The Workforce Innovation and Opportunity Act (WIOA) was passed by the United States Congress and signed into law in July 2014. WIOA is the legislation that authorizes six workforce development programs, which are considered “core” programs under the act. These programs include:

1. The Vocational Rehabilitation Program (VR)
2. WIOA Title I Adult Program
3. WIOA Title I Dislocated Worker Program
4. WIOA Title I Youth Program
5. Adult Education and Family Literacy Act Program
6. Wagner-Peyser Act Program

Each state was required to submit a WIOA state plan to the federal government by April 1, 2016. These state plans outline the vision and goals of the state's workforce development system as a whole, as well as specifying how each of the programs authorized under WIOA will operate and deliver services over the next four years.

In their WIOA plan, each state’s public vocational rehabilitation (VR) system was required to state how they will partner with their state intellectual and developmental disability (IDD) and Medicaid systems, through describing how the state VR agency will “collaborate with the state agency responsible for administering each of the following programs to develop opportunities for competitive integrated employment, to the greatest extent practicable:

(1) the State Medicaid plan under title XIX of the Social Security Act;
(2) the State agency responsible for providing services for individuals with developmental disabilities; and
(3) the State agency responsible for providing mental health services.”

The SELN project team has gone through each state’s draft plan, and pulled the language that the state VR agency included in the plan regarding interagency cooperation with these three agency. Attached is this language from all of the draft state plans. We feel that states will find this information of value to both easily find the language from your state plan, and to also compare that
language to other states. The SELN project team has embarked on an analysis of these combined state plan excerpts to determine how states are planning to address WIOA requirements and how the various systems can collaborate to achieve the intended outcome of competitive integrated employment.

Please note that the plans that this language was pulled from, were the draft WIOA plans issued for public comment. These plans are not final. Before submitting their plans to the federal government, states may have made changes in their draft state plans based on public comments received, and may make additional changes in their plans, based on feedback from the federal government. Generally we would not expect that the language regarding inter-agency cooperation with IDD, Medicaid, and Mental Health would not be changed significantly, if at all, in the final plan, but there may be exceptions.

Future technical support will be offered based on the state plan activities and the WIOA regulations, which are expected to be finalized in summer 2016.

Links to each state’s full WIOA plan can be found at: www.communityinclusion.org/wioa

An overview of WIOA and links to the individual state plans are available at http://www.communityinclusion.org/wioa

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<thead>
<tr>
<th>State</th>
<th>State DD Agency/ Social Security/Medicaid</th>
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<tbody>
<tr>
<td>Alabama</td>
<td>The State of Alabama Independent Living Service, a division of the Alabama Department of Rehabilitation Services, provides comprehensive services for individuals needing independent living and competitive integrated employment. Services are provided through specialized counselors who manage services for both vocational rehabilitation and the Medicaid waiver. Additionally, the Alabama Department of Mental Health, the Alabama Department of Rehabilitation Services, the Alabama Department of Education, the Alabama Department of Postsecondary Education, the Alabama Department of Economic and Community Affairs, the Alabama Department of Senior Services, the Alabama Council on Developmental Disabilities, and Alabama’s Medicaid Agency are all principle players in Employment First in Alabama. These agencies meet monthly to promote and expand collaboration and collaborative efforts for individuals with disabilities seeking competitive integrated employment,</td>
</tr>
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</table>
SELN - WIOA State Plan VR Interagency Cooperation Language

| Alabama Department of Mental Health is responsible for providing services to individuals with developmental disabilities, and ADRS works collaboratively in our state to increase competitive integrated employment, particularly for individuals with more significant disabilities. Initiatives such as Project SEACH, that currently serves over 100 individuals with significant disabilities at ten different locations throughout the state, the GATE project which is a collaborative effort to move individuals served through the waivers in day programs into community based, integrated employment opportunities through development of training sites embedded in employment opportunities in the communities, and conjoint trainings for job coaches working through both entities, community based rehabilitation partners, school personnel, jointly funded school personnel and other community providers. |

| Alaska | DVR currently has a Cooperative Agreement with the DPA; however, the agreement is substantially outdated. DVR has begun discussions with the DPA Director to begin drafting a new cooperative agreement that will outline how both agencies can coordinate the delivery of employment related services to individuals with disabilities. DVR does not have a current cooperative agreement in place with the Division of Senior and Disability Services; however, both agencies’ staff collaborates frequently given that many SE consumers typically receive services under DSDS’s Intellectual and Developmental Disability waiver. Due to the Employment First legislation, it is expected that a cooperative agreement will be developed within the coming year that will specifically outline opportunities for competitive integrated employment. |
### Arizona

DES/RSA formalized a long-standing partnership with the Division of Developmental Disabilities (DDD) through the development of a Memorandum of Understanding (MOU). The MOU describes how RSA and DDD will continue to work together to ensure mutual clients have access to competitive and integrated employment opportunities and if needed, long-term employment supports. The MOU outlines the process for referring prospective clients and exchanging information, as well as the responsibilities of agency staff to coordinate services for mutual clients.

Since 2013, DES/RSA and DDD have maintained an MOU to ensure individuals who are involved in both DDD and the foster care system have streamlined access to the VR program. The purpose of this MOU is to facilitate a smooth transition for individuals as they age out of the foster care system and begin to engage in meaningful, gainful, and sustained employment, education and community living. This MOU includes a structured statewide referral process, dedicated VR counselor position(s), and expedited eligibility determination.

DES/RSA is a committed member of the Arizona Employment Disability Partnership committee, a group of community stakeholders dedicated to working together to further employment opportunities for people with disabilities in Arizona. Committee members include representatives from the Division of Developmental Disabilities, Arizona Health Care Cost Containment system, Arizona Department of Health Services/Division of Behavioral Health Services (DBHS), Arizona Developmental Disabilities Planning Council, ABILITY 360, Untapped Arizona, Department of Education, persons with disabilities, and various other community agencies. This committee actively collaborates to increase awareness of available services, disability-friendly job fairs, employment resources, and disability awareness events. The committee strives to increase collaboration and sharing of resources between stakeholders in efforts to address community needs and service gaps.

DES/RSA is in the beginning stages of collaborating with the Arizona Health Care Cost Containment system as they begin to implement a five-year transition plan to amend and improve services. DES/RSA will work with the Arizona Health Care Cost Containment system to address changes in their employment services and ensure individuals currently in center-based employment (non-integrated, non-competitive) have access to vocational services that will assist in the transition to competitive, integrated employment.
| **Arkansas** | ARS serves on the Department of Labor, Office of Disability Employment Policy, Arkansas Employment First State Leadership team with the Department of Human Services Divisions of Developmental Disabilities Services (DDS), Behavioral Health Services (DBHS), Services for the Blind (DSB), Medical Services (DMS), Aging and Adult Services (DAAS), Department of Workforce Services (DWS), University of Arkansas PROMISE Grant and the Arkansas Department of Education, Special Education Unit (ADE SEU). The team will be updating the current interagency agreements to fund braided services and apply for combined waiver programs related to opportunities where individuals participated in employment related activities under WIOA. |
| **California** | DHCS and California Department of Developmental Services (DDS) Cooperative Agreement: Individuals Eligible for Home and Community Based Waiver Programs – CDOR has entered into formal cooperative agreements with DHCS, the state agency responsible for administering the State Medicaid plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), and DDS, the state agency with primary responsibility for providing services and supports for individuals with intellectual disabilities and individuals with developmental disabilities. The cooperative agreements were developed with respect to the delivery of VR services for individuals with the most significant disabilities who have been determined to be eligible for home and community-based services under a Medicaid waiver. |
| **Colorado** | DVR and DIDD continue to work in collaboration to effectively plan and coordinate the provision of supported employment services to individuals with the most significant developmental disabilities by the DIDD community services agencies and DVR to avoid duplication of services thereby, maximizing available resources. As a result of this collaboration, much has been achieved in making community-based, integrated employment available for persons with developmental disabilities. Within this collaborative relationship, DVR is responsible for the provision of supported employment services including, but not limited to, job coaching. However due to the expertise and proven history of DIDD in training individuals with the most significant developmental disabilities, the local DIDD community service provider is typically used by the rehabilitation counselor to provide such training and other supported employment services. |
The DIDD community service provider must be registered with DVR to be able to provide supported employment services to DVR clients. Services are purchased in accordance with DVR’s fee schedule and service providers must meet the standards and credentials as required for the provision of specified supported employment services. Systems have been designed to encourage local level development of supported employment strategies between all DVR field offices and DIDD supported employment service providers.

Colorado has joined the State Employment Leadership Network (SELN). SELN brings together state Developmental Disability agencies for sharing, educating and providing guidance on practices and policies around employment to its members. DVR collaborates with the Division for Intellectual and Developmental Disabilities on activities with SELN and as part of this, DIDD has a staff person dedicated to spending at least fifty percent of her time focused on employment for persons with developmental disabilities. SELN is currently conducting webinars on topics identified at last summer’s roundtable meetings.

Colorado DVR partnered with the Division for Intellectual and Developmental Disabilities and held regional roundtables this last year to create discussions about issues faced by persons with developmental disabilities looking for competitive employment. Attendees included DVR staff, vendors, family members and Community Center Board provider staff. These roundtable meetings included presentations by DVR and DIDD staff as well as breakout sessions in which groups reviewed and discussed relevant topics such as on-going support, individual supported employment, and line of sight supervision.

There are twenty Community Center Boards (CCBs) in the State of Colorado. Community Center Boards are organizations designated in statute as the single entry point into the long-term service and support system for persons with developmental disabilities. Each Community Center Board is responsible for intake, eligibility determination, service plan development, arrangement of services, delivery of services, case management, monitoring, and other functions.

DVR continues to have lead counselors who work specifically with individuals with developmental disabilities to help more effectively coordinate and provide quality services for these clients. These counselors serve as regional liaisons, providing training, guidance and support to all counselors in their region to establish standards of practice.
with the local CCB’s. In addition, their duties include functioning as a subject matter expert and serving as a liaison between the CCB and the local DVR office as well as various community partners, vendors and independent contractors. These individuals will also work as a team in conjunction with the Supported Employment Program Coordinator to identify emerging trends and issues, develop new and or unique services in the community as necessary and evaluate existing programs for persons with developmental disabilities.

DVR is in the process of developing an interagency agreement with Health Care Policy and Financing, including the Division of Intellectual and Developmental Disabilities. This is scheduled to go in effect July 1, 2016.

**Connecticut**

The State Medicaid plan under Title XIX of the Social Security Act is a program operated by the Department of Social Services (DSS). For over 20 years until 2014, BRS functioned as a Designated State Unit with DSS serving as its Designated State Agency. As a result of this long-term relationship, BRS has a close working relationship with DSS programs such as TANF, the Medicaid Buy-In, and Money Follows the Person. We offer technical assistance through our Vocational Rehabilitation and Benefits Counseling programs. BRS intends to work with DSS to develop an agreement that formalizes these referral and service processes.

The Department of Developmental Services (DDS) MOU enables coordinated vocational employment services for people with intellectual disabilities to minimize overlap of resources.

The Department of Mental Health and Addiction Services (DMHAS) MOU enables BRS to staff counselors at Local Mental Health Authority (LMHA) locations.

The Department of Mental Health and Addiction Services (DMHAS) MOA enables BRS to partially fund a shared position to improve service delivery and collaboration for consumers of both programs.

**Delaware**

The Division for the Visually Impaired (DVI) has Memorandum of Understanding agreements with the Division for Developmental Disabilities Services (DDDS), the Department of Education (DOE), the Department of Labor’s Vocational Rehabilitation Division (DOL DVR) and with for the Department of Substance Abuse and Mental Health Services (DSAMH) to provide wrap around Supported Employment and coordinate extended services for folks with
most significant disabilities in DVI.

Specific supported employment SE vocational rehabilitation services best practices are provided as per the Dartmouth Psychiatric Research Center Evidence Based Supported Employment model. All consumers who receive services under supported employment require long-term supports or extended services, the majority of who receive funding under a Medicaid waiver funded program through DDDS, DSAAPD or DSAMH. Under WIOA, DVI also provides extended services up to four years following the exit of an individual if determined necessary under an Individualized Plan for Employment.

DDDS, DVR, and DOE entered into a formal agreement to work together with eligible students aged 14 and above, to transition successfully from school into employment, training/education or both. It is the goal of DVI VR to have every student who is a Supported Employment Candidate and active with DDDS to start Supported Employment Services by age 15 under the “Early Start” model. This is to insure that there is no gap in services between the last month of school and the beginning of Supported Employment services and/or actual employment obtained through Supported Employment service provision.

DVI is currently working with several other agencies within the Department of Health and Social Services, and has entered into a cooperative agreement with the Division of Medicaid and Medical Assistance (administering agency of State Medicaid plan under title XIX of the Social Security Act), Developmental Disabilities Services, and Division of Services for Aging and Adults with Physical Disabilities in administering a comprehensive, cross-disability Medicaid state plan amendment program entitled Pathways to Employment. The Pathways program offers employment-based services to those that are Medicaid/Target Population/Functionally eligible for the program. Pathways is a Medicaid program designed to provide greater extended employment options for individuals with disabilities, including those with visual impairments. This program: serves low income individuals aged 14 to 25, across disabilities, who have a desire to work in a competitive work environment; provide individually tailored services for individuals with visual impairments, physical disabilities, intellectual disabilities (including brain injury), and autism spectrum disorders.

Individuals with mental health support needs receive similar services through a different, comprehensive Medicaid authority: 1115 waiver entitled PROMISE through the Division of Substance Abuse and Mental Health; this program
**SELN - WIOA State Plan VR Interagency Cooperation Language**

| **D.C.** | The District of Columbia currently has availability for provision of extended supported employment services through Medicaid only for people with intellectual disabilities and people with serious mental illness or serious emotional disturbance. The Medicaid Waiver in the District for Elderly and Persons with Disabilities does not currently include Supported Employment as a covered service. Furthermore, the District currently has no other Waiver Services to provide extended supported employment services to people with developmental disabilities (e.g., autism, without an intellectual disability), traumatic brain injury, or other physical disabilities. In planning for extended services for these populations, DCRSA must rely on either Ticket to Work Employment Networks or natural supports.

The waiver services for people with intellectual disabilities are managed by the Developmental Disability Administration within the same designated state agency that houses DCRSA. In April 2014, the agency finalized a protocol regarding the coordination of services between the two administrations, i.e., DCRSA and DCDDA. This protocol addresses referrals from DDA to RSA for supported employment services; coordination between the VR Specialist and DDA Service Coordinator, while a person is served by both administrations, and the provisions for ensuring referral back to DDA for extended services through the Medicaid Waiver, including a provision that DCRSA will maintain the case open for sixty days after waiver services are initiated to ensure there are no gaps in services.

The DC Department of Behavioral Health (DBH) is responsible for providing mental health services in the District. DCRSA and DBH have been working together to provide Evidence Based Supported Employment Services since |
2010. In 2015, the agencies worked together to expand these services, adding additional community based agencies to provide services. In addition, the agencies developed a Memorandum of Agreement (currently in draft awaiting legal review by DBH). This agreement clarifies the process for referral to DCRSA for supported employment services, and identifies when a case will be referred back to DBH for extended services. In addition, the agreement includes provisions for regular meetings between all parties, as well as the provision of cross-training, to ensure that all DCRSA VR Specialists are aware of all mental health services that are available, including Evidence BasedSupported Employment and are aware how to make referrals for these services.

Florida

The Workforce Innovation and Opportunity Act (WIOA) requires the Florida Division of Vocational Rehabilitation (VR) to enter into an additional cooperative agreement with the state agency responsible for administering the State Medicaid Plan and the agency primarily responsible for providing services to persons with intellectual and developmental disabilities. To meet this requirement VR will be updating the cooperative agreement with The Agency for Persons with Disabilities (APD) as well as including the Agency for Healthcare Administration in an agreement specifically focused on Supported Employment services.

VR is working closely with APD to develop competitive integrated employment alternatives for individuals receiving services in a segregated setting. VR will provide technical assistance and support as APD expands these program options. Under WIOA requirements, VR will provide or coordinate information and education for individuals receiving services in sheltered workshops receiving sub-minimum wages. VR is working with APD to refine the referral process so that youth and adults have the opportunity to experience competitive integrated employment prior to entering a sheltered workshop that may pay sub-minimum wages.
| **Georgia** | GVRA has established collaborative relationships with multiple State agencies in order to more efficiently and effectively assist individuals with disabilities in achieving employment in an integrated setting. In some cases, these collaborative relationships have been developed to enhance the working relationship between the VR program and other State agencies. Several of these relationships have been formalized through Interagency Cooperative Agreements that were described earlier in Sections (e) Cooperative Agreements with Private Nonprofit Organizations and (f) Arrangements and Cooperative Agreements for the Provision of SES. GVRA has identified other State agencies in which formal agreements need to be developed to support collaboration and seamless service delivery statewide.

GVRA has had preliminary discussions with DCH, which is the State agency that is responsible for administering the State Medicaid plan. GVRA continues to work towards developing and executing a formal Memorandum of Understanding between GVRA and DCH as it relates to title XIX of the Social Security Act. There has not been a determination as to the timeline in which this formal agreement will be put in place.

GVRA executed a formal Memorandum of Understanding with DBHDD in 2015, the State agency responsible for providing services to individuals with developmental disabilities. The current MOU expands the capacity of the VR program to serve those individuals who have the most significant disabilities in both customized and SES. A description of this partnership is in Section (f) Arrangements and Cooperative Agreements for the Provision of SES. |

| **Hawaii** | The Administrators of the Division of Vocational Rehabilitation Services (Department of Human Services), the Developmental Disability Division (Department of Health) and the Medquest Division (Department of Human Services) are starting discussions on the collaborative roles and responsibilities of each division to provide opportunities for DD individuals to obtain competitive integrated employment. Our goal is to establish a Memorandum of Agreement (MOA), which defines the roles and responsibilities of each division to provide easy access to each of the programs’ services with the goal of placement in competitive integrated employment for DD individuals. The Administrators along with designated staff members will be meeting to start sharing information on the roles and responsibilities of staff in each Division. |
### (3) the state agency responsible for providing mental health services.

DVR and the Department of Health are collaborating:

- for DVR to provide some introductory training to Child and Adolescent Mental Health Division (CAMHD) Care Coordinators and other key clinical staff about the available VR services.

- with the Chief Psychologist for CAMHD and her staff to discuss the feasibility of DVR providing Pre-Employment Transition Services (PETS) to their students with disabilities. We identified CAMHD’s Project Kealahou and Project Laulima participants as good candidates for the provision of PETS.

- to explore the idea of partnering to develop a Peer Specialist certificate-training program that would include a work-experience component.

| **Idaho** | The Idaho Department of Health and Welfare (H&W) maintains all related programs in the state including the state Medicaid program, the state DD council, and the state Mental Health program. Under Medicaid H&W operates the Idaho Home and Community Based Settings project. IDVR has initiated contact with H&W to develop a formal Cooperative Agreement between the agencies as it relates to Title XIX of the Social Security Act. IDVR has a solid working relationship with the Adult Developmental Disabilities Services program under the Department of H&W. Since July 2014, an informal protocol has been established and implemented in the field between IDVR and H&W Adult Developmental Disabilities Services program. |
| **Illinois** | State Medicaid Agency: Department of Healthcare and Family Services (HFS)  
In the last two years DRS has worked with HFS as part of the Illinois Employment First initiative. This is a multi-agency effort to promote competitive integrated employment for people with disabilities in both the private sector and public sector. To date there has been a special effort to facilitate hiring of people with disabilities within state government. In addition, Illinois is involved in the Vision Quest technical assistance effort sponsored by the |
Subject matter experts have worked with Illinois state agencies to review policies and service funding rates to identify opportunities for change that will facilitate employment goals. Additional efforts have focused on policy issues relating to employment options for individuals participating in Medicaid waiver programs administered through HFS and operated by other state agencies.

State Agency for Intellectual and Developmental Disabilities: Department of Human Services, Division of Developmental Disabilities (DDD) DRS and DDD have participate on the State’s Employment First Task Force, as well as the DHS employment first team. DHS activities have focused on the Balancing Incentive Program (BIP), which provided one-time funds to Illinois to promote innovative services that will benefit individuals with disabilities. Both DRS and DDD have utilized BIP funding to create pilot projects for customized employment for people with intellectual disabilities. BIP funds will expire in 2016 and both divisions are working to develop options for continuing customized employment services on an ongoing basis.

DRS and DDD have worked to coordinate efforts around supported employment services, in particular looking at policies and rules that may need revision in order to make an effective transition from VR supported employment to DDD supported employment for individuals requiring long-term supports.

In addition DDD and DRS are cooperating to work with employers that hold Department of Labor subminimum wage certificates, including development of options for contacting individuals working for subminimum wages and offering counseling around options for pursuit of competitive integrated employment. Many subminimum wage employers have relationships with DDD and that agency is in a good position to improve communication with VR.

Indiana Through the VR-funded Benefits Information Network (BIN), VR consumers receive the necessary information to make informed choices about working, such as how work will impact their Medicaid funding as applicable. BIN Liaisons also share information about various federal work incentives as well as information regarding the State’s Medicaid Buy-in Program, called MED-Works.
The Bureau of Rehabilitation Services (BRS) and the Bureau of Developmental Disability Services (BDDS) are housed in the same division, the Division of Disability and Rehabilitative Services (DDRS). Additionally, Vocational Rehabilitation (VR) and BDDS field offices are co-located, allowing for increased collaboration in serving mutual consumers, educating referrals about each program’s services and ensuring a smooth transition to extended services as appropriate upon exit from VR. At time of job placement, VR Counselors submit transfer documentation to ensure extended services are in place prior to VR case closure as appropriate. (Please reference attachment (c) and (q) for more information.)

The BRS Director, BDDS Director, and DDRS Director regularly collaborate and discuss how program changes in one bureau may have impact on the other bureau. For instance, bureau leaders have recently collaborated on revisions to BDDS waiver definitions to bring definitions in line with the new VR employment service revisions, particularly around supported employment and extended services. Conversations have also begun regarding compliance with the new 511 regulations regarding services to individuals in sub-minimum wage positions.

**Iowa**

IVRS and the Department of Human Services (DHS) that administers the title XIX program of the Social Security Act, and who has the primary state level responsibility for overseeing the mental health services in Iowa have entered into a Memorandum of Understanding. This MOU describes the financial responsibilities and the populations that are served to maximize resources and avoid duplication. In addition, IVRS is adopting the Medicaid rates that DHS is implementing in FFY 16. Collaborative planning efforts occurred with DHS in the implementation of the Iowa Employment First Principles, which resulted in approaching Iowa legislatures in a collaborative manner resulting in increased state monies being available to serve Iowans with disabilities. A MOA with the Governance Group (eight state agencies which includes the State Medicaid/Mental Health Division and the Executive Director of the Iowa Developmental Disabilities Council collaborated to support strategies to reduce duplication and maximize employment efforts with a clear focus on competitive, community integrated employment for individuals with the most significant disabilities. There has been a change in the vision with the focus and belief that all individuals can be employed with the right supports and that through progressive employment options, there is something for everyone. Specific goals, strategies and benchmarks have been achieved during the past three years, with additional strategic planning occurring to continue momentum in the future as it relates to interagency
cooperation as well as involving community partners, families and education in implementing an Employment First approach.

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<th>State</th>
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<tr>
<td>Kansas</td>
<td>Kansas Rehabilitation Services (KRS) will work with the Kansas Department for Aging and Disability Services (KDADS) and the Kansas Department of Health and Environment (KDHE) to establish an interagency agreement regarding roles and responsibilities pertaining to competitive, integrated employment for Kansans with disabilities. KDADS and KDHE share responsibilities for administration of the Medicaid program. KDADS oversees services for persons with intellectual disabilities and behavioral health disabilities. The purpose of the agreement will be to create a common understanding of responsibilities, policies and procedures. It will address data sharing to better analyze how mutual consumers interact with the various services and supports available to them. Perhaps most importantly, the agreement will establish a collaborative framework for services that will improve competitive, integrated employment outcomes for people with disabilities. A priority will be to address procedures for referring youth with disabilities to vocational rehabilitation (VR) services so they may explore options for competitive, integrated employment rather than being placed directly in sub-minimum wage employment after exit from school, consistent with Section 511 of the Workforce Innovation and Opportunity Act. In addition, the agreement will address referral procedures for adults who are already employed in sub-minimum wage jobs so that VR may provide periodic information and career counseling related to competitive, integrated employment options.</td>
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**End-Dependence Kansas demonstrates interagency collaboration**

The End-Dependence Kansas initiative demonstrates interagency cooperation that is underway to increase competitive, integrated employment outcomes. Five state agencies are collaborating to implement the initiative. In addition to KRS, KDADS and KDHE, they include the Kansas Departments of Commerce and Corrections. The Kansas Department of Commerce is the designated state agency for workforce programs authorized under Title I and III of WIOA. Each of the five agencies has senior-level staff that will serve on the End-Dependence Kansas oversight panel to ensure policy alignment, sustainability and accountability. KRS is the lead agency.
End-Dependence Kansas will serve all disabilities, with a targeted effort for:

- Youth with disabilities transitioning from high school to employment
- Individuals interested in employment as an alternative to Social Security or other benefit programs
- Persons with disabilities exiting Kansas correctional facilities
- Persons with limited or no work experience
- Persons being served or pursuing services through Home and Community Based Services Medicaid waivers.

A significant goal of End-Dependence Kansas is to promote sustainable systems change to improve the quality and quantity of employment outcomes. End-Dependence Kansas will emphasize and support community partners to prioritize competitive, integrated jobs in the community rather than sheltered employment, non-work day activities or other more segregated services.

To implement this initiative, KRS will issue performance-based contracts with community partners to provide direct consumer services. These contracts will be established through a competitive Request for Proposals (RFP) process, which is expected to begin in the first quarter of 2016. KRS is looking for traditional and non-traditional community providers to respond to the RFP. Once selected, the community partners will undergo training on specific evidence-based practices and utilize them in their services. To evaluate success of the initiative and to assist in establishing a sustainable cost structure, participating community partners will also be required to report specific progress measures and cost information.

**Ongoing communication and collaboration**

KRS is in frequent contact with other agencies related to competitive, integrated employment of Kansans with
disabilities. Some examples include participation on the:

- Governor’s Behavioral Health Planning Council and its vocational sub-committee.
- The KDADS strategic planning team to integrate mental health and substance use disorder services into a recovery oriented system of care.
- The Developmental Disabilities Council.
- The Kansas Commission on Disability Concerns.
- The Employment First Commission.
- Kansas Commission for the Deaf and Hard of Hearing KRS has agreements with Comprehensive Schools for the blind in Nebraska, Colorado, Louisiana and Minnesota to provide access to the intensive level of training needed by some consumers. In SFY 2016 KRS will pursue implementation of a similar agreement with the Helen Keller National Center. The Governor’s Disability Sub-Cabinet, which includes DCF/KRS, KDADS, KDHE and Commerce, also addresses strategies to infuse an employment first focus into state services and programs.
**Kentucky**

In Kentucky, The Cabinet for Health and Family Services (CHFS) is home to most of the state’s human services and health care programs, including Medicaid, the Department for Community Based Services and the Department for Public Health.

The Department for Behavioral Health, Developmental and Intellectual Disabilities is the agency that provides quality information, services and support for individuals with needs related to mental illness, intellectual disability or other developmental disability and their families. OFB is an active member of the Commonwealth Council for Developmental Disabilities participating in their strategic plan development and collaborating on projects to promote independence and employment for the specific population.

Medicaid Services purchases quality healthcare and related services that produce positive outcomes for persons eligible for programs administered by the department.

The agency worked jointly with the Department of Community Based Services within the Cabinet for Health and Family Services in 2015 to develop a referral system and build a stronger partnership as it relates to youth in the foster care system. This collaboration was in conjunction with OVR and connects the rehabilitation transition services to students enrolled in high school who are also at high risks of dropout in the schools due to their involvement in the foster care system. The intent is early intervention to address workforce needs and connection to resources and support within the local community.

CHFS employees coordinated efforts with both rehabilitation agencies for the second annual Youth Summit held in November 2015. The Summit focused on resources and support services available to youth with disabilities and out-of-school youth. The Summit provided valuable strategies for parents and youth as well as the professionals within the field of student and youth service providers.

OFB will collaborate with CHFS on all levels regarding services that lead to competitive integrated employment for individuals who are blind and visually impaired. The majority of the targeted population that OFB serves does not qualify or meet the definition of an individual with a developmental disability so our collaboration with CHFS is not on the level that it is for the general agency that serves the majority of this population. OFB does not currently
| **Louisiana** | Louisiana Rehabilitation Services (LRS) works collaboratively with the State Medicaid Plan, Office of Behavioral Health (OBH), and the Office of Citizens with Developmental Disabilities (OCDD) all housed within the Department of Health and Hospitals (DHH). LRS will maintain a memorandum of understanding with DHH in order to ensure proper utilization of resources and continue to explore all available opportunities for employment in integrated settings. |
| **Maine** | To ensure that individuals with the most significant disabilities receive quality vocational rehabilitation services and equal access to employment opportunities throughout the state of Maine, the Division of Vocational Rehabilitation takes a multi-faceted approach that includes workforce development, engagement of business and the availability of support services for clients who need them. |
| Maryland | The Division of Rehabilitation Services (DORS) will work with the Maryland Medicaid agency toward establishing a cooperative agreement as outlined in the Workforce Innovation and Opportunity Act. DORS and the State Medicaid agency will collaborate in developing strategies to maximize resources and develop opportunities for competitive integrated employment for individuals with disabilities.

DORS has entered into a cooperative agreement with the Maryland Department of Health and Mental Hygiene, Developmental Disabilities Administration (DDA), to provide for increased interagency cooperation, ensure the maximum utilization of appropriate programs and resources in the provision of services to individuals with disabilities, expand and improve services to individuals with significant disabilities, and maximize the use of comparable benefits. The agreement sets forth terms and conditions under which the Division and DDA will cooperate in the provision of services. The formal interagency cooperative agreement identifies policies, practices, and procedures that are coordinated between DORS and DDA (particularly definitions, standards for eligibility, the joint sharing and use of evaluations and assessments, and procedures for making referrals); identifies available resources and defines the financial responsibility of each agency for paying for necessary services, consistent with State law and procedures for resolving disputes between agencies; and includes all additional components necessary to ensure meaningful cooperation and coordination.

DORS and DDA updated and approved the Cooperative Agreement, Employment Services, in October 2013. The agreement focuses on the implementation of Employment First in Maryland. It addresses referral between agencies, specifies shared responsibilities for funding of supported employment, and describes cross-training activities. |
**Massachusetts**

MRC and the Executive Office have developed a Cooperative Agreement to work collaboratively to promote the provision of services and long-term supports for individuals with disabilities who require such services to obtain and maintain competitive employment in accordance with WIOA. The content of the agreement has been approved, and the MOU is currently awaiting final signatures.

MRC and EOHHS’ Office of Medicaid have a well-established and long-standing relationship. MRC and the EOHHS’ Office of Medicaid are committed to the promotion of independence and self-sufficiency through access to HCBS services for individuals with disabilities.

MRC and the Department of Developmental Services have signed a memorandum of Agreement to work collaboratively through joint planning and sharing of resources to expand access to integrated employment services to increase the number of successful job placements for individuals with intellectual disabilities, especially those of transition age who have a goal of competitive employment and are eligible for services from both agencies. An updated agreement was signed by both agency commissioners and effective as of 11/4/2015.

**Michigan**

For the past several years, Michigan Rehabilitation Services has engaged in a cooperative agreement with the state agency responsible for:

- The Medicaid program, the Medical Services Administration, in order to coordinate the utilization of Medicaid and vocational rehabilitation services for individuals with the most significant disabilities who are eligible for both Medicaid and Michigan Rehabilitation Services.

- Providing services for individuals with developmental disabilities; i.e. the Michigan Department of Community Health/Behavioral Health and Developmental Disabilities Administration that focuses on supporting and promoting competitive and integrated employment of people with disabilities including those with the most significant disabilities jointly served by both organizations. This agreement also serves to facilitate the coordination of services including extended/follow-along services for individuals that receive Medicaid that are eligible for both Behavioral Health and Developmental Disabilities Administration...
and Michigan Rehabilitation Services.

Providing mental health services; i.e., the Michigan Department of Community Health/Behavioral Health and Developmental Disabilities Administration that focuses on supporting and promoting competitive and integrated employment of people with disabilities including those requiring mental health services.

The State entity responsible for these programs has changed to the Michigan Department of Health and Human Services. Even though Michigan Rehabilitation Services is part of the Michigan Department of Health and Human Services, Michigan Rehabilitation Services is currently engaged in negotiating a new agreement with the Michigan Department of Health and Human Services to ensure that vocational rehabilitation and Medicaid services continue to be coordinated, align with the WIOA requirements and develops opportunities for community-based employment in integrated settings, to the greatest extent practicable. The agreement is in a final draft format and is awaiting final approval at the department.

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**Minnesota**

The Minnesota Department of Human Services (DHS) administers Medical Assistance, the state’s Medicaid program. Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) collaborate closely with DHS in the provision of a variety of Medicaid services:

**Waiver Programs:** Medicaid participants with disabilities who need a defined level of care and choose to live in the community may be eligible for one of the following waivers to help fund the cost of community living and supportive employment:

- **Brain Injury Waiver:** the person must have a traumatic, acquired or degenerative brain injury and require the level of care typically provided in a nursing facility or neurobehavioral hospital.
- **Community Alternatives for Disabled Individuals (CADI) Waiver:** the person must have a disability and require the level of care typically provided in a nursing facility.
- **Developmental Disability Waiver:** the person must have a developmental disability or related condition and require the level of care typically provided in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD).
There is joint planning occurring between the Waiver Programs and the state funded Extended Employment program to maximize the number of people who can access competitive integrated employment through the provision of supported employment services. Many counties have waiting lists for waiver services.

VRS and SSB access Medicaid dollars to pay for durable medical supplies such as wheelchairs, hearing aids and communication boards. Medicaid has limits on what they will pay for specific items. If the rehabilitation counselor feels the consumer would benefit from an “upgrade” to the item, Vocational Rehabilitation can pay the difference between the Medicaid payment and the cost of the upgraded product. Medicaid will apply the VR payment to the consumer’s spend down.

Minnesota’s Medicaid Infrastructure Grant was a joint project of the Department of Human Services, the Department of Employment and Economic Development (VRS and SSB) and the State Council on Disability. Collaborative efforts started utilizing grant funding has been continued using state appropriations, including:

- **Disability Linkage Line (DLL):** The DLL is a partnership between DHS and the Centers for Independent Living to provide disability related information and referral resources for Minnesotans with disabilities. Assistance is available in the areas of accessible housing, personal care services, transportation, employment, disability benefits, assistive technology, and other community resources. Services are available through a toll free number or online at www.MinnesotaHelp.info. The most recent expansion of the DLL has been in the area of benefits planning and benefits analysis for beneficiaries of Social Security benefits.

- **Disability Benefits 101:** DB101 (www.db101.org) is a free online service operated by the Disability Linkage Line that was initially developed using Medicaid Infrastructure grant funding. The program allows people to plan for their future by providing estimator sessions showing how income will impact benefits, explores effective use of work incentives, helps people establish work goals, and provides answers to questions through live chat, phone or email. The program includes short videos of success stories. Many of the DLL staff are certified Community Work Incentive Coordinators and can provide benefits analysis services if there are complex issues. Utilizing Department of Labor – Disability Employment Initiative funding, a new section on Work Benefits for Youth has been added. In addition to VRS and SSB staff being actively involved in the development of the online program, consumers were actively involved in the BETA testing to make sure the program was accessible to people with disabilities.

- **SGA Project:** The Institute on Community Inclusion at the University of Massachusetts – Boston has received
RSA funding to demonstrate effective strategies to assist SSDI beneficiaries achieve income above the substantial gainful activity (SGA) level. Minnesota VRS is one of the demonstration sites. At time of enrollment, the SSDI beneficiary is assigned a counselor, placement specialist and financial specialist. Eligibility for services is presumed within three days and the Employment Plan is developed within 30 days of application. VRS has partnered with the DLL to provide financial counseling in VR offices. RSA funding was used to provide the benefits planners with financial literacy training so that in addition to benefits planning the financial specialists can provide assistance with improving credits scores, paying off credit card debt, and developing savings plans. It is hoped that the combination of rapid engagement and financial planning services will lead to better outcomes. Although the SGA Project does not receive any Medicaid funding, the financial specialist positions would not have been possible without the initial collaboration with the Medicaid Infrastructure Grant.

The primary agency responsible for services for adults with disabilities is the Minnesota Department of Human Services. The Minnesota State Interagency Committee (MnSIC) has the responsibility to develop and implement a coordinated, multidisciplinary service system for children and youth with disabilities ages three to 21. The Committee brings together the Minnesota Departments of Education, Employment and Economic Development, Commerce, Corrections, Health, Human Rights, and Human Services to develop needed policy change to reduce duplication of local effort and to improve local response to the needs of children and families by developing a coordinated, multidisciplinary service system.

Minnesota’s Olmstead Plan supports freedom of choice and provides a framework and a series of key activities that must be achieved to ensure Minnesotans with disabilities have the opportunity to live, learn, work and enjoy life in the most integrated setting desired by the person. Governor Mark Dayton appointed an Olmstead Subcabinet to develop and implement this plan. The Subcabinet consists of representatives of the MnSIC agencies listed above, the Housing Finance Agency, the Department of Transportation, the ombudsman for mental health and developmental disabilities, and the Executive Director of the Governor’s Council on Developmental Disabilities.

VRS and SSB are involved in several joint projects with the above agencies:
- Individual Placement and Support (IPS): IPS services bring together mental health treatment services and
vocational rehabilitation to help move people with serious mental illness into competitive employment. Participants are more likely to achieve employment success, leading to increased income, improved self-esteem, improved quality of life and reduced symptoms.

- Way to Work Project: Also referred to as the Ohio model, VRS has placed vocational rehabilitation counselors in a sheltered workshop to assess consumer needs and develop strategies to move the employees from segregated employment to competitive integrated employment. Dakota County, the Department of Human Services and VRS are studying effective ways to provide training, supports and benefits planning to assist people transition into the community.

SNAP (Supplemental Nutrition Assistance Program) Employment and Training: The Departments of Human Services and Employment and Economic Development are currently studying opportunities to blend SNAP funds with other anti-poverty funding to help move more people out of poverty.

| Mississippi | MDRS has entered into formal cooperative agreements with the Mississippi Division of Medicaid (Medicaid) and DMH-Bureau of Intellectual and Developmental Disabilities, with respect to delivery of VR services, including extended services, for individuals with the most significant disabilities eligible for home and community-based services. The collaboration with DMH has resulted in a formalized referral process between the two agencies to ensure an array of services is provided to individuals with the most significant disabilities, opening up many new options for them. In addition to the formal agreements with Medicaid and DMH, MDRS collaborates on a more informal basis with public and private entities to ensure a comprehensive program of services is provided to individuals eligible for supported employment services.

Collaborative partners include local mental health facilities, Medicaid’s Bridge to Independence Program to help people move from qualified institutions to homes in the community, local school districts, businesses and industries, local projects funded by the Mississippi Council on Development Disabilities (DD Council), workforce development one-stop career centers, advocacy groups, and other relevant third parties as well as parents of individuals with the most significant disabilities.

MDRS also has in place with the Mississippi Partnership for Employment a Memorandum of Understanding that
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| **Missouri** | The Missouri Department of Mental Health (DMH) is the state agency responsible for the provision of services to individuals with developmental disabilities and for providing mental health services. RSB collaborates with DMH to develop employment opportunities for community-based employment in integrated settings for eligible clients.

Division of Developmental Disabilities has a statewide employment initiative, Employment First, for working age citizens with disabilities. Employment services include job preparation, job discovery, and community employment in a competitive integrated work setting that may include ongoing supports. The Division of Behavioral Health provides employment services to individuals with mental illnesses, histories of substance abuse, and/or criminal backgrounds. Clinical and vocational employment services are integrated through statewide partnerships to help individuals who are interested in employment participate in the competitive labor market with the appropriate level of supports and services to be successful. RSB will continue to partner and collaborate with DMH programs in the delivery of employment services.

DMH currently administers five Medicaid Home and Community Based (HCB) Waiver programs delivering employment supports and services for individuals with intellectual or other developmental disabilities. The five waivers are the Comprehensive Waiver; Missouri Children with Developmental Disabilities Waiver (MOCDD or Sarah Jian Lopez Waiver); Support Waiver; Partnership for Hope; and Autism Waiver. The partnership with DMH has resulted in a referral process between agencies that maximizes the availability of services to individuals with the most significant disabilities. A description of services available under each waiver can be found at [http://dmh.mo.gov/dd/progs/waiver/services.html](http://dmh.mo.gov/dd/progs/waiver/services.html).

Mo HealthNet administers the Medicaid program in Missouri, and reports to the Department of Social Services |
along with Rehabilitation Services for the Blind. This organizational structure affords RSB access to Medicaid eligibility and services in the utilization of comparable services and benefits. Mo HealthNet coverage is automatically available to recipients of the Missouri Supplemental Aid to the Blind (SAB) and Blind Pension (BP) programs. RSB receives monthly referrals for all individuals who have applied and been found eligible for SAB or BP.
**Montana**

VRBS will continue to collaborate and work towards a cooperative agreement with the Department of Public Health and Human Services, the state agency responsible for administering the state Medicaid plan under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) that outlines the roles and responsibilities of all parties regarding the delivery of VR services and long-term support services for individuals with the most significant disabilities who have been determined to be eligible for home and community-based services under a Medicaid waiver, Medicaid state plan amendment, or other authority related to a state Medicaid program. Specific examples of collaboration include:

- Working collaboratively with VRBS and the Developmental Disability Program's Medicaid waiver to develop long-term supports needed for supported employment consumers
- Working with the Supported Employment Leadership Network in order to assist the Developmental Disability Program to adjust their Medicaid waiver services to increase services related to employment

Also, VRBS works closely with the Social Security sponsored Work Incentives Planning and Assistance project in Montana to assist consumers to understand the impact of working on their benefits, including Medicaid.

It is anticipated that additional cooperative agreements with the state Medicaid agency and service agencies funded through Medicaid will be developed in the upcoming year to respond to changes made in WIOA legislation.

**Nebraska**

(1) the State Medicaid plan under title XIX of the Social Security Act

Attachment 4.16-A of the State of Nebraska State Plan Under Title XIX of the Social Security Act defines the relationship between the state health and vocational rehabilitation agencies and grantees under Title V of the Social Security Act and their respective functions. The attachment addresses reciprocal referrals, liaison staff, confidentiality of information, funding and limitations, exchange of service reports and reviews.
(2) the State agency responsible for providing services for individuals with developmental disabilities Nebraska VR (VR) and the Nebraska Health and Human Services (DHHS), Division of Developmental Disabilities (DD) continue to co-fund milestone outcome payments for individuals with intellectual disabilities. VR maintains Service Agreements with DD approved community-based service providers.

VR and DD have not had an opportunity to meet and begin planning on the respective sections of WIOA that related to competitive integrated employment and competitive-integrated supported employment for individuals with intellectual disabilities. This delay is the result of a change in the Nebraska governorship, changes in the Nebraska Department of Health and Human Services agency directorship and division directors particularly with DD, which has yet to select a permanent director. An initial conversation with the DHHS Director found a willingness to work with VR on the WIOA related initiatives and in particular, services to individuals with intellectual disabilities prior to age 21.

| Nevada | The DSU has long-standing relationships with many workforce system partners, both internal and external, that are designed to effectively identify eligible individuals with the most significant disabilities. With the implementation of WIOA, new challenges and opportunities are presented to expand the services of supported employment (SE). The collective goal remains to reach maximum success in assisting individuals with the most significant disabilities in achieving successful integrated employment outcomes. Current efforts are focused on building more effective partnerships and relationships with similar entities throughout the state that support efforts to achieve integrated employment opportunities.

The DSU has a contract with the three statewide regional centers, and conducts monthly meetings with staff at these regional centers. The DSU and regional centers collaborate on services for individuals with developmental/intellectual disabilities who are joint clients. In northern Nevada, the DSU has continued its relationship with High Sierra Industries for its Career Development Academy. In southern Nevada, the DSU developed a contract with Opportunity Village, Inc. for its Pathways to Work program. Both of these programs are with vendors of JDT waiver programs, and both leverage funding toward opportunities for competitive and integrated employment. |
### New Hampshire

The agency will seek to develop and enact a Memorandum of Understanding with this entity during the calendar year 2016.

New Hampshire Vocational Rehabilitation has, in the past, developed and engaged in discussions to complete a Memorandum of Understanding with both the Bureau of Developmental Disabilities and the Bureau of Behavioral Health. With the finalization of federal regulations expected to be completed in Spring 2016, the agency will work to complete an updated MOU with these entities during the calendar year 2016. The MOU will help to identify referral and service provision agreements as well as supported employment strategies and services to increase the successful competitive, integrated employment outcomes for the mutual customers of each system.

### New Jersey

DVRS and CBVI will establish an MOU with the Division of Medical Assistance and Health Services (DMAHS) within the New Jersey Department of Human Services, the lead agency administering Medicaid Waivers. DMAHS serves more than 1,000,000 people with a staff of over 500 people who work both in Trenton and in Medical Assistance Customer Centers (MACCs) throughout the state.

A revised 5 year MOU was executed on July 1, 2015 by DVRS, CBVI, and the Division of Developmental Disabilities within the New Jersey Department of Human Services with the objective to define the roles and responsibilities of State agencies primarily involved in assisting individuals with disabilities in finding and maintaining competitive integrated employment and will assist the State agencies to operate in an efficient and successful manner to improve employment outcomes for individuals with developmental disabilities by operating consistently across agencies ensuring quality service provision. The agreement is in alignment with the New Jersey’s Employment First initiative proclaimed by Governor Christie on April 19, 2012.

For the past three years the DVRS has had SE provided to DVRS consumers with significant psychiatric disabilities by 22 vendors through a contractual agreement with the Division of Mental Health and Addiction Services (DMHAS). This agreement formally ended October 1, 2014; vendors that were providing services through DMHAS were been notified and encouraged to apply to the DVRS to become SE vendors through the fee-for-service model.
### New Mexico

The NMDVR Benefits Advisement Services Coordinator attends the Medicaid Advisory Council meeting quarterly to remind and update all council members about employment issues and Medicaid. The Benefits Advisement Services Coordinator also has a strong relationship with the Medicaid eligibility trainers and supervisors. In addition, NMDVR maintains a strong relationship with University of New Mexico Center for Development and Disability (UNM CDD). NMDVR staff have developed short training videos on different working issues and have teamed with UNM CDD units to provide statewide trainings in addition to an annual Ticket to Work Job Fair.

The Division does not target specific disability groups to provide supported employment services. However, long-term support funding by the State is currently available for those individuals who are either developmentally disabled or who have significant disabling mental illness.

An Intergovernmental Agreement (IGA) has been entered into between the New Mexico Department of Health Developmental Disabilities Supports Division and the Department of Aging and Long Term Services to accomplish joint implementation for supported employment under: the Rehabilitation Act of 1973, as amended, 29 U.S.C 795(b)(1) and 721(a)(11); 8.314.5 New Mexico Administrative Code and Walter Stephens Jackson, et.al. vs. Los Lunas Center for Persons with Developmental Disabilities, et.al. CIV No.87-0839-JP/LCS. The purpose of this IGA is intended to implement the following protocol and provision of services. The IGA outlines joint responsibilities of the Division of Vocational Rehabilitation, and the Developmental Disabilities Support Division, as well as targeted outcomes for each agency. The IGA defines ongoing support services.

Services that are: Needed to support and maintain an individual with significant disabilities in supported employment; Based on a determination by the designated State Unit of the individual’s needs as specified in an Individualized Plan for Employment; and Furnished by the designated State Unit in 34 CFR 363.4©(3) and following transition, by one or more extended services providers throughout the individual’s term of employment in a particular job placement or multiple placements if those placements are being provided under a program of transition to employment.

Include, at a minimum, twice-monthly monitoring to assess employment stability at the work site of each individual in supported employment (unless the Individualized Plan for Employment provides for off-site monitoring), and
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| Based upon that assessment, the coordination or provision of specific services at or away from the work site, that are needed to maintain employment stability. If off-site monitoring is determined to be appropriate, there must be contact with the employer each month. |

| **New York** | ACCES-VR has longstanding working partnerships with the Office for People with Development Disabilities (OPWDD) and the Office of Mental Health (OMH). Collaborative projects and initiatives are ongoing.  

In 2014, NYS established an Employment First policy. This policy outlines several strategies and demonstrates NYS’s full commitment to inclusion for people with disabilities. To accomplish the vision and goals there are collaborative efforts that require participation for all State agencies. Many of these strategies build upon the existing linkages. Over the past several years OPWDD, OMH and ACCES-VR have been providing targeted training to employment staff on the delivery of high quality evidence-based employment services to individuals with disabilities. To more fully support the goals of Employment First, an expansion of this training is being planned.  

Recently, ACCES-VR collaborated with OMH to provide a workshop on how to coordinate services that might be provided from a variety of state agencies. The workshop was delivered at a conference whose audience was primarily mental health providers and consumers. This workshop was a project that developed out of an ongoing Recovery-Oriented Vocational Rehabilitation Community of Practice that evolved from an initial training program on the Individual Placement and Support (IPS) model and recovery from mental illness that was jointly developed several years ago. Through quarterly training sessions and ongoing sharing of resources through e-mail, formal presenters and colleagues share knowledge and practices related to working with individuals with mental health conditions all year long. These connections play out in a variety of collaborative projects.  

ACCES-VR will continue to work with OMH and OPWDD as well as NYS CB on supported employment guidelines to ensure the appropriate and smooth transitions for individuals with disabilities.  

In New York State, the Department of Health is the single agency that administers Medicaid. The OPWDD and OMH work directly in partnership with DOH on administering Medicaid waiver services. |
OPWDD provides person-centered services, supports and advocacy to individuals with developmental disabilities and their families. OPWDD works with a network of nearly 800 not-for-profit providers to help people with developmental disabilities lead richer lives that include meaningful relationships, good health, personal growth and productivity and homes in their communities. Through its “Putting People First”, vision, OPWDD invests in enhancing its partnership with other state and local agencies. The 1915c People First HCBS waiver is a comprehensive plan that includes strategies to increase competitive integrated employment opportunities for individuals with intellectual and developmental disabilities. ACCES-VR works in partnership with OPWDD to identify how the two systems need to mesh regarding employment. OPWDD makes some employment services available, with a high focus on preparing the individual to be ready to seek employment. Often volunteer activities in the community are used to help underscore the social values of inclusion and productivity. Supports to the individual may include vocational training, job coaching, travel training, technological aids, counseling, job placement and any other supports needed to meet the individual’s unique circumstances in preparing for competitive integrated employment.

OPWDD and ACCES-VR have recently agreed that OPWDD eligible individuals participating in certain pre-employment programs, known as Pathway to Employment, Employment Training Program (ETP) or Prevocational Services can participate in these services with OPWDD without need for a formal denial of ACCES-VR services. The justification for this process is an understanding that OPWDD individuals receiving Pathway to Employment, Employment Training Program or Prevocational Services will need extreme levels of support to engage in work activity. Additionally, most of the individuals participating in Pathway to Employment, Employment Training Program or Prevocational Services are OPWDD eligible individuals who because of very limited employment and vocational experiences need exposure to community social and volunteer experiences and work readiness classes. Traditionally, these individuals have been enrolled in other OPWDD programs such as day habilitation, which have precluded individuals from participating in employment services. As a general rule these individuals have Medicaid Service Coordinators and are following a broader plan for inclusion in the community. This process allows the consumer to choose which service best fits his/her need at a point in time. It is made clear that at any time, any person with a disability may apply for ACCES-VR services.
### North Carolina

The North Carolina Division of Vocational Rehabilitation Services (DVRS) is partnering with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) and other divisions and departments in developing competitive, integrated employment opportunities by collaboration efforts with the U.S. Department of Labor, Office of Disability Employment Policy (ODEP) grant. Subject matter experts in policy, technology and other areas were availed to DVRS and DMHDDSAS to explore employer engagement tactics as well as policy development and workforce development.

The ODEP grant was for one year, ending FFY 2016. DMHDDSAS has applied for an extension of this grant so further work can be done on these three areas. DVRS collaborated with the North Carolina Assistive Technology Program (NCATP) to purchase iPads to train DVRS and community rehabilitation program (CRP) field staff in the use of technology to overcome specific barriers to employment. Staff learned different software applications (apps) as well as different ways to communicate to employers during job development. A team member from the Employment and Program Development Section will present at the National TASH Conference in Portland, Oregon in December 2015 where NC’s project with the iPads will be highlighted.

The NC Council on Developmental Disabilities (NCCDD) recently decided not to renew funding for membership to the State Employment Leadership Network (SELN); therefore efforts are ongoing at this time to attempt to secure funding from within partnering divisions. The SELN has provided technical assistance with the recent planning and development of NC’s waiver amendments as well as conducting on-site system reviews for development of NC’s collaborative employment plan. Additionally, they have been working with the division in planning of referral protocol for waiver recipients from improving Local Management Entity/Managed Care Organizations (LME/MCO).

DVRS is implementing a new milestone contract for traumatic brain injuries beginning October 1, 2015 that will offer services in Charlotte, Winston-Salem, Raleigh, Greenville, and Wilmington. DVRS will re-issue another Request for Applications (RFA) to provide brain injury services in early 2016 in order to prepare new contracts by October 1, 2016.

Staff from the Employment and Program Development Section continues to represent DVRS at the Governor’s Working Group on Veterans, Service Members and their Families. DVRS is actively engaged with other resources...
groups to promote DVRS as a resource for veterans and service members and their families.

DVRS is also partnering with DMHDDSAS in implementing individual placement and support supported employment (IPS SE) throughout the state. Currently, there are 31 IPS SE programs throughout the state. DVRS offers supported employment contracts to many of the providers and offers them a way to become a supported employment vendor. DVRS also works alongside DMHDDSAS staff to conduct onsite fidelity reviews of the IPS SE programs, training of CRP and VR field staff, statewide IPS learning collaborative, provider steering committees, monthly calls with Dartmouth Supported Employment Center, as well as the annual IPS SE Dartmouth Learning Collaborative. DVRS also works with DMHDDSAS to inform providers and beneficiaries on the impact of employment on federal and state benefits.

**North Dakota**

The Division of Vocational Rehabilitation is organized within State Government with the Department of Human Service (DHS) as the Designated State Agency. Medicaid, the Developmental Disabilities Division and the Behavioral Health Division are all part of DHS. The placement of the VR program within DHS provides significant opportunities to develop informal and formal working relationships.

DVR has historically collaborated with the State Medicaid agency. Examples of historical and more recent collaborative efforts between DHS Medical Service and VR Division include:

- Working together to inform consumers with disabilities of Medicaid’s Workers with Disabilities Coverage that allows individuals with disabilities in the work force to maintain their Medicaid coverage.

- Partnering with staff from Medicaid’s Autism Unit to identify youth with disabilities that have the potential to benefit from the State Autism Waiver Service. Staff from the Autism Unit has provided technical assistance to VR staff that is related specifically to the effective service and supports to assist individuals with symptoms associated with Autism Spectrum Disorder.

- Data Sharing Memorandum of Understanding between Medicaid and VR related to the implementation of the Promoting the Readiness of Minors in Supplementary Social Security Income (PROMISE) grant. Included
in the MOU is an agreement to share data across the programs and report this information on program participants to the Social Security Administration.

. Utilizing Medicaid to fund Extended Service for consumers who have successfully secured employment through the provision of VR Supported Employment Program.

. VR is an active stakeholder to the Medical Service Division’s Money Follow the Person Program.

VR has an MOU and high level of collaboration with DHS DD Division in the delivery of Supported Employment to consumers who experience ID/DD. VR policies and procedures instruct counselors to open a case for ID/DD consumers who may require long-term services.

The partnership between DVR and DD utilizes DVR funding to provide the initial training and job stabilization with DD using Medicaid Waiver funding to provide long-term support.

VR has a high level of collaboration with DHS Behavioral Health Division in the delivery of employment services to consumers who experience behavioral health issues. VR provides employment services including SEP for individuals with mental illness with extended services provided through the Behavioral Health Divisions’ funding. DVR is also involved as a team member for individuals involved in the Integrated Dual Disorder Treatment (IDDT) program which then allows for a smooth transition into VR SEP once those individuals have stabilized and are ready to pursue competitive integrated employment.

VR will request Technical Assistance from the Rehabilitation Service Administration in development of an MOU that is consistent with the requirements of regulations for the VR program.

Ohio

As mentioned previously, OOD partners with the Ohio Department of Developmental Disabilities (DODD) to expand vocational rehabilitation (VR) services to individuals with developmental disabilities as part of the state’s overall Employment First Initiative. It also should be noted that DODD is the lead agency for Ohio’s Employment First initiative, which was signed by Governor Kasich in March 2012. OOD is an active member of the Employment First
An Interagency Agreement between the state level Employment First Taskforce agencies has been implemented. This includes the Ohio Departments of Developmental Disabilities, Education, Job and Family Services, Mental Health and Addiction Services, and Medicaid, the Ohio Developmental Disabilities Council and OOD. The member agencies agree that community employment should be the first and preferred option for all working age adults and transition-age youth with developmental disabilities. The member agencies have agreed to develop or review state-level interagency agreements to ensure coordination of services and enable data sharing. The agencies have developed cross agency tools and processes to reduce duplication of services such as enrollment, eligibility, assessment and planning.

In 2015 and continuing into 2016, Ohio has been selected as a core state in the Employment First State Leadership Mentoring Program. Through this grant, which is funded through the U.S. Department of Labor’s Office of Disability Employment Policy (ODEP), the Employment First Taskforce has identified action steps that each agency will complete to promote the core principles for transition in Ohio:

- Competitive, integrated employment is expectation for all youth with disabilities;
- Transition planning for youth requires multi-agency collaboration;
- Early dialogue with individuals and families is critical to ensuring employment outcomes;
- There are multiple pathways to employment; and
- Person-centered planning is key to the development of effective services and supports for transition-age youth.

A resource guide is in development that will serve as policy guidance to staff from local education agencies, VR, county boards of developmental disabilities, mental health providers and workforce development staff. In addition to the Employment First Partnership agreement with DODD, OOD also has developed a joint interagency
agreement with DODD and the Ohio Department of Medicaid (ODM) in accordance with requirements of WIOA. DODD and ODM maintain a separate interagency agreement (A-1415-07-0528) that outlines programmatic and fiscal responsibilities between the two agencies, in which ODM delegates the day-to-day operations of the DODD Home and Community Based Services (HCBS) waiver programs to DODD.

The purpose of OOD’s interagency agreement with DODD and ODM is to improve opportunities for individuals with developmental disabilities, including individuals with developmental disabilities enrolled in a home and community based services waiver administered by DODD, in accordance with its interagency agreement with ODM to achieve employment and independence. The agreement outlines a collaborative framework for coordinating services that prioritizes competitive, integrated employment and assists individuals with developmental disabilities to move from facility-based work and non-work settings to competitive, integrated employment. The agreement identifies methods to improve outreach to individuals with developmental disabilities and their families regarding VR programming and services. It also improves information sharing between the agencies and provides technical assistance and training to DODD and local county boards to increase employment opportunities for people with developmental disabilities.

OOD and OhioMHAS maintain an Interagency Agreement to assist in promoting positive employment outcomes for individuals with severe and persistent mental illness (SPMI) and/or co-occurring substance use disorders. The purpose of the Interagency Agreement between OOD and OhioMHAS is to outline a collaborative framework for coordinating services to improve engagement and facilitate outreach to individuals with severe and persistent mental illness, as well as facilitate eligibility and improved utilization of state VR services. The agreement identifies the roles and responsibilities of each agency, methods for providing technical assistance to the field including information and consultation on each agency’s programs and procedures for outreach. This will ensure consistent information and guidance about VR programming and availability of services is provided for individuals served through the two programs.
Oklahoma

Oklahoma Department of Mental Health and Substance Abuse DSU maintains a Memorandum of Agreement (MOA) with the Oklahoma Department of Mental Health Substance Abuse and Services (ODMHSAS) to improve the employment outcomes of individuals with serious mental illness. DSU Director is a voting member of the Governor’s Transformation Advisory Board providing guidance on expenditures of federal mental health grants.

Initiatives include:

- Monthly Oklahoma Systems of Care Social Marketing Committee
- Monthly Oklahoma Mental Health Planning and Advisory Council
- Monthly Oklahoma Systems of Care State Advisory Team
- Monthly Oklahoma Health Care Authority Behavioral Health Advisory Council

Participation in study teams and work groups as appropriate and necessary. The DSU has a second MOA for the Partnership for Infant’s, Children’s, Youth’s and Young Adult’s Mental, Emotional and Behavioral Health. The partnership ensures the creation and efficient operation of a unified and integrated system of care for all of Oklahoma’s infants, children, youth, and young adults with or at risk for mental, emotional, and behavioral disorders (MEB’s). This includes an array of prevention, education, outreach, service and support for them and their families. The commissioners and directors of the child-serving state agencies will serve personally on the partnership alongside the Directors of the Oklahoma Family Network (OFN), National Alliance on Mental Illness (NAMI) Oklahoma, family members, youth, and young adults. The partnership meets two or more times annually to receive reports and give approvals for actions and initiatives. The partnership monitors for the following outcomes:

- For all with or at risk for an MEB: Increased resiliency as shown by improved daily functioning or increased wellness activities and improved school/community functioning or Reduced risk behaviors
• For all those identified with serious MEBs: Increased days at home and in school; Improved grades and less detention and suspension; Increased time periods with no contact with law enforcement; Improved mental health functioning; Success in decreasing substance abuse; Having and making progress on wellness goals

• For young adults: Completion of educational goals; Stable and meaningful employment; Social connectedness; Reliable transportation

• System Outcomes: Increased and fully supported cross-system collaborative initiatives; Transparency and accountability across systems, including data sharing; Annual financial mapping to assist developing shared priorities; Evidence based practice and an outcomes-driven service system; Increased capacity, serving more families more efficiently and effectively.

Joint budget requests that pertain to the prevention, early intervention, treatment and support for those with MEB disorders.

As a result of the second MOA, the DSU initiated a pilot project with ODMHSAS and five community mental health centers to provide individualized career planning and employment to individuals between the ages of 16-25 with serious mental illness.

Developmental Disabilities Services (DDS) of the Oklahoma Department of Human Services (DHS) DSU maintains a Memorandum of Agreement (MOA) with the DDS to improve employment outcomes for individuals with intellectual disabilities. DDS continues to provide extended services for individuals with intellectual disabilities in Supported Employment services.

Initiatives include:

Regular meetings with DSU programs managers, DSU programs field representatives and DDS staff. Monthly meetings address and solve problems identified by field staff of both agencies. Training to staff is based on challenges identified. DSU staff also provide individual case consultations at the request of the Community
Rehabilitation Programs (CRP), DDS staff and/or DSU staff.

Provide regular written reports to DSU Executive Staff to keep them informed of current field issues discussed at the monthly meetings.

DSU Programs Field Representatives serve on the Developmental Disabilities Advisory Council.

DSU Employment Support Services (ESS) staff and State level Transition Staff participate on the Employment First Alliance, which has a national goal of increased competitive integrated employment by 50% in the states. As a result of the Employment First Alliance, the Oklahoma Legislature passed the Employment First Law, which became effective November 1, 2015.

DSU ESS staff and State level Transition Staff participate on the State Employment Leadership Network (SELN) –DSU ESS staff represents DSU on the Oklahoma Developmental Disabilities Council. DDS Staff serves on the Oklahoma Transition Council (OTC), which is chaired by the Statewide Transition Coordinator from the DSU. Statewide conferences, resources, technical assistance, and additional professional development come out of the OTC. Many issues and challenges are brought forth with a wide range of experts to assist the DSU and DDS in resolving them and achieving their goals.

The DSU Statewide Transition Coordinator will work with DDS staff to ensure staff from each agency, schools, families, and CRPs understand the changes in WIOA regarding sub-minimum wage, are well-trained, and that Pre-Employment Transition Services (PETS) are provided to students with disabilities accessing vocational rehabilitation services through the DSU.

The DSU ESS staff will work with DDS staff to ensure CRPs and staff at each agency is provided ongoing training and consultation required by WIOA for any youth with a significant disability hired at subminimum wage. The partners will also ensure the required reviews take place according to WIOA to ensure every opportunity for achieving full competitive integrated employment.
In Oregon, the Oregon Health Authority is the agency that administers the State Medicaid Program. Through a series of Inter-Governmental Agreements and Memorandums of Understandings the Department of Human Services is established as the agency that operates the Medicaid programs and waivers. VR has not entered into separate agreements with OHA outside of our parent agencies agreement. VR does collaborate with the individual programs that administer the waivers.

VR and Oregon Department of Developmental Disability Services have refocused their work together over the last couple of years to achieve the outcomes set forth in Executive order 13-04, which was updated in Executive Order 15-01. These Executive Orders emphasize with more clarity the State’s Employment First Policy. Additionally, the State of Oregon has recently settled a lawsuit that calls for increased integrated employment opportunities for individuals with intellectual and developmental disabilities. VR, ODDS, and the I/DD service delivery system have a working relationship that shares information, leverages and braids funding, and encourages the joint case management of joint clients. Moving forward VR will continue to work with ODDS and I/DD service delivery system as well as the department of education to increase our collaboration to maximize funding, streamline processes, and meet the competitive and integrated employment goals of joint clients.

Over the last year VR, ODE and ODDS have:

- Hired staff specialists who serve individuals with I/DD. These three groups of regional staff meet regularly; co-train other agency staff; and, co-develop tools and strategies to provide services that are consistent and reflect best practices.

- Have established collaborative training regarding consistency and quality in curricula used for VR, ODDS and ODE staff throughout Oregon; accomplished through: o Agency conferences (VR In-Service, DD Case Management Conference, and ODE Regional Transition Conferences) used mixed groups of staff and cross training techniques to further collaborative training goals.

VR, DD, and school transition (ODE) staff training on varied topics, presented regionally to groups consisting of staff from all three agencies: Staff are consistently co-trained by specialists from the three agencies; Ongoing and
regularly scheduled meetings lead to collaborative actions by Office of Developmental Disabilities (ODDS), VR and Oregon Department of Education (ODE):

Employment First Steering Committee meetings direct the overall work of the following collaborative meetings. This committee is co-led by VR and ODDS Administrators. Policy and Innovation meetings are co-led by VR staff and DD Staff to facilitate these collaborative actions:

. The three agencies review and discuss all new or newly revised policy to assure alignment across agencies
. Each agency sends policy transmittals to their regional and community staff when another of them adopts new or newly revised policy

Education and Transition meetings discuss pertinent issues for students who have transition plans including those receiving Pre-Vocational Services; facilitating these collaborative actions:

. A jointly held goal of seamless transition for: students with transition plans, students in transition programs, and post high school students
. Examination of agency procedures, leading to: development of tools and strategies for use by field staff; and referral to the Policy Work Stream for potential policy revision or development
. Training and Technical Assistance meetings address issues of staff and vendor training to facilitate:
  • Increased numbers of vendors shared across agencies
  • Increased knowledge and skill (competency) of agency staff and vendors

Quality Assurance is a cross-agency group that evaluates collaborative outcomes providing a means to assess collaborative efforts

A primary effort of VR and OHA Behavioral Health Programs has been development and expansion of evidence-based supported employment services by increasing the number of county mental health organizations providing such services and meeting fidelity standards. VR continues to partner with and utilize the Oregon Supported
Employment Center for Excellence (OSECE) in developing and refining evidence-based supported employment services. As of the end of federal year 2015, 37 community mental health programs and 35 out of 36 counties are providing IPS as of the end of 2015. With the inclusion of IPS into Oregon’s OARs, evidence-based supported employment services continue to expand across Oregon.

Pennsylvania

As a key member of the PA Employment First State Leadership Mentoring Project currently sponsored by a grant administered by the Office of Disability Employment Policy, OVR will partner with agencies within the Department of Human Services to ensure that the employment needs of individuals with disabilities are met, that cost services are comprehensive, effective, innovative and not duplicative, and that every individual with a disability who wants to work to achieve self-support will be given the opportunity to do so. The Departments of Labor & Industry, Education, Human Services, Transportation and Health, under the leadership of OVR, will execute and commit to coordinating the interagency agreement and collaboration required to secure and maintain community integrated employment for youth and adults with disabilities. Elements of the inter-departmental and interagency agreement shall fully address:

- interdepartmental eligibility and enrollment processes;
- data collection, sharing and reporting;
- service coordination, resource leveraging and braiding of funding; and
- quality assurance and improvement resulting in the collective accountability and performance measurement needed to substantially increase the numbers of Pennsylvanians in competitive integrated employment.

The agreements below outline the responsibilities of each agency in the area of service delivery and funding. OVR
and ODP are currently working on a coordination policy to enhance the employment outcomes for individuals with intellectual disabilities. The intended result is for a more seamless entry into employment for individuals with intellectual disabilities and for the coordination of extended services to allow individuals to maintain long-term employment. This is important because many of the supported employment services assist individuals with intellectual disabilities to gain, stabilize and maintain successful employment.

**Rhode Island**
Rhode Island has a work incentive program called the Sherlock Plan, which enables individuals with significant disabilities to maintain Medicaid while working. The Sherlock Plan is administered by the Department of Human Services. However, the complexities of increased income on other benefits such as the Developmental Disability agency’s service cost share, subsidized housing, and food stamps requires considerable coordination among the state agencies. ORS participates on a monthly case coordination team that examines the Sherlock Plan.

**South Carolina**
SCVRD is establishing a Memorandum of Understanding (MOU) with DHHS, the agency responsible for administering the state Medicaid plan. This MOU outlines roles, responsibilities, and collaborative efforts of both agencies. The purpose and objectives of this MOU include strengthening the partnership between the two agencies, with the ultimate outcome of developing opportunities for competitive, integrated employment for Medicaid beneficiaries who have disabilities.

SCVRD has an MOU with DDSN. Staff works collaboratively with local Disabilities and Special Needs (DSN) boards and providers in serving individuals in need of supported employment services and long-term follow along supports to maintain competitive, integrated employment. DDSN has representatives on TASC to assist in school-to-work transition efforts as well as ensuring youth with the most significant disabilities have access to the supports needed to gain and maintain competitive employment. Through these efforts, clients/consumers are served in a complementary fashion based on the expertise and distinct roles of each agency.
| **South Dakota** | The Division of Service to the Blind and Visually Impaired (SBVI), in conjunction with the Division of Rehabilitation Services (DRS) has formal and informal interagency arrangements and levels of cooperation with a number of agencies and organizations to develop opportunities for competitive integrated employment. State Medicaid Plan under Title XIX of the Social Security Act The South Dakota Department of Social Services (DSS) is the State’s Medicaid Agency. The South Dakota Department of Human Services has the following agreements with the DSS Medicaid Agency. Abuse, Neglect and Exploitation as well as Guardianship and Conservatorship This agreement was implemented on August 1, 2013 to assure each agency’s response to meet the needs of persons who are at risk for abuse, neglect and exploitation or in need of guardianship and or conservatorship services. ASPIRE Agreement This agreement was implemented on September 28, 2014 for the data exchange with Medicaid information for the research project Achieving Success by Promoting Readiness for Education and Employment (ASPIRE). The Social Security Administration funds this project. Interagency Teams This agreement was implemented on November 20, 2001 to meet the need for continued interagency involvement at the local level in an efficient and effective manner. This agreement ensures that resources available through the State of South Dakota are available to citizens with disabilities, including those who face barriers to employment; addresses fully utilizing the capacity and expertise of each agency and encourages the continuing efforts and participation of local interagency teams. Money Follows the Person This agreement was implemented on June 10, 2014 for the implementation of the Money Follows the Person initiative involving persons eligible for Medicaid waiver services. Medicaid Fraud Control This agreement was implemented on July 1, 2015 for the purpose of defining mutual responsibilities in the Medicaid Program to ensure maximum efficiency and benefit to the State and to minimize duplication of effort. Title XIX Medicaid Funding Memorandum of Understanding This agreement was implemented on February 15, |
2013 for the purpose of defining administrative and fiscal accountability responsibilities.

State Agency Responsible for Developmental Disabilities The South Dakota Department of Human Services/Division of Developmental Disabilities is the state agency responsible for providing services to individuals with developmental disabilities. This agency is in the same department as the State Vocational Rehabilitation Programs (SBVI and DRS) allowing the opportunity regular communication and collaboration between programs.

Transition Services for Youth with Disabilities This agreement was implemented on January 2014 for the purpose of enabling students with disabilities to reach their maximum potential in their transition from high school to the adult world. This agreement included the State Vocational Rehabilitation Agencies, Developmental Disabilities Agency, Department of Social Services/Division of Behavioral Health Services, Department of Education/Special Education and the Department of Labor and Regulation.

Policy Memorandum with Developmental Disabilities The Division of Developmental Disabilities updated the Policy Memorandum on September 11, 2013 with the Divisions of Rehabilitation Services and Service to the Blind and Visually Impaired. This Policy Memorandum defines how each agency’s funding sources are coordinated in regard to the time limited and on-going support services. This policy agreement has had a significant impact on how services are provided to individuals with the most significant impediments to obtain and maintain their employment.
**Tennessee**

Tennessee is an Employment First State and has an established Employment First Task Force. The Employment First Task force facilitated the completion of a Memorandum of Understanding for services to youth with disabilities between the following state agencies:

- Tennessee Department of Education
- Tennessee Department of Intellectual and Developmental Disabilities
- Tennessee Department of Labor and Workforce Development
- Tennessee Department of Mental Health and Substance Abuse Services.

In Tennessee the agency that administers the State Medicaid plan is the Bureau of TennCare. The VR Program is developing a Memorandum of Understanding with the Bureau of TennCare. The VR Program has developed a Memorandum of Understanding with the Tennessee Department of Developmental and Intellectual Disabilities.

In conjunction with the Tennessee Department of Mental Health and Substance Abuse Services, the VR program is providing supported employment to individuals with severe and persistent mental illness under the Individual Placement and Supports (IPS) Model. In Federal Fiscal Year 2015 there were 351 total SE cases in Status 26 (VR program only). At least 15.38% or 54, were from IPS. The VR Program plans to expand the IPS program into other areas of the state in Federal Fiscal Year 2016.

**Texas**

The DSU will collaborate with the state agency responsible for administering each of the following programs to develop opportunities for competitive integrated employment, to the greatest extent practicable:

- Intellectual and Developmental Disabilities
- VRCs work with mutually served consumers to assist them in understanding how to navigate the long-term supports and services system.
- VRCs provide information and guidance to mutually served consumers who transfer from SSI to Title II Childhood...
### Utah

| **USOR** | The Department of Health’s Division of Healthcare Financing (Medicaid), and USOE have a cooperative working agreement to coordinate efforts to support a comprehensive, consumer-responsive system of work supports that will increase employment outcomes for individuals with disabilities in Utah. The three aforementioned agencies will collaborate to update the cooperative working agreement as often as necessary to ensure that individuals with disabilities in Utah have access to information and referral resources within the state. The current cooperative agreement includes provisions for the Work Ability Utah website, financially supported by braided funding, which was created to facilitate the dissemination of employment resources and streamline services to individuals with disabilities. |
| **USOR** | USOR maintains a long standing cooperative agreement with the Division of Services for People with Disabilities (DSPD), which is the state agency responsible for providing services for individuals with developmental disabilities. USOR and DSPD collaborate to provide supported employment services to individuals on the DSPD wait list through the provision of long term funding from the Utah State Legislature. These funds are ongoing and available to provide long term services for individuals who have utilized VR supports, are on the DSPD wait list, and need long-term supported employment services. USOR is also partnered with DSPD in Employment First legislation, which makes employment the first and preferred option of individuals with disabilities, including those with developmental disabilities. |

### Vermont

| **Historically,** | DVR and the State Medicaid Agency, the Vermont Department of Health Access (DVHA), have not had a formal established working relationship. The two agencies have periodically collaborated around a variety of issues including the provision and payment for assistive technology services. However this has been on an ad hoc basis. Once the WIOA regulations are finalized, DVR will seek technical assistance from RSA on developing a formal MOU to outline the working relationship going forward. We anticipate a more formal partnership will yield additional opportunities to develop employment opportunities for people with disabilities. |
| **The partnership between the Developmental Disabilities Services Division (DDSD) and Vocational Rehabilitation is** | |

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**Disability Beneficiaries to ensure continuation of Medicaid 1915© waiver services.**
well established. VR and DDSD braid funding to promote a joint Supported Employment effort to meet Federal rules and guidelines. VR policies and procedures instruct counselors to open a case for DDSD consumers who may require long-term services regardless of level of disability. This joint partnership utilizes Title 110 and VI-B funding to provide Supported Employment grant funding for each DDSD provider. DDSD provides the individual long-term employment support through Medicaid Waiver funding. The DVR grant model braided with Medicaid Waiver funding has yielded better outcomes than a fee-for-service approach, and both employment rate and new employment placement numbers have risen across the state through this partnered effort. DVR and DDSD leadership meet at least quarterly to maintain the partnership.

<table>
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<tr>
<th>Virginia</th>
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<tr>
<td>In Virginia, the Department of Medical Assistance Services (DMAS) is the agency responsible for the State Medicaid Plan under Title of the Social Security Act. The agency responsible for the providing services for individuals with developmental disabilities and mental health services is the Department of Behavioral Health and Developmental Services (DBHDS). DARS will be entering into a Cooperative Agreement with DMAS and DBHDS to continue to develop opportunities for competitive integrated employment for VR consumers. The Cooperative Agreement will be developed with respect to the delivery of VR services for individuals with the most significant disabilities who have been determined eligible for home and community-based services under a Medicaid waiver. The Cooperative Agreement, at a minimum, will address:</td>
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<td>. Consultation and technical assistance between the agencies to assist in the planning and coordination of services to individuals with most significant disabilities leading to successful employment.</td>
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<td>. Roles and responsibilities, including financial responsibilities, of each agency.</td>
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<td>. Data sharing.</td>
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<td>. Procedures for outreach to and identification of potential VR consumers to receive services.</td>
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<td>Continued financial support by the DBHDS for Intellectual Disabilities/Developmental Disabilities technical</td>
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<td>State</td>
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| Washington  | Comprehensive System of Personnel Development; Data System on Personnel and Personnel Development. Describe the designated State agency’s procedures and activities to establish and maintain a comprehensive system of personnel development designed to ensure an adequate supply of qualified State rehabilitation professional and paraprofessional personnel for the designated State unit, including the following:  
Data System on Personnel and Personnel Development  
Qualified Personnel Needs. Describe the development and maintenance of a system for collecting and analyzing on an annual basis data on qualified personnel needs with respect to:  
the number of personnel who are employed by the State agency in the provision of VR services in relation to the number of individuals served, broken down by personnel category;  
the number of personnel currently needed by the State agency to provide VR services, broken down by personnel category; and  
projections of the number of personnel, broken down by personnel category, who will be needed by the State agency to provide VR services in 5 years based on projections of the number of individuals to be served, including individuals with significant disabilities, the number of personnel expected to retire or leave the field, and other relevant factors. |
| West Virginia | WVDRS maintains a memorandum of understanding (MOU) with the West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS), the state agency responsible for the State Medicaid plan under the title XIX of the Social Security Act; this is also known as the Waiver program. An advisory group for the program is constituted with the WV Developmental Disability Planning Council (DDPC). WVDRS has a position on the council. WVDRS and BMS interact as part of this advisory group through the DDPC. The primary involvement of |
the XIX Medicaid Waiver program in fostering competitive, integrated employment outcomes through vocational rehabilitation is by mandating referral to WVDRS and providing ongoing support funding for those cases closed by WVDRS in Supported Employment. The DDPC also advises BMS on policy development and meeting unmet needs of those participating in the XIX Medicaid Waiver program.

In addition to interacting with XIX Medicaid Waiver staff as part of the DDPC meetings, WVDRS participates in two subcommittees, Employment First and Medley Management. The Employment First committee focuses on promoting employment for intellectually/developmentally disabled (IDD) individuals as a first option among services providers, legislators, state policy makers, and the community at large. The Medley Management committee provides oversight and advice to the Bureau for Behavioral Health on the state’s Medley program, which serves a specific group of IDD individuals that are at risk of institutionalization. These are often individuals that are also XIX Medicaid Waiver eligible. On both of these committees, WVDRS promotes a focus on competitive, integrated employment outcomes.

WVDRS counselors will, at the time of application, gather information regarding an individual’s third party resources, including Medicaid. If it is determined that the individual receives Medicaid benefits, BMS will provide all Medicaid-covered services to the individual, regardless of that individual’s continued status with WVDRS. If an individual is approved to receive services from WVDRS, and begins to receive Medicaid benefits at a later time, BMS will provide all Medicaid-covered services to the individual from that time forward.

Individuals receiving services from BMS will receive information on the eligibility requirements for WVDRS and the services WVDRS provides. If an individual receiving services from BMS expresses a desire to work, he or she will be referred to WVDRS at that time. Similarly, WVDRS consumers who are Medicaid-eligible will be referred to BMS.

WVDRS also maintains an MOU with the Division of Intellectual and Developmental Disabilities (DIDD), within the West Virginia Department of Health and Human Services, Bureau for Behavioral Health and Health Facilities (BBHHF), the State agency with primary responsibility for providing services and supports for individuals with intellectual disabilities and individuals with developmental disabilities. WVDRS interacts with both BBHHF and its subsidiary, DIDD.
WVDRS, BBHHF, and DIDD agree to interact in the following ways to facilitate delivery of services, including extended services, to individuals with the most significant disabilities:

- The DIDD program manager and WVDRS will interact regularly as part of the WV Developmental Disability Planning Council (DDPC) meetings, as well as the Employment First and Medley Management committees. The Employment First committee focuses on promoting employment for IDD individuals as a first option among services providers, legislators, state policy makers, and the community at large. The Medley Management committee provides oversight and advice to the BBHHF on the state’s Medley program, which serves a specific group of IDD individuals that are at risk of institutionalization. On both of these committees, WVDRS promotes a focus on competitive, integrated employment outcomes.

- The BBHHF administers several Customized Employment grants with vendors of WVDRS. BBHHF and WVDRS will jointly train the Community Rehabilitation Programs receiving these grants as well as WVDRS staff working with these programs.

- BBHHF and WVDRS will work together in mediating problems in cases being served jointly in the programs.

- WVDRS will meet monthly with BBHHF staff to review applicants for an Unmet Needs funding program to foster assistance to IDD individuals where traditional funding sources do not provide needed supports.

- Individuals receiving services from BBHHF or DIDD will receive information on the eligibility requirements for WVDRS and the services WVDRS provides. If an individual receiving services from BBHHF or DIDD expresses a desire to work, he or she will be referred to WVDRS at that time.

In order to provide quality and timely vocational rehabilitation services to West Virginians with behavioral health conditions who qualify, WVDRS collaborates with the West Virginia Bureau for Behavioral Health and Health Facilities (BBHHF) and its partners. BBHHF is the federally designated Single State Authority for mental health and substance use disorders and operates under the auspices of the West Virginia Department of Health and Human
Resources. The primary programs within BBHHF and their partners that DRS works with are as follows:

- The Office of Consumer Affairs and Community Outreach (CACO), is charged with providing collaborative support to the clinical section of the Office of Programs through the provision of legislative tracking, disaster coordination and response, development and operation of a Consumer Advisory Council, coordination of BBHHF training activities, researching and circulating information on evidence-based and emerging best practices, development of health promotion and wellness campaigns, researching and applying for high priority discretionary grants, and by providing a centralized response to requests for assistance and patient grievances. DRS maintains a relationship with this office and has worked together on anti-stigma campaigns, supporting recovery coaching and peer support, and training in the area of mental health first aid and medication-assisted treatment.

- The Division of Adult Behavioral Health assures and provides access to services and supports to meet the mental health and co-occurring needs of adults and transitional age youth, enabling them to live, learn, work, and participate actively in their communities. The Division establishes standards to ensure effective and culturally competent care to promote recovery. The Division sets policy, promotes self-determination, protects human rights, and supports mental health training and research. DRS maintains a relationship with this office and has teamed up with them on several efforts such as having them present on “Behavioral Health Connections” at the DRS 2014 Statewide Training Conference, assisting them in the planning of their 2015 Integrated Behavioral Health Care Conference and exhibiting at that conference whereby information regarding DRS was disseminated to approximately 700 behavioral health professionals, and serving as a subject matter expert on their Clinical Adult Review Process (CARP), which looks at the needs of individuals transitioning out of state psychiatric facilities.

| Wisconsin | DVR has a tri-agency Interagency Agreement that defines necessary relationships, policies and procedures between the DVR, and the Departments of Public Instruction (DPI) and Health Services (DHS). The agreement is designed to create common understanding, and establish collaborative efforts regarding services that will ultimately improve employment outcomes for students with disabilities who may be eligible for DVR services. This interagency agreement has been revised from the July 2007 interagency agreement to now focus on both students with disabilities transitioning from high school as well as adults with disabilities, who have an expectation for integrated |
competitive employment. The three agencies also jointly developed a Transition Action Guide (TAG), which puts the agreement into practice. The agreement and the TAG have been modified to reflect best practices associated with increasing employment opportunities for people with cognitive and/or physical disabilities who also have challenges with mental health. The agreement and TAG are published on the DVR public website. The three agencies have updated these agreements to reflect on-going projects that have enriched and deepened our relationship, understanding and program evolution. The updated agreements allow for an on-going vehicle that best reflects the updated procedures, polices and protocols established to serve youth eligible for DVR services.

When there is overlap of educational goals and employment/rehabilitation goals and services, a cost sharing arrangement may be negotiated between DVR, the school district, and Long-Term Care and/or Mental Health programs. To know who will pay for a service, all parties must be involved in transition planning in order to make a determination about appropriate services.

The following are general guidelines to help understand how decisions can be made under the DVR/ DPI/DHS interagency agreement.

Test 1 - Will the service help to achieve the educational goal of the IEP? If yes, the school is primarily responsible for the service.

Test 2 - Will the service help to achieve the employment goal of the IPE? If yes, DVR is primarily responsible for the service.

Test 3 - If the same service appears on both the IEP and IPE, the school and DVR are responsible for negotiating a cost sharing arrangement (conflicts between schools and DVR are to be resolved utilizing the process outlined in the DPI/DVR/DHS Interagency Agreement).

Test 4 - If the student is over 18 and eligible for Medicaid long-term care services and supports, and chooses to enroll in a Long-Term Care and/or Mental Health program, the three agencies are responsible for negotiating a cost sharing arrangement to determine resources for each individual’s situation. (Conflicts between agencies are to be resolved utilizing the process outlined in the DPI/DVR/DHS Interagency Agreement.) Staff of all three potential
<table>
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<tr>
<th>SELN - WIOA State Plan VR Interagency Cooperation Language</th>
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<td>funding sources (i.e., DVR, DPI and DHS) are trained in the use of this decision making process.</td>
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<tr>
<td>Wisconsin Community of Practice on Transition</td>
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<tr>
<td>The Wisconsin Community of Practice on Transition is an interagency collaboration that includes partners from DVR, Department of Public Instruction (DPI), Department of Health Services (DHS), Board for People with Developmental Disabilities (BPDD), Wisconsin Family Assistance Center for Education, Training &amp; Supports (WIFACETS), Wisconsin State Parent Education Initiative (WISPEI), UW Waisman Center, WI Technical Colleges and Parents. The mission of the collaboration is to bring stakeholders together to impact policies, practices and outcomes for youth with disabilities in transition to adult life. The strategic plan for 2015-2016 includes a focus on the County Communities on Transition (CCoT's) to create local relationships between schools, DVR service providers and employers to improve the outcomes of youth with disabilities transitioning from high school to employment.</td>
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<tr>
<td>Wisconsin Promise</td>
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<td>The PROMISE initiative is a research and demonstration project that is intended to improve services for youth SSI (Social Security Supplemental Security Income) recipients and their families. The services help youth recipients achieve better outcomes, including graduating from high school ready for college and a career, completing postsecondary education and job training, and obtaining competitive employment in an integrated setting. As a result, these youth SSI recipients can achieve long-term reductions in reliance on SSI. Wisconsin is one of six sites participating in the demonstration.</td>
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<tr>
<td>DVR has hired counselors that have a caseload that consists exclusively of Promise youth. These counselors are using specific evidence based practices and rapid engagement services to most effectively serve youth in transition starting at age 14. WI DVR is already using the lessons learned from WI Promise to improve the transition services we offer to our youth.</td>
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<tr>
<td>Wisconsin Promise will help youth and their families meet their school and work goals in order to better their</td>
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<tr>
<td>Wyoming</td>
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<td>In September 2007, the Division of Vocational Rehabilitation completed a memorandum of understanding with the Wyoming Department of Health, Mental Health Substance Abuse Services Division. The purpose of the MOU is to provide services more effectively to people with disabilities, in compliance with the Rehabilitation Act of 1973. This includes increased collaboration in the evaluation, planning and implementation of supported employment services for persons with Severe and Persistent Mental Illness (SPMI) and transition age youth. Joint bi-annual training will focus on these issues, among others.</td>
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