Employment:
A Critical Social Determinant of Health

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"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.
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)
Good Health and Employment

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

- 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
## National Snapshot

<table>
<thead>
<tr>
<th></th>
<th>People with Disabilities (%)</th>
<th>People without Disabilities (%)</th>
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<tbody>
<tr>
<td></td>
<td>2012</td>
<td>2013</td>
</tr>
<tr>
<td>Poverty¹</td>
<td>US</td>
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<tr>
<td>Smoking¹</td>
<td>US</td>
<td>26.0</td>
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<tr>
<td>Obesity¹</td>
<td>US</td>
<td>39.1</td>
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<tr>
<td>Employment¹</td>
<td>US</td>
<td>32.7</td>
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</tbody>
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1. *Annual Disability Statistics Compendium.* Pg 53, 54, 72, 73, 29
Not Enough Money To Make Employment Possible?

[Diagram showing the distribution of money spent on various categories:]
- Healthcare: 55%
- Income Maintenance: 41%
- Education, Employment & Training: 1%
- Housing & Food Assistance: 3%
- Other Services: 0%

Working-Age Adults
$357 Billion in FY2008

[1] Adapted from Livermore, Stapleton and O'Toole (2011, Health Affairs)
Implications for Health Plans Operating Managed Long-Term Services and Supports Programs
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
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
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
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
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)
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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