



TO: Robert Cosby, PhD, ODA, MAA
FROM: Richard Jensen, GWU
DATE: August 5, 2007
RE: Assessment and Evaluation of MIG Activities and Planning

Background

The Medical Assistance Administration (MAA) contracted with George Washington University's Department of Health Policy, School of Public Health and Health Services (GWU), earlier this year to perform a number of tasks, including Task VI, Consulting Services to MAA on MIG Evaluation and Planning Activities. This memorandum comprises the deliverable under Task VI.B, Evaluation of MIG Activities and Planning.

During our two meetings with you, it became clear that one of your primary goals is to prepare a successful 2008 MIG application that meets CMS' requirements and demonstrates appropriate use of the District's MIG funds. We had discussed the possibility of including a proposed evaluation methodology in the MIG application to demonstrate the District's commitment to effective use of MIG funds. After reviewing the CMS announcement for 2008 continuation MIG awards, we would recommend that instead you follow the instructions in the announcement, that is, describe the MIG activities accomplished by the District during the 2007 grant period and compare those activities to the District's proposed project outcomes (CMS Grant Continuation Notice for 2008 award, p. 4).

To assist you in meeting this requirement, we prepared the attached draft document. This document lists all of the MIG-related activities we could identify as occurring or starting in the first half of 2007, including a number of activities that were not mentioned in the District's first and second quarter MIG reports. We believe the activities on this list will be recognized by CMS as allowable MIG activities. In addition, taken as a whole, they create the impression that the District is making progress towards building the infrastructure for a Medicaid Buy-In program and to support people with disabilities who seek competitive employment.

This memorandum is not intended to be a formal evaluation of the District's MIG activities and whether the District is making progress in establishing a Medicaid Buy-In, reducing employment barriers, or meeting the other goals of MIG awards. Rather, this report is a comparison of DC's MIG activities with (1) CMS' expectations and (2) the activities of states with successful MIGs. Before an evaluation can be performed, the District must identify strategic steps against which progress can be measured. The District did not specify any strategic steps in its 2003-2005 quarterly MIG reports or the report for the first quarter of 2007. This is in contrast to the vast

majority of other states that have developed and stated in their MIG quarterly reports specific goals and implementation steps against which they evaluate their actions.

Description of Our Research

Our objectives in completing Task VI.B. were (1) to understand the MIG and MIG-related activities the District has undertaken or is planning to undertake, concentrating on 2007 activities; and (2) to assess and evaluate these activities in light of CMS' expectations and successful MIG initiatives in other states.

Our research included document review, seeking information from you and Jeff Anderson via meetings, phone calls and emails, interviews with two Leadership Council members, and consultation with Allen Jensen, a member of the GWU team who is an expert on MIG and Medicaid Buy-In programs. You and Jeff supplied us with a number of documents that we examined, including the District's 2007 MIG application, the agenda and minutes from several Leadership Council meetings, a list of Leadership Council members, a list of MIG work plan deliverables, and the MIG-related reports and other work product prepared between 2004 and 2006 by two outside contractors, Cornell University and Inclusion Research Institute (IRI) under contract with MAA.

We compiled a list of the District's MIG activities from the beginning of its MIG initiative through the present from pages 9-15 of the District's 2007 MIG application and the District's quarterly MIG reports going back to 2002. Jeff Anderson was a tremendous help to us in providing more detailed information about some of the activities, such as dates, the parties involved, and the source of funding. He also furnished us with documents prepared in connection with the MIG activities (for example, the transition guide for students with disabilities and their parents).

To understand CMS' requirements and expectations, we reviewed the CMS announcements for the 2007 MIG awards and the 2008 MIG continuation awards, as well as a December 2006 report prepared by CMS entitled "A Report on the Status of the State Medicaid Infrastructure Grants Program as of December 31, 2005."

To familiarize ourselves with successful MIG initiatives in other states, we conducted research using the MIG Resource Guide, a web-based guide developed and maintained by GWU's Allen Jensen, that extracts and organizes key information from states' MIG quarterly reports. We also reviewed the MIG strategic plans of select states. Allen Jensen provided consultation on other states' MIGs throughout the project.

Finally, we interviewed two members of the Leadership Council who were recommended to us by Jeff Anderson, Balachandar Jayaraman (Project Director, Inclusion Research Institute) and Ted Daniels (Deputy Administrator, Rehabilitation Services Administration). We had hoped to interview a total of four Leadership Council members, and had contacted two other Leadership Council members to whom Jeff referred us, Belinda Wiley and Wanda Elliott. Unfortunately, conflicting summer vacation schedules prevented us from being able to arrange these interviews in time to complete this report.

CMS' Expectations

CMS has issued little guidance about how states should use MIG funds. Some instruction about “allowable” MIG activities is stated in the MIG announcements issued each year. For example, in the 2007 MIG Announcement, CMS provides examples of how states may use MIG funds under a “basic” MIG award (the type of MIG awarded to the District). These permitted uses include:

- Staff or contracting costs for planning, cost modeling, initial implementation and management;
- Expenses incurred by people with disabilities who volunteer to participate in state planning, design, training and implementation events;
- Changes to the state’s automated information and eligibility systems;
- Automated enrollee tracking systems;
- Costs to train eligibility workers, benefit counselors, advocacy organizations and others;
- Basic research and evaluation;
- Outreach to persons with disabilities and employers;
- Improvements to health care services such as personal assistance services, Medicaid case management, durable medical equipment, and Medicaid waiver employment supports; and
- Coordination with other state agencies with direct responsibilities to individuals with disabilities in their pursuit of competitive employment.

(CMS 2007 MIG Announcement, pp. 8-9 and Appendix Two).

CMS issued its first report summarizing the status of state MIG programs in December 2006. That report reiterated that allowable activities under a “basic” grant include: (1) implementation and development of Medicaid Buy-In programs; (2) increasing the availability of personal assistance services; and (3) assuring access to other health care supports that may support the employment objectives of people with disabilities. CMS, “A Report on the Status of the State Medicaid Infrastructure Grants Program as of December 31, 2005,” (December 31, 2006) pp. 4-5.

Findings and Recommendations

Finding #1

The District needs to develop a cohesive and comprehensive strategic plan to chart a course to develop and implement a Medicaid Buy-In program. Until the strategic plan is completed and the District defines and adopts specific implementation steps, it will not be possible to measure progress towards a Buy-In or whether the utilization of MIG funds has been effective. Most states list multiple strategic/implementation steps in their MIG quarterly reports. The District, by contrast, did not enumerate any strategic steps in its MIG quarterly reports from 2003-2005 or in the first quarterly report of 2007. (The most recent quarterly report, filed on July 31, 2007, does establish some implementation steps.)

Recommendation #1

The District should develop a comprehensive strategic plan. Fortunately, the District has identified this as the first priority/outcome and recently issued an RFP for a contractor to help create that plan.

Finding #2

During 2003 and 2004, the District used MIG funds for purposes traditionally identified as necessary steps in developing and implementing Medicaid Buy-In programs (e.g., hiring and training additional benefit specialists, improve the personal care program through wage increases and other measures, and developing cost estimates for a Buy-In program). After 2004, however, little attention was focused on these and other key areas and resources were diverted from activities necessary to establish a Buy-In program.

Recommendation #2

The District should identify the tasks that must be completed to establish a Buy-In program and assure that these steps are included in the strategic plan. Allen Jensen has prepared a document that describes these steps and that GWU can furnish to MAA.

Finding #3

Under contract with MAA, Inclusion Research Institute produced several quality deliverables in 2005 and 2006, including a program to outreach employers; a transition guide for students with disabilities and their parents; development of a pilot case management project under the auspices of the Quality Assurance and Improvement Committee (QAIC); and training of One Stop Center staff. These are worthwhile projects that help increase employment supports and opportunities for individuals with disabilities. However, they were funded to the exclusion of activities that are considered by CMS and other states to be essential to implement a Buy-In program. Among the critical tasks that should have been funded under a basic MIG award were (1) increasing the availability of personal assistance services and (2) changing information systems to perform functions such as determining Buy-In eligibility, tracking enrollment and managing premium collections and (3) creating an outreach and evaluation plan for the Buy-In.

Recommendation #3

The District should identify the tasks that must be completed to implement a Buy-In program and assure that these steps are included in the strategic plan. Allen Jensen has prepared a document that describes these steps and that GWU can furnish to MAA.

Finding #4

The Leadership Council (“Council”) appears to have become somewhat ineffective since late 2004, playing little role in directing MIG activities other than to rubber stamp what MAA staff members recommend to them. During 2006, when the District did not have a MIG award, the Council did not meet and a number of members did not return when the Council reconvened in

2007. Attendance in 2007 has been poor and erratic, with only three of the members consistently attending. The composition of the Council should be examined. For example, there is currently no consumer on the Council. Only one member (Ted Daniels, Deputy Administrator, RSA) is senior enough to have the authority to make commitments on behalf of his organization. We were pleased to learn, however, that the Council recommended at its July meeting that the Council be expanded to include representatives from various key organizations such as the Department of Employment Services. Jeff Anderson has already contacted and obtained commitments to join the Council from most of the individuals recommended.

Recommendation #4

The Council is on the right track in recognizing the need to increase stakeholder representation. The Council should conduct an assessment (perhaps through a workgroup) of whether the composition of the Council is sufficient and how the Council can be more effective in representing key stakeholders and constituencies in the planning and development of a Medicaid Buy-In program.

Finding #5

There does not appear to have been any significant effort to improve interagency coordination, one of the MIG activities CMS considers important, since the beginning of the District's MIG initiative (other than the creation of the Leadership Council). Interagency coordination is not even mentioned as an objective in any of the District's quarterly MIG reports. Although additional collaboration is occurring between RSA and DOES, MAA does not seem to be participating in these efforts.

Recommendation #5

MAA should include as a priority the development of a plan to increase coordination and collaboration with other District government agencies.

Conclusion

We would be happy to answer any questions you have about this report.

Attachment

Attachment
Insert for 2008 MIG Application
2007 MIG Activities

Note: The CMS announcement for 2008 continuation MIG awards requires applicants to include “a description of what was accomplished during the 2007 grant period as compared to the proposed project outcomes.” The announcement further states that this description is “to correspond to the two quarterly reports submitted electronically.”

Project Outcome 1: Develop a strategic plan to further the creation of comprehensive employment for persons with disabilities in the District of Columbia over the next five years

Accomplishments:

- The Medical Assistance Administration (MAA) joined an organization this year that provides technical assistance to states pursuing Medicaid Buy-In programs, the American Public Human Services Association (APHSA). MAA has participated in APHSA’s monthly conference calls with other states and will be receiving individualized assistance regarding development of a strategic plan.
- In April 2007, MAA prepared an RFP for a contractor to create a strategic plan to develop and implement a Medicaid Buy-In by December 31, 2007. The RFP was published on July 31, 2007.

Comparison of accomplishments to outcome:

MAA is behind schedule in developing a strategic plan. Both the contract with APHSA and the RFP for a contractor to develop a strategic plan were delayed during the procurement process. MAA is still optimistic it will be able to develop a strategic plan with the assistance of a consultant by the end of December 2007.

Project Outcome 2: MAA will use an incremental approach to implement a Medicaid Buy-In Program that will allow persons with disabilities to pursue employment without sacrificing health care.

Accomplishments:

- MAA joined an organization that provides technical assistance to states pursuing Medicaid Buy-In programs, the American Public Human Services Association (APHSA). MAA has participated in APHSA’s monthly conference calls with other states and will be receiving individualized assistance on the development of a Medicaid Buy-In program.
- At its April and May 2007 meetings, the Leadership Council discussed a 2004 report by Cornell University on the estimated costs of a Medicaid buy-In program in the District of

Columbia (“Cornell study”) and various issues related to the design and establishment of a Buy-In program.

- In June 2007, George Washington University’s Department of Health Policy (GWU- DHP) prepared a report for MAA that describes a methodology for estimating potential enrollment in a D.C. Medicaid Buy-In program, develops estimates for a Buy-In program, and explains why these estimates differ from those in the Cornell study.
- Between May and August 2007, GWU-DHP also conducted an assessment and evaluation of D.C.’s MIG activities to assist MAA in assessing its progress towards developing a Medicaid Buy-In.
- In April 2007, George Washington University’s School of Public Health and Health Services submitted a report to MAA that evaluates the District of Columbia’s Community-integrated Personal Assistance Services and Supports (C-PASS) program.
- The Leadership Council has decided to expand its membership significantly. Earlier this year, a representative from D.C.’s Department of Mental Health (DMH) joined the Council. Additional government, private sector and consumer representatives from the Department of Employment Services (DOES), Department of Disability Services (DDS), Rehabilitation Services Administration (RSA), the National Rehabilitation Hospital, the Mayor’s Committee on Persons with Disabilities, and the DC Chamber of Commerce will be joining the Leadership Council this fall.
- The Leadership Council held its February 2007 meeting at the Rhode Island Avenue One-Stop Career Center to learn about the capacity of the Center to assist individuals with disabilities. The Director of the Center, Chairl Burlack-Parker, suggested that the Center and Leadership Council form a partnership.
- In March 2007, MAA asked the Leadership Council to review and reach agreement on a set of work plan deliverables developed from D.C.’s 2007 MIG application.
- In April 2007, MAA prepared an RFP for a contractor to:
 - Expand outreach to businesses and the federal government on hiring persons with disabilities;
 - Conduct a comparative study of employment-related support services and employment outcomes under the MRDD and EPD waivers;
 - Create and launch a public information campaign to educate citizens about employment opportunities for persons with disabilities and highlight successes of the employer outreach initiative;
 - Create, in collaboration with DDS and DOES, user-friendly One-Stop Career Center materials with telephone resources for family supports; and

- Develop content and format for an expanded MAA website that provides employment information to persons with disabilities, employers, and other interested parties.

The RFP was published on July 31, 2007. Work is to be completed by December 31, 2007.

- Earlier this year, the District Government established a new Department of Disability Services (DDS), combining RSA and the Development Disabilities Administration into a single agency, with the intention of increasing the coordination of services, including employment supports, for persons with disabilities.
- DDS recently created a new workgroup that will focus on expanding employment opportunities for persons with disabilities. The workgroup will propose and advance initiatives related to (1) making the District government a source of first hire (including eliminating the competitive hiring process for persons with disabilities); (2) partnering with business and industry, including through the District's Business Leadership Network; and (3) increasing access to federal jobs.
- RSA has been working more closely this year with DOES, which operates the One Stop Centers, to coordinate the services provided by the two agencies. Outcomes have included co-location of RSA staff at the One Stop Centers, training of RSA staff on DOES' MIS, and increased communication between senior staff at RSA and DOES about ways to expand employment opportunities for persons with disabilities.
- RSA is making plans to conduct training of the staff of RSA, DOES, and non-profit agencies serving people with disabilities on how to secure employment for persons with disabilities no later than December 31, 2007.
- The Quality Assurance and Improvement Committee (QAIC) continued to monitor the ten "action planning" cases that were part of a 2005 pilot program designed to test the effectiveness of a team approach to case management in reducing barriers to employment for individuals with disabilities.

Comparison of accomplishments to outcome:

MAA has begun making significant progress towards establishing a Buy-In program. The fiscal estimates prepared by GWU-DHP demonstrate that a Buy-In program is unlikely to attract a large number of participants and should give the District government some assurance that a Buy-In program will not drain the City's budget.

Interagency coordination and collaboration is improving in several areas with the creation of a new single agency providing services to persons with disabilities (DDS), increased communication and collaboration with the agency that operates the One Stop Centers (DOES) by the Leadership Council and RSA, and expansion of stakeholders represented on the Leadership Council.

The District is implementing a number of programs to enhance awareness and understanding of employment issues, supports and opportunities for individuals with disabilities. MAA is in the process of hiring a contractor to conduct several outreach and education programs for individuals with disabilities, their families, and employers who might hire them. RSA will be conducting training of front-line government and non-profit organization employees on securing employment for individuals with disabilities.

Finally, an evaluation of the C-PASS program by an external organization (George Washington University) identified the areas where consumers feel improvements are needed in this in-home personal care program.