



COLORADO

Department of Health Care
Policy & Financing

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SB18-145 (Employment First) Benefits Collaborative Questions & Answers

This document summarizes:

- Unanswered stakeholder questions received during the Benefits Collaborative Process regarding the Colorado Department of Health Care Policy & Financing's (HCPF) and the Colorado Department of Labor & Employment, Division of Vocational Rehabilitation (DVR) efforts to implement the Employment First provisions outlined in Senate Bill 18-145; and
- Suggestions made during the Benefits Collaborative process regarding implementation.

Below each item, HCPF and DVR have provided an *interim* response.

Important Note: There are several stages of the Benefits Collaborative process through which proposed policy changes must still pass. Any responses in this document represent a snap-shot of the HCPF and DVR position as of **01/31/18** and should not be read as a final policy determination.

Item 1

Where can I find the information presented in the first Benefits Collaborative meeting, held on 10/9/2018?

- The 10/9/2018 [meeting presentation](#) is posted on the [Benefits Collaborative webpage](#).
- The meeting recording can be accessed at this link: <https://cohcpf.adobeconnect.com/p2ktrycqzpd/>



Training and Certification Requirements

Item 2

What was the total allocation to HCPF to reimburse for the certification (and any needed training) that will be required of supported employment providers in the near future?

- Response forthcoming

Item 3

Is it the case that the requirement that supported employment providers obtain certification may remain but reimbursement for that certification may not?

- Response forthcoming

Item 4

Will the certification be a lifetime certification? And, if not, will the State pay for renewals?

- Response forthcoming

Item 5

Do HCPF and DVR know how many providers are currently providing supported employment services and may be required to obtain certification?

- Response forthcoming

Item 6

You mentioned that certifications used to be required; what was the reason the requirement ended and what was the reason given for requiring certification again now?

- Response forthcoming



Item 7

Do supported employment providers currently receive training and certification? If so, what percentage of the provider population might be impacted by this change? Do HCPF and DVR think this requirement will create a provider bottleneck?

- Response forthcoming

Item 8

When and if the State is no longer able to reimburse for training, I could see employers requiring that candidates already have the certification as a condition of hire, which would thereby pass the expense to the employee. Have you considered this and that most on-ground supported employment providers make close to \$15 per hour? Is there a plan to prevent this?

- Response forthcoming

Item 9

Will job coaches in high schools be required to obtain a certification even though they will not be billing?

- Response forthcoming

Item 10

Aurora Mental Health contracts with DVR to offer supported employment mental health services; we are an IPS provider. In addition, we are a DVR vendor through the DVR fee schedule. Will we be required to obtain multiple certifications to serve different populations?

- Response forthcoming



Item 11

Will new providers of employment services be eligible for the training and certification funds or will only current providers under Medicaid and/or DVR be eligible?

- Response forthcoming

Item 12

Will managers of supported employment professionals also need to be certified?

- Response forthcoming

Item 13

SB18-145 requires that those without a certification be shadowed by someone who has a certification; however, certain certification programs require experience prior to sitting for the certification. How will you reconcile those two requirements?

One stakeholder suggested considering train the trainer models that may help work around this issue. A second stakeholder stated that a train the trainer model may prove the most cost effective.

- Response forthcoming

Item 14

Please consider allowing providers to choose from a range of certifications; many providers already pursue specific trainings and certifications.

Perhaps establish competency areas you would like providers to be knowledgeable in and then identify certifications that deliver those competencies.

Consider prioritizing options that have the most cross-disability content.

- Response forthcoming



Item 15

Please consider the effectiveness of the trainings and certifications under consideration when determining which will ultimately be required. For example, IPS is an evidence-based model that is effective in the mental health community.

- Response forthcoming

Item 16

When researching appropriate trainings and certifications, I recommend you check what other states do and which have good success rates.

- Response forthcoming

Item 17

Stakeholders provided the following comments in response to the question “are there particular Supported Employment Certifications and Training Certificates you suggest we explore?”

Currently there are 34 Certified Employment Support Professionals (CESP) in Colorado

There is an internationally recognized credential titled Certified Psychiatric Rehabilitation Practitioner, which is a more wholistic certification that includes employment.

The Community Work Incentives Coordinator certification is a national certification that at first may not be an obvious choice, however, a client’s ability to understand how employment will impact their benefits and navigate employment accordingly plays a significant role in whether that individual is/remains underemployed.

Will the Commission on Rehabilitation Counselor Certification (CRCC) count?

Consider Coaching, Training and Transformation (CTAT) training and certification.

Consider the Association of Community Rehabilitation Educators (ACRE) training and certification, which can all be done online, anywhere someone lives.

- Response forthcoming



Item 18

Could various trainings and certifications be combined with years of service to then take the CESP test?

- Response forthcoming

Item 19

Please consider customizing certification requirements based on the populations that supported employment providers serve. For example, certain private entities who serve clients who pay for services through private insurance or out-of-pocket may not be under the same restrictions as a public mental health agency and, for these entities, the IPS model may represent an undue burden.

- Response forthcoming

Item 20

Please make sure that training and testing materials are truly accessible to all individuals with disabilities..

- Response forthcoming

Invoicing Requirements

Item 21

Could a supported employment provider choose to obtain two certifications for under \$300 and subsequently invoice for both?

- Response forthcoming



Item 22

Please consider how to make invoicing easy and, if possible, automatic. Consider developing a fillable electronic form.

- Response forthcoming

Item 23

There should be some sort of pre-approval to verify that funds are available before people take the certification, to ensure that they will be paid upon invoicing.

- Response forthcoming

Item 24

Please consider allowing agencies, rather than individuals, to seek pre-approval for employee training and certification; employees may leave after approval but before taking a training and certification and there may be other employees who can take their place.

- Response forthcoming

Item 25

Could a system like the DVR authorization system be used to request reimbursement of training and certification funds (e.g. authorization for a person for a certain \$ amount, for a certain time frame)?

Such a system could also assist in tracking utilization of funds and county/city use of the same.

- Response forthcoming



Data Collection Requirements

Item 26

Please consider how to measure success from the recipient's perspective.

- Response forthcoming

Item 27

Data collected should include how many hours a person *wants* to work. Often people eligible for Supplemental Security Income or Social Security Disability Insurance have a work-hour and income ceiling.

- Response forthcoming

Item 28

Data collected should include length of employment, which can help to assess whether clients are progressing.

- Response forthcoming

Item 29

Will a person have the right to refuse to supply information such as hours worked and wages earned? They should.

- Response forthcoming

Item 30

Case managers should be meeting with a client every three months, so there should be quarterly opportunities to gather data.



- Response forthcoming

General Questions and Feedback

Item 31

When will case managers be educated about everything discussed in the [meeting presentation](#)?

Case managers need to have enough information about employment and impact on benefits so that they're not steering people to group employment.

- Response forthcoming

Item 32

As someone who provides supported employment services and works with DVR counselors, there hasn't always been sufficient knowledge among those who help clients obtain employment to help them also understand how gainful employment will impact their Medicaid eligibility; will there be any training as part of this roll-out to address that gap?

- Response forthcoming

Item 33

How many DVR clients are living in Assisted Living Facilities? People living in these facilities experience barriers to employment because they are not able to stay in such facilities if they make more than \$116 per month; this barrier can lead to people decompensating.

- Response forthcoming



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Item 34

Please consider how to get more self-advocates involved in this Benefits Collaborative process and/or other advisory bodies to consult as part of the process, such as the People First Group.

- Response forthcoming

Post-meeting Questions & Feedback

Item 35

Ruth Arnold, CEO, Colorado Recovery, provided the following comment, after the 10/9/2018 Benefits Collaborative meeting; comments can be found in full [here](#).

I strongly believe there needs to be a list of multiple possible types of certification and not just one chosen for all providers, regardless of the population they specialize in or the system they work in. There are reasons why some practitioners have already chosen to get CRP or CSE or IPS certification or training. Different models work better with different populations.

- Response forthcoming

Item 36

Priscilla Printz, Employment Specialist, Mental Health Center of Denver, provided the following comment, after the 10/9/2018 Benefits Collaborative meeting.

I wanted to mention some certification's through the [National Career Development Association](#) that could be of interest:



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- Certified Career Services Provider (CCSP) - for individuals from an array of backgrounds, who deliver services and demonstrate core competency in the field of career services. Completion of the Facilitating Career Development training program is required before applying.
- Certified Master of Career Services (CMCS) – recognizes the contributions of non-counselors who have mastered a variety of roles within the field of career services.
- Certified Career Counselor (CCC) – the new standard of professional excellence for individuals trained as counselors, who specialize in the delivery of career counseling services.
- Certified Clinical Supervisor of Career Counseling (CCSCC) – recognizes the contributions of individuals who serve as clinical supervisors to career counselors and other practitioners who provide career services.
- Certified Career Counselor Educator (CCCE) – recognizes the contributions of individuals whose primary focus is on the training of new counselors who will specialize in the field of career counseling.
- Certified School Career Development Advisor (CSCDA) - (coming soon) - for providers who work with other staff in the K-12 sector to coordinate the design, implementation, and monitoring of school and community based efforts to improve the chances of students entering the job market with skills, knowledge, and credentials to be competitive.
- Response forthcoming



Item 37

Heidi Eastman, Employment Specialist, Mental Health Center of Denver, provided the following comment, after the 10/9/2018 Benefits Collaborative meeting.

Please consider the [Certified Psychiatric Rehabilitation Practitioner credential](#). The Psychiatric Rehabilitation Association is willing to negotiate on the price of the exam and training with states who include the credential in state legislation. We just entered into a contract with the State of Idaho to train and certify their entire Recovery workforce.

- Response forthcoming

Item 38

Rebecca Macaruso, Certified Rehabilitation Counselor, provided the following comments and questions, after the 10/9/2018 Benefits Collaborative meeting.

I am very much in favor of having a list of approved certifications like CESP and trainings like ACRE. ACRE was a very informative training however, whatever trainings or certifications are on the list, I would highly recommend also including an internship, apprenticeship or mentorship, especially for people with less than a year working in the field. They should follow and be supervised by someone who has five or more years working in the field and who has the required training or Certifications.

Another certification to consider is the [Commission on Rehabilitation Counselor Certification](#).

- Response forthcoming

Item 39

Stacey A. Teegardin, Recovery Services Coordinator, Colorado Office of Behavioral Health, provided the following comments ahead of the 10/9/2018 Benefits Collaborative meeting.



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Individual Placement and Support (IPS) is the evidence based practice of Supported Employment. As a subject matter expert and the statewide supported employment trainer for behavioral health for the state, I believe that all employment specialists who want to provide best practice supported employment should learn about IPS and become certified.

There is an online training course found at ipsworks.org, and now people can obtain their IPS Certification found at <https://ipsworks.org/index.php/ips-certification/>. Eligibility requirements are described on the website (they include high school diploma plus experience) and then take a test. The examination is \$100 and re-certification after 3 years is \$30. The online class is recommended but not required. That class is 12 weeks and \$250. There are weekly assignments but everything is done online and at your own pace/on your own time.

- Response forthcoming

Item 40

Melissa Emery, Program Manager, Rocky Mountain Human Services, provided the following comments and questions, after the 10/9/2018 Benefits Collaborative meeting, regarding data collection.

Is there data in CBMS you can access regarding wages & employment? I worry that the information we collect from individuals and/or their teams and enter in the BUS will be outdated or not accurate. Asking them would be a good starting place, but maybe the information can be cross-checked with CBMS to ensure accuracy?

For anyone receiving long term care Medicaid, the county is collecting income information for their annual redetermination. Can the Case Management Agency access that data and input it in the BUS Business Utilization System? Or would HCPF have a way to access that data for the aggregation?

- Response forthcoming



Feedback Received During and After Second Benefits Collaborative Meeting, 12/17/18

Item 41

Where can I find the information presented in the first Benefits Collaborative meeting, held on 12/17/18?

- The 12/17/19 [meeting presentation](#) is posted on the [Benefits Collaborative webpage](#);
- The meeting recording can be accessed at this link:
<https://cohcpf.adobeconnect.com/piibllfuhveb/>

Item 42

When a service provider works with individuals who are supported by both Medicaid and DVR, which Department will reimburse for training and certification.

- Response forthcoming

Item 43

Will only nationally recognized trainings that include the core competencies outlined in the 12/17/18 meeting presentation meet the standard for training laid out in SB18-145?

- Response forthcoming



Item 44

Will HCPF and DVR publish what trainings and certifications they have accepted / will accept as reimbursable?

- Response forthcoming

Item 45

SB18-145 allows for a certificate or certification. Will either a certificate or a certification be allowed?

- Response forthcoming

Item 46

Can service providers develop their own training? Would the reimbursement parameters change in any way?

- Response forthcoming

Item 47

Is there a requirement for how soon after starting in employment services a service provider will need to obtain certification?

- Response forthcoming

Item 48

Where are service providers located throughout the state?

- Response forthcoming



Item 49

Will you have a process for recognizing people who have been providing services for enough time that they could be assumed to have obtained the required competencies without needing additional training?

- Response forthcoming

Item 50

Will service providers who are using individualized job coaching or individualized development with clients employed in group situations need to be certified?

- Response forthcoming

Item 51

Is there a preferred certification?

- Response forthcoming

Item 52

Why take the core competency approach instead of mandating specific certifications?

- Response forthcoming



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Item 53

With the limited number of entities offering nationally recognized certifications, what is the timeline for compliance?

- Response forthcoming



Comments and Suggestions

Item 54

Regarding the Core Competencies:

- I believe systematic instruction should be considered a core competency, perhaps listed under the current "individualized job coaching" competency. Systematic instruction refers to a group of teaching skills that includes task analysis, task method creativity, references to natural support, natural cues, systematic fading of instructional cues, etc.
- A demonstrated, basic understanding of federal (SSI, SSDI) as well as state benefits beyond just knowing where to refer an individual for this information, would be a preferred requirement. This may address myths and misconceptions that lead individuals, sometimes early on the process, to discount or minimize the value of work.
- Definitions, explanations, and delineations for the core competencies should be clearly articulated by HCPF and DVR.

Item 55

Regarding creating equity of disbursement of funds:

- Education for and outreach to providers regarding the availability of reimbursement for training would be helpful.
- Consider allowing train-the-trainer model for better utilization of funds. Consider how that might be reimbursed.
- Ensure accessibility of training to qualified trained professionals in rural areas.
- Consider limiting how many individuals at an agency can be reimbursed within a period.



Item 56

Regarding ease of reimbursement methods:

- Consider providing reimbursement on an agency basis rather than tied to individuals.
- Think about stipulations for paying back the funds if a person leaves within a certain period after training/certification although that may be better driven by the individual agencies.
- Establish generous timeframes for responding to preauthorization requests
- Create considerations for crossing over fiscal years
- Consider the long lengths of time it takes for an individual to complete on-line training and take / pass exam.
- Consider that turn-over because of bad fit happens within six months to one year. You may want to stipulate that people do not get reimbursed training until after 1 year of employment.

General Comments and Questions

Item 57

Because these are generally not high-paying jobs, leading to high turnover, training will always be needed.

Item 58

When staff are training, they are not seeing clients, and agencies are not billing for client services.