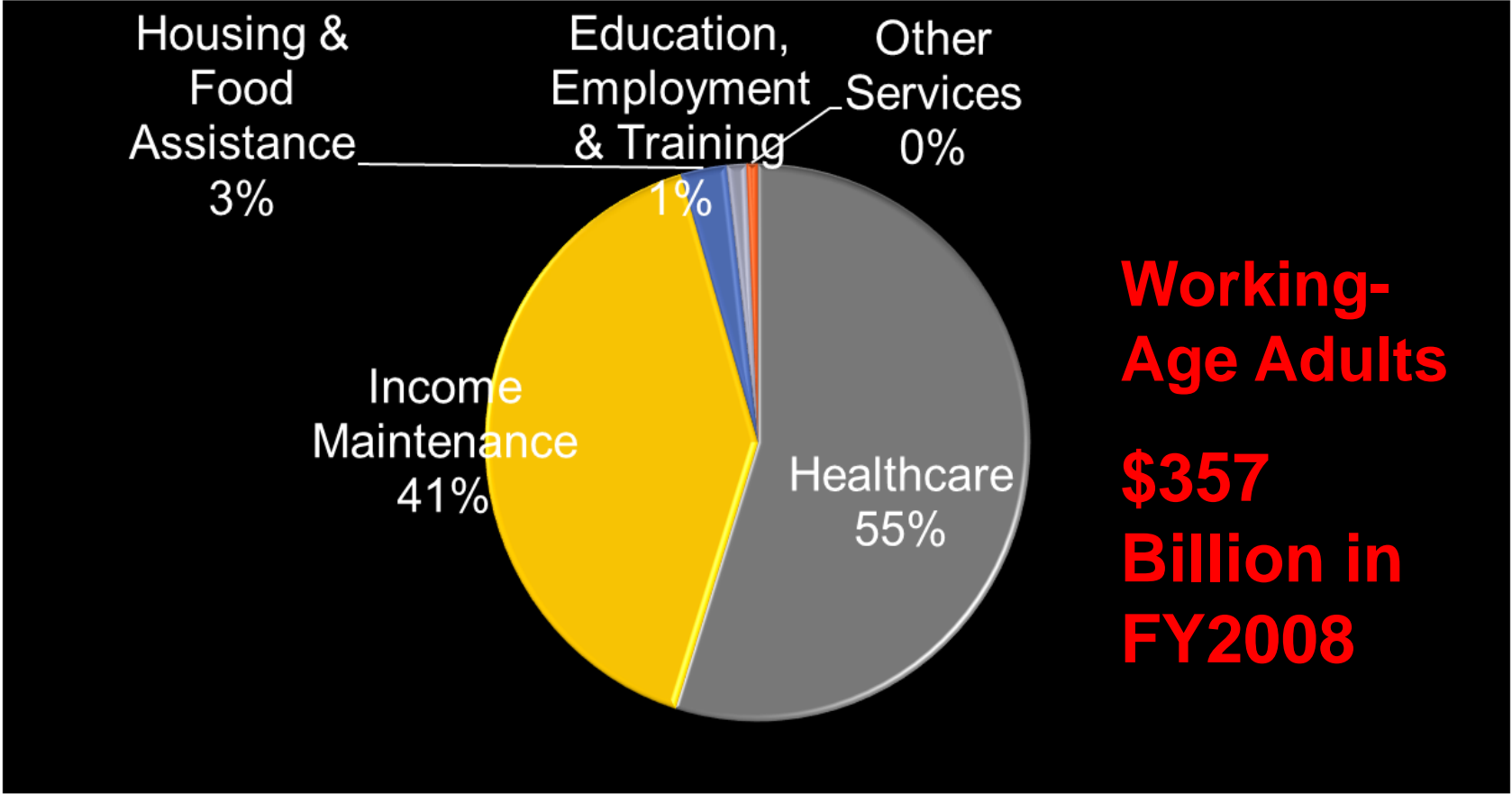
- ▶ Social isolation
- ▶ Instability
- ▶ Lack of safe, decent, affordable housing options
- ▶ Lack of access and ability to afford/prepare healthy foods
- ▶ Lack of purpose; not feeling productive or valued by others

Unemployment

National Snapshot

		People with Disabilities (%)		People without Disabilities (%)	
		<u>2012</u>	<u>2013</u>	<u>2012</u>	<u>2013</u>
Poverty ¹	US	29.2	28.7	13.6	13.6
Smoking ¹	US	26.0	25.4	16.9	16.2
Obesity ¹	US	39.1	40.1	24.5	25.0
Employment ¹	US	32.7	33.9	73.6	74.2

Not Enough Money To Make Employment Possible?



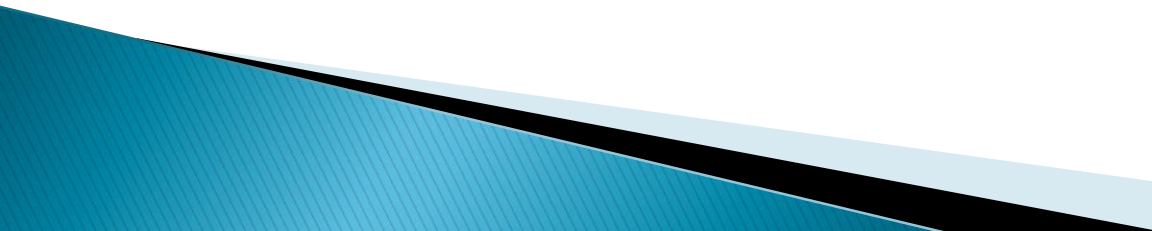
[1] Adapted from Livermore, Stapleton and O’Toole (2011, Health Affairs)

Implications for Health Plans Operating Managed Long-Term Services and Supports Programs

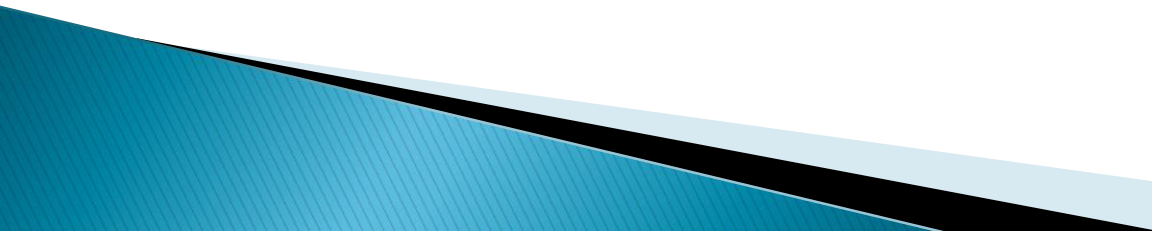
Key Truths

- ▶ Employment for individuals receiving MLTSS does not occur or sustain itself by accident
- ▶ MLTSS programs must have *INTENT* and *TOOLS* to make employment a reality, and to sustain it over time
- ▶ Unlike typical mainstream Medicaid, employment services are an optional covered benefit in MLTSS programs
- ▶ **Other services** that can support employment are also typically included in Medicaid MLTSS programs (e.g. workplace personal assistance; community transportation; assistive technology)

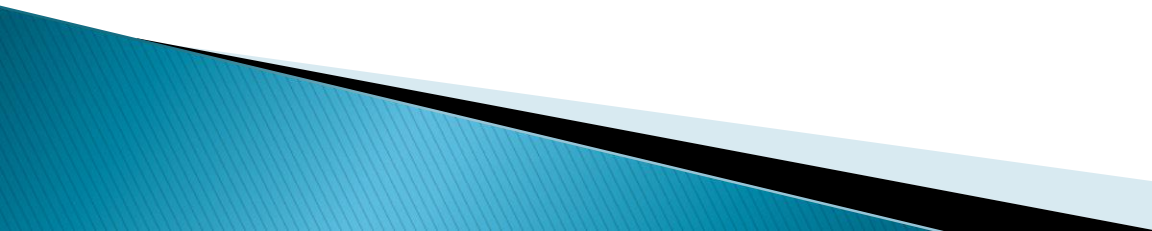
Best Practices

- ▶ Person-centered planning with clear focus on:
 - Facilitating choice to pursue employment
 - Identification of clear action steps resulting in people obtaining, maintaining and advancing in employment
 - ▶ Well-trained case managers that can facilitate informed choice
 - ▶ Performance reviews / merit raises linked to caseload participation in employment
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Best Practices

- ▶ Leveraging other public/private resources to support members in obtaining and advancing in integrated employment:
 - Work Incentives Benefits Counseling
 - Workforce System (Job Centers)
 - State Vocational Rehabilitation Services
 - Small Business Development Administration
 - Schools/Special Education (for youth)
 - Foundation Support
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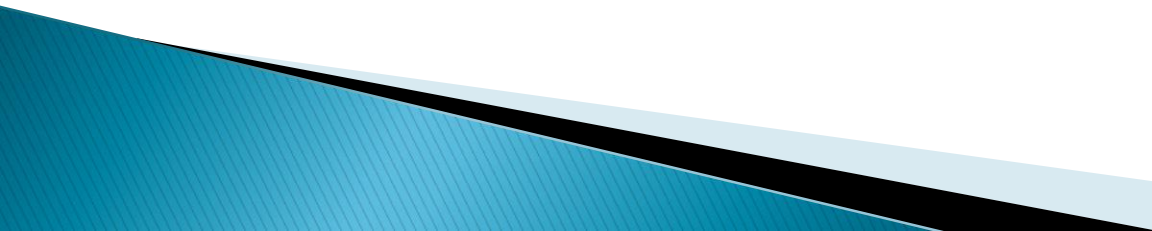
Best Practices: True Managed Care in Action

- ▶ Include targeted array of **cost-effective**, flexible employment services in the MLTSS benefit package
 - ▶ No sheltered work or facility-based settings
 - ▶ Expectation of **outcomes** for each service
 - ▶ **Active monitoring** of progress/effectiveness by case managers
 - ▶ Non-work options with career exploration expectations built in
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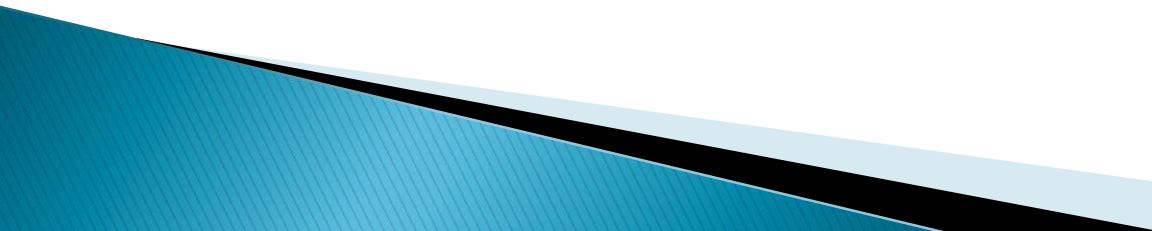
Best Practice Purchasing: Value-Based Purchasing Applied to Employment Service Provider Network

- ▶ Outcome-based reimbursement
 - ▶ Tiered outcome payments to reflect level of challenge to serve
 - ▶ Expectation of declining need for paid support as time on job increases
 - ▶ Sub-capitation for sustained engagement in employment and community life
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Innovative Models for IDD

- ▶ Discovery
 - ▶ Customized Employment
 - ▶ Self-Employment (gainful)
 - ▶ Internships to gain experience/skills/references
 - ▶ Internships as path to hire (Project Search; On-the-Job-Training)
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Provider Network Development

- ▶ Seek high-performing providers
 - ▶ Incentivize their expansion to build capacity and address underserved areas
 - ▶ Seek providers committed to continuous quality improvement – invested in building their own expertise and capability
 - ▶ Assist providers of traditional service options to rebalance (leverage other \$\$ to support this)
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