

Analyses of current policies, funding, potential disincentives and barriers to persons with disabilities, including students with disabilities, succeeding in community integrated employment

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Note: This is deliverable one, the initial current policies and practices analysis, of a nine deliverables project. It is strongly encouraged that this initial analysis be distributed along with at minimum deliverables two, three, and four. Some parts of this analysis may be found to be inaccurate and will be revised given future information during the length of the project. This is likely the portion of the project that contains the most implied criticisms and should be read in the context of subsequent deliverables, strengths, and solutions.

In Spite of Our Best Efforts

There have been many reviews, previous analyses, committees, policy suggestions, and initiatives that have been researched for this analysis. In addition to these, conversations with important and long-standing providers of supported employment in Kansas were extremely helpful. These varied works, previous reviews, and reports detailed all that has been going on and all that we want going on with citizens with significant disabilities who could benefit from community integrated employment. Available national documentation of every states relative performance, and Kansas's performance in particular were also analyzed. The comparative findings were clear: many persons with disabilities routinely employed in many states are not so routinely employed in Kansas.

This reality of less than adequate numbers of Kansans with disabilities employed is despite almost countless current and former attempts, pilots, grants, and initiatives.

To name some that were analyzed: Kansas has an Employment First decree from their Governor, innovative pilots like Project Search in ten different communities, a SSI Social Security Pilot, Business Leadership Networks, Systems Change Grants, a Disability Employment Initiative, the KANSASWORKS employer partnership, a new End-Dependence Kansas initiative, the Great Expectations Initiative from Vocational Rehabilitation, a Supported Employment Grant, Managed Care Employment Initiatives, one to begin April 2015 from United Health Care, and additional knowledge and resources covering federal policy changes coming from the Centers for Medicare and Medicaid Services Final Rule, the Workforce Innovation and Opportunity Act, including Rehabilitation Act revisions.

Not all that was required by the Kansas Employment First Committee, but some data on the performance of Vocational Rehabilitation and the overall disability system is found through the 2013, 2014, and 2015 Employment First Committee Annual Reports and by reading numerous other state and federal documents. One of them, the current 1915 (c) waiver and the revised version is the major funding source for persons with developmental disabilities in the Kansas Managed Care initiative, known as KanCare, and is available on the CMS website.

Findings

The following thirteen findings came from a review of available documents, scheduled interviews with key stakeholders, national and state reports, and best practices information relative to the employment of citizens with developmental disabilities. Future deliverables will contain information gleaned from the six community stakeholder meetings scheduled throughout Kansas, three workgroup meetings with government, advocates, and providers, an analysis of potential short-term and long-term revisions to policies, rate methodologies, waivers, regulations, an analysis of multiple funding and support structures, a system design roadmap, an analysis of disability services funding models, and further technical assistance.

A determination was made to not rehash every finding, differing points of view, data compliance result, less than hoped for cooperation, and the potential causes of less than should be expected employment outcomes of persons with disabilities in Kansas. Instead, the most salient findings or points were gleaned from an analysis of the projects, processes, and initiatives below. These should be viewed as examples both qualitative and quantitative research that give an overall perspective to the current employment situation for persons with disabilities in Kansas.

1. The Great Expectations Initiative (GEI) through Vocational Rehabilitation, is an example of the results of many Kansas initiatives. GEI was a demonstration project that involved 192 people with developmental and intellectual disabilities that resulted in just 18 persons becoming employed. The GEI demonstration project had less than a 10% success rate on his or her job to the extent that successful Status 26 VR Closure was reached.

2. Another, The KANSASWORKS Employer Partner Incentive put out \$500,000 in taxpayer money in 2012 to pay employers \$2000 to \$3000 to hire persons with disabilities and by December 2014, only \$15,000 had been given out to employers hiring six people total.

3. According to the Minority Report written by the State Vocational Rehabilitation (VR) Director in January 2014, one incentive available since 2011 for employment of persons on the waiting list for HCBS waiver eligible persons with developmental disabilities was VR's willingness to financially participate in his or her plan of employment services. VR encouraged participation with the understanding that the person would continue in HCBS waiver funded follow-along support. But, fewer than 25 people participated over the past three years.

4. The number of citizens with developmental disabilities served in facility-based non-work activities in Kansas have increased 8.3% since 2012. This type of facility services may be considered to have an "isolating effect" and be at variance from the

new Medicaid Final Rule and subsequent Centers for Medicaid and Medicare Services Guidance.

5. Another example of less than hoped for outcomes despite expenditure of taxpayer resources was 738 persons receiving an average of 25 hours of job coaching each with a VR payment of \$34 per hour, that resulted in only 16 of the 738 participants closed as successfully employed by VR, according to the State VR Director's Minority Report.

6. In June 2014 the Kansas Department of Children and Families Rehabilitation Services paid for a study by PCG to evaluate, analyze, and provide quality assurance guidance. Some key findings were:

- a) Two-thirds of the authorized rehabilitation agency providers in effect do not provide rehabilitation services reimbursed by the State of Kansas, as they receive little, between \$25,000 and zero revenue, from Vocational Rehabilitation per year.
- b) Of the individual agency rehabilitation service employees in Kansas, most provide but 14 hours per week of services, far less than the number of hours per week of billable time which is customary and ordinary for Supported Employment/Customized Employment Services, or fulltime employees providing rehabilitative supports and services.
- c) The PCG study found that most of the direct service staff providing rehabilitation services in Kansas have a high school education or less than five years experience, and make between \$13.84 and \$15.40 per hour. This hourly amount of salary found in the PCG study was higher than reported by all experienced Supported Employment providers in Kansas who said most of their employment specialists earn between \$9.00 and \$11.00 per hour, and that it is not uncommon to have annual staff turnover between 25-35% per year. Many have reported an annual staff turnover rate of 60%. (S. Hall Kansas field research to date.)

- d) The average hours per week of services for persons in Supported Employment reported by providers does not correspond to the number of hours of services State Vocational Rehabilitation anticipated when they constructed the payments for Supported Employment with a milestone/benchmark payment system. The expectation was for persons with disabilities to receive some pre-conceived amount of service hours, but the result was persons receiving fewer hours of services than anticipated (about one hour a month) although the providers still received the milestone payments. The data is not currently publically available to determine the number of hours of services provided or how many providers received partial milestone payments less than \$4500 total.
- e) Only 15 providers of rehabilitation in the State of Kansas receive greater than \$100,000 for integrated employment services, meaning for all intents and purposes, that only a few Kansans fortunate enough to be near one of these providers have the opportunity for employment services. This likely means that persons with disabilities have few or no choice of community integrated employment providers in the area where he or she lives.
- f) The number of mental health organizations in the entire state of Kansas that even responded to the PCG inquiry was but 14. For most intents and purposes relative to the need for supported and customized employment services for Kansans with mental health needs, supported and customized employment services does not exist to the extent needed. Only 11 of the 26 CMHC use the evidenced based IPS Supported Employment model.
- g) Two out of three persons providing rehabilitation services hold no individual credentials or certification of authorized training of any kind and most make \$11.08 per hour. This per hour wage is equivalent to the 1968 federal minimum wage of \$1.60.
- h) The PCG study found most Rehabilitation Counselors, the persons that authorize employment services in Kansas make \$14.64 per hour, about \$30,000 per year. This is the 1968 equivalent of \$2.00 per hour. To compare, most Rehabilitation Counselors in Nebraska are paid \$53,000 per year,

\$23,000 per year more than what most Rehabilitation Counselors are paid in Kansas. Many others have said there are too few Rehabilitation Counselors employed in Kansas and that vacancies due to turnover are common.

- i) People are paid 28% more to deliver individual rehabilitation services as a provider if they live in or near Wichita, when compared to the rest of Kansas.

7. Transition aged youth with mental health needs have received opportunities for employment far less than many had hoped. Providers of services reported that VR has a self-imposed policy to accept transition age youth 18 months prior to graduation, rather than at age 16. Many providers said that it was in reality 6 months prior to graduation before VR involvement.

The average person in the United States who is eligible for VR services spends greater than 700 days in various statuses once deemed eligible, most not in a real job, before case closure. Over the length of this project additional information concerning citizens with mental health needs will be sought. It is not known what the average length of time between being deemed eligible for VR services and VR case closure as successfully employed is for Kansas youth with mental health needs, or if every Community Mental Health Center in Kansas has a contract with VR to provide one the most evidenced-based and effective psychosocial rehabilitation services, Supported Employment. If this is not widespread, then it is likely that the primary mental health treatment modality will be pharmacological at substantial cost to taxpayers as State's take advantage of the Medicaid pharmacy rebate program.

8. Vocational Rehabilitation pays \$34.00 per hour for Supported Employment but routinely authorizes only about a \$1000 worth of hourly dollars in addition to the \$4500 in total milestone payments, and only for those who have completed every milestone. This method of Vocational Rehabilitation payment is in effect a cap of about 130-140 hours in a best-case scenario. This amount is less than the average

number of hours authorized that has proven to achieve good Supported Employment outcomes in other states.

9. Following the less than adequate Vocational Rehabilitation investment, Developmental Disabilities through the Medicaid waiver funds support and follow-along services at \$12.00 per hour, less than one-third of what is needed to warrant the Vocational Rehabilitation investment. The combination of less than expected hours of services delivered under the milestone payment system, coupled with only \$1000 additional hours of on site job coaching authorized by Vocational Rehabilitation, coupled to follow along funding to providers so low that it is likely persons *providing* the ongoing follow along supports make minimum wage themselves, or a few dollars more at best, creates an undesirable employment situation for all involved. The latest Employment Oversight Commission Reports have findings from Butterworth, Hall, et al. (2015) *StateData: The National Report on the Employment Services and Outcomes*, that show employment success for citizens in Kansas getting worse instead of better since the Employment First Kansas initiative was launched.

10. Looking forward, KanCare, a Medicaid managed care initiative, is projecting to serve fewer persons with developmental disabilities over the next several years, reducing capacity, instead of serving more persons who have been waiting for HCBS waiver services for years. (Kansas latest 2015 (c) waiver submittal available on the Centers for Medicaid and Medicare Services website.)

11. Projected use of Supported Employment services in the new Medicaid waiver would mean that under managed care fewer persons would receive the support he or she might need to gain and maintain a real job in the community, to become less taxpayer dependent by becoming a taxpayer him or herself. There has been a marked and recent decrease in the number of person with disabilities working in Kansas and a significant increase in persons with cognitive disabilities living in poverty according to the National Report (2014) by Butterworth and others.

12. There is no recognized definition of what is considered a good integrated employment outcome. For example, there is not an expectation that persons participating in Supported or Customized Employment work an average of xx hours per week, at or above minimum wage or better, or that persons not working but considered “in supported employment” not be counted in supported employment data. There is not an expectation that young persons exiting schools will leave as employed young adults in a job near his or her place of residence. Providers have pointed out that the most immediate quest after graduation is a group home placement, not employment at a living wage.

13. Kansas spends more total dollars (day and residential) and gets fewer meaningful outcomes for its citizens with disabilities when compared to similar states. The Kansas community employment participation rate and investment is nearly four times less than the average American state, in the bottom five, Braddock, 2013, *State of the States in Developmental Disabilities*. The exact same citizens are eight times more likely to be in an integrated community job and paying taxes, if he or she lives in Nebraska, a state with a similar per capita investment in total disability services. The three-year trend data from Braddock, *State of the States in Developmental Disabilities* show the current situation in Kansas as unchanging.

Despite numerous initiatives, communications, meetings, conferences, and stakeholder opinion surveys, the performance, the lasting employment outcomes expressed through various pronouncements and plans of government officials and providers of services currently functions in reality and tragically to maintain the status quo of weak employment outcomes despite substantial effort.

Taking the Long Overdue High Road to Success

A long time ago a wise person pointed out that you can't get an adult to do something that they really don't want to do. Shaming, showing miniscule results and data in comparison with other states that get superior outcomes while spending

less, doesn't inspire. No one takes criticism well, will become defensive, and could result in a he said/she said, agree to disagree, let's criticize the data, point counterpoint scenario, benefitting no one. Kansans who truly care about citizens with significant disabilities have spent years discussing different points of view, while the needle on employment outcomes in Kansas has swung backwards.

The Employment First Committee Reports and the Vocational Rehabilitation Director's dissenting letter are but one example of nearly countless private and public exchanges that have gotten us little progress, effectively neutralizing the potential employment success of citizens of Kansas with Disabilities. Despite this, most recognize the Employment First Oversight Commission Reports, 2014 in particular, to the Governor and the Kansas Legislature as extraordinarily useful and truthful. These annual reports give the most succinct assessment of the current employment situation with potential remedies, although as with all studies the devil and potential for significant improvement is in the details.

Please again note this deliverable one is but an analysis of the current situation, the first of many steps leading to an Employment Systems Redesign Roadmap. Without question, this initial analysis of the current system of supports and services for persons with disabilities is the most alarming, negative, and challenging to hear and write, while the actual recommendations that will be contained in suggested policy revisions, new funding models, and the roadmap for success will be reassuring, proactive, and possibly delightful to many.

There's simply a lot of work that needs to get done if citizens with significant disabilities in Kansas are going to get the same opportunities that other similar citizens get in most other states, and it must start with state officials, in particular Medicaid and Vocational Rehabilitation, bending over backwards together to move Kansans forward. Another uncoordinated unilateral initiative by a single state agency isn't needed. It is past time to change how the bulk of Vocational Rehabilitation and to a greater extent Medicaid dollars are invested.

Many fellow Kansans, providers, government officials, advocates, and parents are suggesting some very beneficial and pragmatic changes, and have likely been doing so for many years.

Current Stasis

First state in the nation to adopt an Employment First Policy, Kansas, has formed good committees of good people whose good intentions and professional excellence were not as supported by government officials as most would have hoped.

Government officials have routinely not complied with the simple requests for data and information regarding what they are doing and what results are they getting in accord with the Kansas Employment First Policy.

In addition to the Employment First Committee there have been numerous public and private meetings, some led by out of state consultants, seeking input from just about everyone. Unfortunately this extensive and good intentioned groundwork has led to less than hoped for progress in ensuring citizens with significant disabilities choose, get, and keep a real job. Despite so many truly positive employment initiatives, like Project Search, an internship program that has had much success securing employment in health care settings for youth transitioning from public education in Kansas, the current policies and funding mechanisms tend to support the congregation, separation, isolation, and sustained poverty of Kansans with disabilities.

Kansas's disability public policy is controlled by a strong politically-engaged system of workshop, day center, and group home providers. Those who operate workshops likely pay people with disabilities less than similar persons could make in integrated community employment. The economic viability of workshops, day centers, and in particular residential group homes, and the long-standing administrative leaders of such enterprises are all secure in the current system that spends nearly a half of a billion dollars for such physical plants, the administrative overhead, and services. Some families of persons with developmental disabilities are reassured after getting

a group home for their beloved son or daughter after public education. They may accept immediate placement in a day center or workshop to go along with the group home placement more out of convenience instead of careful examination and knowledge. Parents may not realizing that the most critical things they seek for their adult child: health, safety, and life time of well-being often occurs through having a good job in he community.

Of the approximately \$490 Million reported as (Medicaid services and supports payment data reflects payments of approximately \$370 Million.) spent annually in Kansas in state and federal taxpayer funds on behalf of persons with developmental disabilities, but \$4.3 million is spent on employment, less than 1%. For all intents and purposes, disability services in Kansas look just like they did 30 years ago in Kansas and in most places in the United States back then—pockets of excellent providers succeeding in getting persons with significant disabilities real jobs in their communities, such as Cottonwood today, in spite of policies and funding mechanisms that work against success. While many states have moved on, into a future of community employment through Supported and Customized Employment methodologies, Kansas has changed little over the past three decades. There is strong evidence that Kansas investment in the employment of its citizens with disabilities two decades ago was double current investment.

The 2014 Employment First Oversight Commission Report effectively chronicles all related employment efforts and it must be noted that the current state of employment for persons with Disabilities in Kansas is not for the lack of trying. Repeated and well thought out plans, forays into the community for public opinion, best practices conferences, and great staff training have attempted to breakthrough the logjam of congregated and segregated services. The fact remains that most citizens with disabilities spend their days only with their own kind or persons who are paid to be with them in day centers, workshops, and group homes. The best efforts of true disability professionals and advocates whose work is to move Kansas into a new era of evidenced based services, such as Supported and Customized

Employment continues unabated and this Systems Redesign Project is but the latest of many previous, some excellent, efforts.

For example, the Employment First Oversight Commission 2014 Report to the Governor and the Kansas Legislature states:

“Makes the following recommendations in an effort to support...employment outcomes contained within the KanCare managed care contracts...increases in net personal income, private sector employment....decreases in number of Kansans living in poverty...as an outcome of the Managed Care Contracts.” p.1.

These laudable calls to include employment outcomes in the KanCare managed care contracts are contradicted with the new Kansas Medicaid waiver application, which projects no growth in citizens receiving supported employment, no new service options that can really help Supported and Customized Employment efforts. The new waiver seems to copy the old budget and projections with no growth in the number of citizens working, even in year five. The new Medicaid waiver application projects hourly payment rates to remain at \$12 per hour for employment specialist services, arguably the lowest in the nation, making it next to impossible for providers to hire high quality staff, end staff turnover, and produce employment outcomes. Note: \$12 per hour is the rate of payment for Supported Employment that Illinois had 33 years ago.

The Employment First Oversight Commission found that due to the lack of cooperation, working together, and compliance with Kansas Employment First requirements by Kansas state government officials and agencies, 13 objectives that tie to the Kansas Scorecard did not meet the national employment first standards. Simply put, government officials, while sometimes professing agreement with the laudable goals of Employment First, are doing less than what's possible to shift the investment away from congregate, segregated, preparatory, and other services and supports that have an isolating effect on these vulnerable citizens with significant

disabilities. And, they are not complying with the data reporting requirements as described in the Kansas Employment First Act, described as the foundation requirement of this initiative at the first Kansas Employment First Summit in 2012.

Said another way, almost every critique or criticism of Kansas governments investment in the employment of citizens with significant disabilities can be rebutted in some fashion by numerous (endless) time-limited initiatives and examples but one: the amount and manner that providers are funded by state agencies to ensure the long term and financially meaningful success of citizens through customized and supported employment is abysmal, with relatively little investment when compared to those states, like Nebraska, that succeed, in helping their citizens become working and taxpaying citizens. Kansas current investment in Supported Employment is three million dollars less (unadjusted for inflation) than what it was 21 years ago, in 1994, Braddock (2013) *State of the States in Developmental Disabilities*.

Doing Things Differently for Different Results

The 2014 Employment First Oversight Committee said, “Kansas needs to adjust the way employment and support services are funded...Funding should be coordinated and adjusted to focus efforts to dramatically increase the numbers of Kansans in integrated and competitive employment.” p. 2

The Employment First Oversight Committee is right, Kansas must change *the way* employment support services are funded *and* the amount of money shifted from non-evidenced based legacy services, known as sheltered workshops and day activity centers. These segregated facility resources in many states have been reallocated to Supported Employment, Customized Employment, and Community Access Services. This is about too much money going to congregated and segregated services and not enough going to integrated employment services. Potentially this may represent fertile ground for a United States Department of Justice segregation lawsuit based on *LC v. Olmstead*, USC (1999), similar to *Lane v. Kitzhaber* (2012).

Lane v Kitzhaber is a pending class action lawsuit against the state of Oregon in which the Plaintiffs claim the state has violated Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, which require individuals with disabilities not receive services in segregated settings such as sheltered workshops and day centers.

While providers must be paid for the cost of services, what is termed “reasonable” is the purview of the state. This means states can, and Kansas should, develop guidelines for reasonable costs allowed for every service and this information should be used to construct new rates. New rates should be based on what results we want to happen, not on what is going on now, the current limited service options.

To state this as clearly as possible, a cost analysis is necessary to ensure equitable rates and individual resource assignments based on need that guarantee that most of the taxpayer’s resources actually go to those persons providing the direct services and supports, with a fair and reasonable amount of the rate going for administrative overhead, other costs, provider agency fund balances, and profit. Specifically:

- 1) More of the overall funding for persons with disabilities in Kansas should be directed to employment and;
- 2) The money directed to employment should be used to significantly increase the rate of payment to providers of supported and customized employment and;
- 3) Of the money used for the rate, more should go to persons who work directly on behalf of citizens with disabilities.

The amount of money spent on day services, pre-vocational services, and sheltered workshops could be reduced by an initial amount the first year, and at a lesser amount per year for years two, three, and four, while adding every dime of these service dollars to services that support integrated community employment, turning persons who are taxpayer dependent into taxpayers themselves. The amount of money currently going to residential services providers could be reduced by less

costly and more integrated residential service models, adult foster homes, individual apartments, and supported living, to significantly reduce the waiting list. But, any reduction in payments for operating group homes is likely to be vehemently and successfully opposed. Reduction in payments to community residential providers, usually group homes, is not recommended.

There is no need, nor is it warranted, to remove any of the current funding going to providers, instead, funding should be moved and when possible added to ensure no one with a significant disability is being denied services by waiting for services that may not occur before they die. This is particular critical in the need for the psychosocial rehabilitation services known as Supported and Customized Employment as alternatives to and in combination with pharmacological approaches for citizens with mental health needs.

From a Provider-centered system to a Person-centered system

What is needed is a significant rebalancing at the state department level, of Vocational Rehabilitation and Medicaid state-matched federal resources, and at the provider level, *away from* services and supports where people with disabilities, live, work, and receive services together, *toward* more cost-effective and outcome-based individualized living, employment, and community access services. Persons with disabilities should not have to live or be in a particular facility, for the disabled only setting, building, or group home residential living arrangement to receive the services they need. Persons with disabilities who receive services shouldn't be able to look around in the setting where they receive services and almost without fail see other persons with disabilities similar to themselves. A service is not a place.

On the subject of *the way* employment support services are funded, Kansas could consider becoming a person-centered state rather than a provider-centered state by self-directing 100% of all services and supports. This has been termed a natural American way of doing the business of human services as it is accomplished in every

other walk of life, an exchange of money for goods or services that meet the buyer's expectations. This directs the power of the purse into the hands of persons with disabilities themselves and their families and away from the control of government officials, managed care corporations, and providers of services.

Good providers of services will not oppose this change, as people with disabilities will choose (and can only choose) providers who have the skills and abilities to deliver good outcomes. Self-directed services must include the option of choosing providers of services. Unsatisfactory providers will likely oppose such change, as families and persons with disabilities may choose to have their money for services going to a provider who can deliver beneficial outcomes.

A Complement to Endependence

The latest employment related initiative is Endependence. This initiative promises \$25,000,000 to get 2000 people jobs and this means that the per person cost per job is:

$$\$25,000,000/2000=\$12,500 \text{ per person per job.}$$

The current customary and ordinary VR cost in Kansas to get someone with a developmental disability a job is \$4500-5500. But, if a similar \$12,500 in state/federal VR match funding per person were given to providers of services the average rate of payment to providers could be as high as \$62.50 per hour, not the current rate of \$34.00 per hour. This would allow the average employment specialist in Kansas to make a salary of \$52,500. Ongoing support and follow-along costs for per person annually would be about \$5000 @ the \$62.50 rate. The current rate is \$12.00 per hour, but many DD providers draw down the full annual day rate.

An Alternative

The above complementary scenario would certainly get 2000 people with significant disabilities jobs over five years, such as persons with developmental or intellectual disabilities and persons with chronic and persistent mental health needs, persons with such significant disabilities that supported and or customized employment would be needed. [Note: No one has said how much of the \$25 million dollars will actually go to providers of Supported and Customized Employment services in the Endependence initiative. The above scenario assumes 100% because they are drawn down as case service revenue, not administrative.] But a little more judicious use of taxpayer money could increase the number of persons getting a real job in the community by 50% to 3000 simply by reducing the VR payment rate to providers to a more reasonable \$41.50 per hour, making the ongoing support and follow-along costs to DD and BH about \$3500 per year instead of \$5000.

What may have been needed all along was for Vocational Rehabilitation to authorize an average of, for example, 200 hours instead of 30 hours on the back of the milestone payments, and consider abandoning or changing the milestone payment plan. This would increase the per person cost to \$8300 from \$5500 average per person on the VR side for one year and actually reduce the costs on the DD Medicaid side by approximately \$6000 per year annually and forever, throughout the person's working life, a substantial taxpayer saving. Additionally, the government would realize new revenue from the taxation of the person with a disabilities' earned income.

The Endependence program, like other previous Kansas employment initiatives is not a bad idea, in fact it's a very good idea to fully match any available federal funds in order to bring back the federal taxes that have been paid by Kansas taxpayers, but it's an idea that could be modified to ensure some persons with significant disabilities who need customized or supported employment could benefit equally. We need to now consider, in future deliverables over the next several months of this project, all the new possibilities and changes, including a new individual allocation

and new rate methodology that are necessary to bring Kansas significant employment successes annually, focusing on integrated community employment.

A Final Comment

The willingness and capacity of providers of services in Kansas, people with disabilities themselves, advocates, and the State of Kansas desire through its departments of government, Vocational Rehabilitation, Education, Developmental Disabilities, Behavioral Health, and Medicaid for citizens with disabilities to work in integrated competitive real jobs in the community has not materialized despite best intentions. There is no good reason, not financial, not provider capacity, not the general economy, not anyone's unwillingness or lack of information that has caused stagnant and declining employment success.

There is no reason at all for Kansas not being the very best in the nation in ensuring persons with disabilities are employed in their communities, except a history of unilateral and uncoordinated employment financing and implementation efforts, and declining permanent service system investment in integrated employment. There is little question that Kansas can benefit from the future project deliverables, a simple to use rate methodology, revisions to policies and practices, and a road map of changes to give citizens with disabilities the living the promise of Kansas being the first state in the nation that put Employment First. The taxpayers of Kansas, people with disabilities and their families, and providers of services deserve a stable system of funding services and supports that works everyday. That is, a system that taxpayers and providers of services can invest in, one they can count on.