



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

July 3, 2019

Jeff Renk
Senate Chief Clerk
B20 Southeast State Capitol
Madison, WI 53702

Patrick E. Fuller
Assembly Chief Clerk
17 West Main Street, Room 401
Madison, WI 53703

Dear Mr. Renk and Mr. Fuller:

Wisconsin became an Employment First state on March 28, 2018, with the passage of 2017 Act 178. The new law requires the Department of Health Services (DHS), the Department of Workforce Development (DWD), and the Department of Public Instruction (DPI) to establish competitive integrated employment (CIE) for people with disabilities as their priority policy and work together, with stakeholders, to set benchmarks and goals for improvement in CIE rates across Wisconsin.

Act 178, Section 1, creating statutory section 47.05(4)(a), requires DWD, DHS, and DPI to collaborate and, with the input of stakeholders, jointly develop a plan establishing specific performance improvement targets and describing specific methods used to coordinate efforts to ensure that programs, policies, and procedures support CIE. The three Departments must also report annually on progress under the plan. DWD submitted a joint plan and progress report from all three agencies to the Governor and Legislature on June 28th, 2019.

Act 178, Section 2 requires DHS to submit a report on the feasibility, including a cost estimate, of an independent study regarding the impact the Employment First initiative has had on expanding or reducing access to allowable services, the quality of life, levels of community integration, and overall satisfaction of individuals enrolled in Medicaid long-term care waivers. Please find the report enclosed.

Please contact me with any questions about this report or DHS efforts regarding the Employment First Initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrea Palm", with a long horizontal line extending to the right.

Andrea Palm
Secretary - designee



**Non-Statutory Provision of Act 178:
Cost Estimate of an Independent Study**

Issued by:
The State of Wisconsin
Department of Health Services

Division of Medicaid Services
Bureau of Adult Quality and Oversight

Issued on:
June 30, 2019

Table of Contents

Executive Summary

Vendor A

Vendor B

Appendix A—Request for Information

Appendix B—Vendor A Submission

Appendix C—Vendor B Submission

Executive Summary

Wisconsin became an Employment First state on March 28, 2018, with the passage of [2017 Wis. Act 178](#). The new law requires the Department of Health Services (DHS), the Department of Workforce Development (DWD), and the Department of Public Instruction (DPI) to establish competitive integrated employment (CIE) for people with disabilities as their priority policy and work together, with stakeholders, to set benchmarks and goals for improvement in CIE rates across Wisconsin.

2017 Wis. Act 178, Section 1, § 47.05(4)(a) requires DWD, DHS, and DPI to collaborate and, with the input of stakeholders, including the Wisconsin Rehabilitation Council, jointly develop a plan establishing specific performance improvement targets and describing specific methods used to coordinate efforts to ensure that programs, policies, and procedures support CIE. 2017 Wis. Act 178, Section 1, § 47.05(4)(c) requires the joint work plan and progress reports to be published on a public website.

2017 Wis. Act 178, Section 2 requires DHS to submit a report on the feasibility, including a cost estimate, of an independent study regarding the impact the Employment First initiative has had on expanding or reducing access to allowable services, the quality of life, levels of community integration, and overall satisfaction of individuals enrolled in Medicaid long-term care waivers.

The Division of Medicaid Services (DMS) within DHS chose to release a Request for Information (RFI) (Appendix A) to gather information on a possible study framework and a cost estimate for that framework from public entities. Research experts submitted proposals outlining their research experience, process, and cost estimates for a study that would measure the variables listed in the legislation. Through this RFI process, DMS received two responses: Vendor A¹ (Appendix B) and Vendor B (Appendix C). The main differences between the two proposals were the cost of implementing the study and the operational infrastructure building required to complete the study. Vendor A required start-up costs to begin and continue the study. In contrast, Vendor B has done similar studies in the past and did not require as much infrastructure to be built in order to complete the study. Both of the study proposals will adequately measure the full impact of 2017 Wis. Act 178 on the DHS long-term care population.

¹ Any identifying information, including affiliations and names of the organizations and the individuals involved, were either redacted or changed in order to ensure fairness should DHS ever proceed with an RFP or RFB.

Vendor A

Vendor A submitted a quasi-experimental design including the use of DHS programmatic participation data; consumer enrollment data; and individual data collected through surveys of individuals, guardians, and/or direct care staff. The study will use data from DHS on a participant's current eligibility for and use of services in order to measure "access to services." The remainder of the variables, which include quality of life, levels of community integration, and overall satisfaction, will be measured using the Quality of Life Questionnaire.

In Phase One–Year One, the team will carry out a pilot study by sampling 30 individuals. This pilot will include a review of the assessment fidelity and reliability measures. In Phase Two–Year One, the comprehensive baseline data sampling and collection will begin on the larger sample. The larger sample, in order to account for stratification of the data by disability, type of employment, age, geographic region, and type of funding, will be up to 2,000 individuals.

In Phase Three–Year Two/Three, a follow-up survey including the baseline data sample population and a new random sample will be conducted. This methodology allows for longitudinal tracking and continual build-up of the population sample during year two.

The overall range of cost for this proposal is \$802,431–\$979,162 and is contingent on the study being conducted in 2019-2021. The cost of this proposal is directly associated with the infrastructure Vendor A would need to develop to perform this study. Vendor A would have to assess the reliability and fidelity of the study before starting, and they would have to hire staff in order to create and maintain this project.

Vendor B

Vendor B submitted a mixed-methods and descriptive study design that includes a survey and in-person interviews. Vendor B will use the Quality of Life Questionnaire to measure all variables in the study. Vendor B states that since the Quality of Life Questionnaire has already been heavily validated and assessed, they will not need to do further validation testing.

Vendor B plans to survey 50% of current long-term care recipients. Outreach will be done at three- and six-month intervals to those who have not responded to the survey requests. The surveys could be done on paper, through the phone, or online. Vendor B also plans to conduct outreach through providers who will have access to brochures, posters, etc. to increase and encourage participation.

In addition to survey data, Vendor B will conduct in-person interviews. Invitations will be sent to 108 individuals, with an expected return rate of 33%. Vendor B will interview a small sample of 36 individuals, 18 in rural areas and 18 in urban areas. The interviews will focus on providing greater depth into participant experiences with long-term care supports, barriers and concerns of participants, and recommendations on how to improve the program.

The overall cost of the project is \$185,629 for the study being conducted 10/1/2019–9/29/2020. Vendor B anticipates costs will increase by 4% each year due to inflation and salary increases. The cost of this study is directly related to Vendor B having the infrastructure built and staff available to begin and maintain this study. Vendor B's methodology has gone through significant reliability and validity testing, reducing the need for additional testing.

Appendix A – Request for Information

RFI # I-0801 DMS-19
01/30/19



Non-Statutory Provision of Act 178:
Cost Estimate of an Independent Study
Request for Information (RFI)

RFI # I-0801 DMS-19

DMS BAQO

Issued by:
The State of Wisconsin
Department of Health Services
Division of Medicaid Services

Issued on:
JANUARY 30TH, 2019

Responses are requested by:
2:00PM CDT, March 20th, 2019

For further information regarding this RFI, refer to the procurement
web portal.

I. INTRODUCTION

The Wisconsin Department of Health Services (DHS) operates Medicaid long-term support waivers serving the target populations of frail elders, people with intellectual/developmental disabilities, and physical disabilities. These long-term support waiver services are provided through four different programs; Family Care, Family Care Partnership, PACE, and IRIS.

Family Care¹

Family Care, a national model in long-term care, was established in 1998. Currently, DHS contracts with five managed care organizations (MCOs) to operate Family Care in every county throughout Wisconsin. As of August 1, 2018, Family Care serves 48,421 members². Family Care MCOs provide or coordinate cost-effective and flexible services tailored to each member's needs.

DMS provides each Family Care MCO with a monthly payment for each member and the MCO uses these funds to provide and coordinate services for all of its members. Each Family Care member is the essential member of their own interdisciplinary care team. The team works directly with the member to identify the member's needs, strengths, preferences, and available resources in order to develop a person-centered plan. The person-centered plan may include help from natural supports (for example: family, friends, and neighbors). When a member does not have natural supports available, the Family Care MCO will purchase the necessary services for the member.

Family Care Partnership³

In 1995, Wisconsin began redesigning the long term care system for older adults and adults with disabilities who qualify for institutional levels of care, including individuals eligible for full benefit Medicare and Medicaid, by creating Family Care Partnership.

Currently, DMS contracts with three MCOs to operate Family Care Partnership in 14 counties throughout Wisconsin. As of August 1, 2018, Family Care Partnership has a total of 3,337 members⁴. Family Care Partnership MCOs provide or coordinate cost-effective and flexible services tailored to each member's needs. In addition to ensuring each member's long-term care service needs are met, members enrolled in Family Care Partnership receive their acute and primary care, including Medicare benefits, through the MCO.

DHS provides the MCO with a monthly payment for each member, and the MCO uses these funds to provide and coordinate services for all of its members. Each Family Care Partnership member is the essential member of their own interdisciplinary care team. The team works directly with the member to identify the member's needs, strengths, preferences, and available resources in order to develop a person-centered plan. The person-centered plan may include help from natural supports (for

¹ State of Wisconsin Department of Health Services. (2018). *Medicaid Managed Care Quality Strategy*. pg 32-33.

² State of Wisconsin Department of Health Services. (2018). *Family Care, Family Care Partnership, and PACE Enrollment Data Monthly Snapshot - August 2018*. Madison.

³ State of Wisconsin Department of Health Services. (2018). *Medicaid Managed Care Quality Strategy*. pg 33-34.

⁴ State of Wisconsin Department of Health Services (2018). *Family Care, Family Care Partnership, and PACE Enrollment Data Monthly Snapshot - August 2018*. Madison.

example: family, friends and neighbors). When a member does not have natural supports available, the Family Care Partnership MCO will purchase the necessary services for the member.

PACE⁵

The *Program of All-Inclusive Care for the Elderly*, also known as *PACE*, provides a full range of long-term care, health care, and prescription drugs to people aged 55 and older with chronic needs who live in Milwaukee, Racine, or Waukesha county. PACE is a national model that was created in 1973 and there are over 230 PACE centers in 31 states. As of August 1, 2018, PACE services 572 members in Wisconsin.

PACE combines the services offered through Medicare, including Medicare prescription drugs, Wisconsin Medicaid, and home and community-based long-term care services. PACE provides a multitude of services including primary care (including physician and nursing services), emergency services, home health and personal care, prescription drugs, dentistry, optometry, podiatry, laboratory and x-ray services, hospital and nursing home care, occupational, physical and recreational therapies, and medical transportation. Services are primarily delivered at a PACE center and supplemented with care in the member's home or a setting of the member's choice.

Members of the PACE program work with a team of health professionals, primarily at their local PACE center, to make all health care decisions. Members are active participants on the PACE care team, which includes a PACE doctor, registered nurse, care manager, home care coordinator, physical, occupational, and recreational therapists, dietician, PACE center coordinator, and the member's family and friends. The care team works together to develop a care plan and coordinate services.

IRIS (Include, Respect, I Self-Direct)⁶

INCLUDE – Wisconsin frail elders, adults with physical disabilities and adults with intellectual/developmental disabilities with long-term care needs who are Medicaid eligible are included and stay connected to their communities.

RESPECT – Participants choose their living setting, their relationships, their work, and their participation in the community.

I SELF-DIRECT – IRIS is a self-directed long-term care option. The participant manages an Individual Services and Supports Plan within an individual budget and the guidelines of allowable supports and services to meet his or her long-term care needs. The participant has the flexibility to design a cost-effective and personal plan.

- People who choose IRIS design a waiver-allowable Individual Services and Supports Plan to meet their functional, vocational, and social long-term care needs. Wisconsin has Medicaid Home and Community Based Services waivers 1915(c) and the Self-Directed Personal Care State Plan Amendment 1915(j) approved by the Centers for Medicare & Medicaid Services (CMS). These CMS approved applications define the types of services and goods included in the IRIS program.

⁵ <https://www.dhs.wisconsin.gov/familycare/pace.htm>

⁶ <https://www.dhs.wisconsin.gov/iris/index.htm>

- Persons enrolled in IRIS manage goods and services to meet their long-term care needs and use IRIS-funded, waiver eligible supports and services to remain in the community and avoid institutional care. IRIS program participants are supported in self-direction by IRIS Consultants and Fiscal Employer Agents. As of December 1, 2018, IRIS services 18,144 participants⁷ (DHS, IRIS Enrollment Data Monthly Snapshot - December 2018).

Medicaid Long-Term Care Support Waivers and Competitive Integrated Employment

Based on data pulled in the fourth quarter of 2018, our Medicaid long-term support waivers serve approximately 70,150 individuals, of which 3,873 are currently employed in Competitive Integrated Employment (CIE). 43,150 individuals enrolled in our Medicaid long-term support waivers are between the working ages of 18-65. Based off of the National Core Indicators survey for the intellectual/developmental disabilities population, 50% of Wisconsin's individuals enrolled in Medicaid long-term care waivers who are unemployed indicated that they were interested in CIE.

CIE is defined as work performed on a full-time or part-time basis compensated not less than the applicable state or local minimum wage law (or customary wage), or is self-employed, yields income comparable to person without disabilities doing similar tasks; the work should be eligible for the level of benefits provided to other employees; the work should be at a location typically found in the community; where the employee with a disability interacts with other persons who do not have disabilities and are not in a supervisory role, and; the job presents opportunities for advancement.⁸

Wisconsin became an Employment First state on March 28, 2018, with the passage of **Wisconsin Act 178**. The new law requires DHS, the Department of Workforce Development (DWD) and the Department of Public Instruction (DPI) to establish CIE for people with disabilities as their priority policy and work together, with stakeholders, to set benchmarks and goals for improvement in CIE rates across Wisconsin.

Per Section 1. (3) of Act 178, the department of workforce development, the department of health services, and the department of public instruction must collaborate and, with the input of stakeholders including the Wisconsin Rehabilitation Council, jointly develop a plan establishing specific performance improvement targets and describing specific methods used to coordinate efforts to ensure that programs, policies, and procedures support competitive integrated employment.

Act 178 requires that the joint work plan and progress reports be published on a public website. Per Section 2. (1), DHS must obtain a cost estimate of an independent study regarding the impact of the Employment First initiative to determine if the new law has expanded or reduced access to allowable services, the quality of life, levels of community integration, and overall satisfaction of individuals enrolled in Medicaid long-term care waivers.

II. PURPOSE OF THE REQUEST FOR INFORMATION

The State of Wisconsin, as represented by its Department of Health Services (DHS), intends to use the results of this RFI process to gather information for a comprehensive report on an independent study cost estimate as well as the proposed processes through which the variables

⁷ State of Wisconsin Department of Health Services. (2018). *IRIS Enrollment Data Monthly Snapshot - December*. Madison.

⁸ Workforce Innovation and Opportunity Act (WIOA) amended Rehabilitation Act Title IV 2014

will be studied. This report will be submitted to the Governor and the Chief Clerk of each house of the legislature for review.

This RFI is not a solicitation and no purchases will be made on the basis of responses to this RFI. The results of this information gathering process may be used to aid DHS in the development of a Request for Proposals (RFP) or Request for Bids (RFB) that could lead to a selection of a vendor to conduct the independent study, if the Governor and the legislature decide to do so.

This RFI is to collect information on the following required variables:

1. Per Section 2 (1) of Act 178, the vendor will examine the following variables:
 - a. Impact of the Employment First Initiative under Section 47.05 of the statutes and corresponding prioritization of Competitive Integrated Employment has had on the expansion or reduction in access to allowable services
 - b. Quality of life
 - c. Levels of community integration
 - d. Overall satisfaction of persons with disabilities in Wisconsin on Medicaid long-term care waivers
2. Calculate a cost estimate for conducting an independent study in 2019 of the variables outlined in Section 2 (1) of Act 178.
 - a. Additionally, account for inflation in the cost estimate for the subsequent years of 2020 and 2021.

*only DHS Medicaid waiver participants are to be included under Section 2 (1) of Act 178

DHS may request demonstrations from qualified vendors for the purpose of developing the RFP or RFB criteria. This request for information is not intended to result in a contractual relationship.

III. SUBMITTING QUESTIONS OR RESPONSES TO THE RFI

RFI Schedule of Events	Date
RFI Released	January 30, 2019
Vendor Written Questions Due	February 27, 2019
Answers to Questions & Clarifications posted on eSupplier	March 6, 2019
Vendor RFI Responses Due Date	March 20, 2019 2:00PM CST

Vendor Questions Regarding the RFI

Any questions regarding this RFI or on submission requirements, should be submitted via email to DHSProcurement@dhs.wisconsin.gov, by **February 27, 2019**. The subject line of the email shall reference RFI # I-0801 DMS-19.

In the event it becomes necessary to provide additional clarifying data or information or to revise any part of this RFI, supplements or revisions will be provided to all recipients of this initial RFI. All questions and answers will be distributed to all respondents according to the date specified in the RFI Schedule of Events.

Vendor Responses

Responses to this RFI should address all questions in RFI *Section IV, RFI Vendor Questions and Required Response* and are limited to 30 pages in length. Responses to the requested information and any supplemental materials should be submitted electronically, in either PDF format (preferred) or Microsoft Office, to eSupplier no later than **March 20, 2019, 2:00 PM CST**.

RESPONDENTS MUST NOTE: This RFI is not a solicitation for proposals, bids or services, nor does it represent any other formal procurement device. The Department, at its sole discretion, may elect to conduct a formal solicitation based upon, among other factors, the information received in response to this RFI.

IV. RFI VENDOR QUESTIONS AND REQUIRED RESPONSES

The questions below represent DHS' main principles in studying the effectiveness of the Employment First legislation. Interested vendors should address all of the questions in this section. If you are unable to address any of the questions, please make note of those questions in the response. Responses should clearly indicate how they are based on the vendor's actual experience in conducting independent research studies. Responses should be no longer than 30 pages; however, additional information regarding your system/services is welcome and is not subject to page limits.

Responses should be organized as follows:

Company Information

1. Introduce your organization (e.g., parent, age, number of customers, offices, number of employees, etc.). Please include ownership structure.
2. Identify name(s) and contact information for individuals able to answer questions or concerns regarding submitted information or the products and services you offer.
3. List any relevant web sites for your company and the services or products it offers. Specifically highlight websites that showcase your products or services, in addition to your own company website.
4. Describe your experience with qualitative and quantitative data collection, observation, interviewing, or surveying as well as data analysis and validation.
5. Describe past engagements in which your organization researched the effectiveness of social policy or social programs.

Process & Pricing Information

Provide a detailed and thorough description of:

1. The study design
2. The chosen definitions of each variable outlined in Act 178
3. A description of how the study would be implemented utilizing the Medicaid long-term care population as the subjects⁹
4. A description of how the following outcomes will be measured:
 - a. access to services
 - b. quality of life
 - c. levels of community integration, and
 - d. overall satisfaction of persons with disabilities of Medicaid long-term care participants
5. How the above outcomes will be validated and analyzed.
6. The cost estimate with a full description of:
 - a. Your pricing or funding model with consideration for inflation for the years 2020 and 2021
 - b. Breakdowns of labor, technology, materials, etc.
7. Any other pertinent information that your organization sees as important to this RFI.

REVIEW OF THE RESPONSES

A project committee has been assigned to review responses that comply with the instructions set forth in this RFI. DHS, at its sole discretion, may choose to waive immaterial deviations from the RFI instructions.

Upon completion of the RFI process, DHS may seek clarification from respondents. Please note that DHS will not be providing formal notification to respondents when the RFI review is complete.

Thank you for your time in reading this Request for Information (RFI).

Please submit any questions via email to: DHSProcurement@dhs.wisconsin.gov.

⁶Disclaimer: This cost estimate should only include the cost of studying Medicaid long-term care participants.

Appendix B - Vendor A Submission



Response to RFI# I-0801 DMS-19

Table of Contents

Company Information.....2

Process & Pricing Information.....6

Appendix A.....17

Appendix B.....18

Appendix C.....25

Appendix D.....27

Company Information

1. Introduce your organization (eg., parent, age, number of customers, offices, number of employees, etc.). Please include ownership structure.

- a. The [REDACTED] currently consist of a team of 10 FTE focusing on several statewide projects. The team currently includes Director, Project Manager, administrative support, Data Analytics, Communications and Logistics, 4.75 field staff and graduate and undergraduate staff. The team is interdisciplinary with deep content knowledge on disability policy related to employment, long-term care, best practices for disability equity and inclusion in the workforce for businesses, and educational inclusion. The team has research and data analytics expertise in field research and survey design. For this project, [REDACTED] would be adding new staff, see the proposed project org chart.
- b. The [REDACTED] team consists of a variety of individuals with professional backgrounds and experience in social work, counseling, education, policy, research, and administration. The team is overseen by [REDACTED], the Director of the [REDACTED] [REDACTED] at [REDACTED], and led by [REDACTED], Project Director. [REDACTED] oversees the administrative support, outreach specialists, and student grant assistants in a way that allows each member of the team to take ownership over a project and be supported as they follow through to completion. [REDACTED] is currently housed on the main campus of the [REDACTED] [REDACTED]. Later this year, the team will be transitioning to the [REDACTED], operated by [REDACTED], with new offices for expanded staff.

c. [REDACTED] currently has contracts with the Department of Workforce Development, Division of DVR, is the educational partner for Project SEARCH, has a contract with the Wisconsin Department of Health Services (DHS) and is a subcontractor with DHS (mental health division). The organization is also the facilitator and fiscal agent for the Affiliate Chapter of Disability:IN Wisconsin, offering businesses access to resources that foster disability equity, inclusion and talent acquisition..

d. Please see the attached organizational chart, labeled Appendix A1.

2. Identify name(s) and contact information for individuals able to answer questions or concerns regarding submitted information or the products and services you offer.

[REDACTED]

[REDACTED]

3. List any relevant websites for your company and the services or products it offers. Specifically highlight websites that showcase your products or services, in addition to your own company website.

[REDACTED]

[REDACTED]

[REDACTED]

4. Describe your experience with qualitative and quantitative data collection, observation, interviewing, or surveying as well as data analysis and validation.

a. The [REDACTED] team has successfully implemented multiple statewide projects providing direct services and training to individuals with disabilities, professionals, and partner agencies and businesses.

b. The largest and most significant statewide project implemented by [REDACTED] is the Workforce Innovation and Opportunity Act (WIOA) Career Interview Project that began in late 2016. This is a part of the Department of Labor (DOL) compliance

that each consumer employed at a 14(c) site provided a special minimum wage receive career counseling regarding integrated employment. This project began by providing counseling to over 6,500 individuals employed at a special minimum wage at 127 separate locations across the state. Each employee requires a specific type of interview based upon their date of hire, and some require more than one interview per year as a part of compliance with WIOA. After piloting and re-working the program to increase accuracy and consistency, [REDACTED] created a client-centered, small-group approach (five employees) that allows for peer support and familiarity. Lead staff created a database of employees in order to track data longitudinally. This team consists of five field interviewers/counselors living and working in their primary regions and an administrative support and project director based on campus. [REDACTED] has successfully completed two years of interviews and data collection and is nearing completion of the third year. The [REDACTED] team has exceeded all expectations on this project. Due to the teams' intentional client and data collection protocols, the team has been able to successfully adapt to new directions and interpretations from both DOL and DVR without service interruptions. The team has been able to provide new insight regarding the movement of employees into, among, and out of 14(c) sites as well as to provide detailed outcome data related to individual's work history and self-reported access to community integrated employment services.

- c. In the spring of 2014, the Wisconsin Department of Health Services (DHS) approved [REDACTED] to assist with talent acquisition and program logistics to support the Integrated Employment Section at DHS. As a part of this initiative, four employees were hired to support three statewide projects: the National Core Indicators, Integrated Employment Unit, and Project SEARCH.

- d. For the National Core Indicators (NCI), [REDACTED] facilitated the search and hire for two staff members. [REDACTED] staff assisted with implementing a statewide systemic approach of NCI. This involved establishing an outreach plan, providing ongoing support to the two DHS staff for professional development, implementation of the contractor hiring and support process, the completion of training and compliance with NCI interview and protocol, and the completion of over 400 interviews of consumers in their community or homes. The project was expanded in year two, due to positive feedback from DHS, to include a statistically significant sample (800) of the long-term population as well. [REDACTED] staffing and support allowed DHS to transition the NCI to an internal process while continuing to provide staffing support directly to DHS. A second project included [REDACTED] assisting with the talent acquisition of a policy analysis to support the Community Integrated Employment (CIE) unit to review and analyze WIOA and other national and state policy practices. The third project was the expansion of Project SEARCH from seven to 27 sites over the course of three years. This involved identifying school districts, business partners, and vocational partners, and collaborating directly with the Department of Public Instruction (DPI), DHS and the Division of Vocational Rehabilitation (DVR). Staff hired on behalf of this program provided direct support, problem-solving, assessing program integrity and ongoing support statewide.
- e. The final statewide project undertaken by the [REDACTED] team is a sub-award grant from the DHS Division of Care and Treatment Services in both 2017 and 2018 to implement a conference for over 350 professionals each year, along with other associated training and professional development activities during the year. The focus of the conference was Now is the Time, "Youth Empowered Solutions!" focusing on support for youth and young adults with mental health issues. The

conferences have included national and international keynote speakers along with many individual and group breakout presenters providing a large number of breakout sessions. [REDACTED] was also given a sub-award to coordinate events targeted specifically for youth and young adults interested in increasing the advocacy skills.

5. Describe past engagements in which your organization researched the effectiveness of social policy or social programs.

- a. The [REDACTED] team has performed additional supported research with the WIOA data to inform best practices for subminimum wage earners and expose CIE opportunity. The team has leveraged the outcome data for Project SEARCH to support CIE for youth with intellectual disabilities. [REDACTED]
[REDACTED] has continued to pursue and publish research related to universal design and social justice practices to change how universities frame disability accommodations and access nationally and internationally.

Process & Pricing Information

1. The study design

- a. This will be a quasi-experimental design utilizing an in-person interview/survey and pulling from existing Wisconsin Department of Health Services (DHS) programmatic participation data to gain an understanding of and evaluate the impact of community integrated employment (CIE) on the four core outcomes noted below. A combination of existing data from DHS consumer enrollment and individual data collected through surveys of individuals, their guardians, and/or their direct-care staff will be used in order to create a baseline measurement of each variable, as well as to measure the identifiable impact on each variable over time.

2. **The chosen definitions of each variable outlined in Act 178**
 - a. Expansion or reduction in access to allowable services is defined by an assessment of available services per region and funder, level of current usage as reported by individuals in survey, and identified desired usage and non-usage as reported by individuals in survey. Measurement of the expansion or reduction of access will begin to take place in year two as answers are compared longitudinally as well as an examination of the available services per region and funder.
 - b. Quality of Life - As defined in the QOL-Q, quality of life is defined by multiple measurements of domains. These domains include emotional well-being, interpersonal relations, material well-being, person development, physical well-being, self-determination, social inclusion, and rights.¹
 - c. Levels of Community Integration- As defined by the QOL-Q, levels of community integration are defined by measurements within the domains of social inclusion and rights.¹
 - d. Overall Satisfaction - Is defined as a main measure and one of the core indicators of the QOL-Q.¹
3. **A description of how the study would be implemented utilizing the Medicaid long-term care populations as the subjects:**
 - a. This study has three phases:
 - i. Phase One: Pilot study, including review of assessment fidelity and reliability measures (Year One)
 - ii. Phase Two: Comprehensive baseline data sampling and collection (Year One)
 - iii. Phase Three: Follow-up survey during Year Two including the baseline data sample population and the addition of a new random sample. This

will allow for longitudinal tracking and a continual buildup of the population sample during Year Two. (Years Two and Three)

- b. At the start, comprehensive data will be collected from the Wisconsin Department of Health Services detailing the overall statewide distribution of eligible long-term care participants in each geographic region (as defined by DHS in their statewide program management), age group, disability qualification (as defined in long-term care services), type of employment participation and type of funding. This data will be refreshed at the beginning of year two and at the beginning of year three in order to validate statistical models and ensure statistically significant sampling of each identified section of the population across the timeline.
- c. Participants will be randomly selected from the identified sample. The population of interest is the 2019 Wisconsin Medicaid Long-Term Care Support Waiver beneficiaries ages 18 to 64 years old. The estimated size of this population is 45,651.^{2,3} In accordance with the response to the applicable RFI, the population of interest will be sampled.² To detect significant findings with a 95% confidence level and a 5% margin of error on the desired outcome variables, a sample size of 381 is required. However, based on the National Core Indicators (NCI) study 33-35% response rate⁴, the target population will be oversampled by 35% (n =1089). Furthermore, in order to allow for statistically significant sampling of each targeted sub-population, additional participants will be identified, potentially increasing the sample size up to 2,000. Stratified sampling techniques will be used to randomly sample participants. The sample will be stratified in five layers: type of disability, type of employment, age, geographical region, and type of funding. Within each layer, each element will be identified and randomly sampled based on the proportion of the population data for each element. The areas and respective elements on which the stratification will be based are:

- i. Type of disability: intellectual developmental disability (IDD); physical disability (PD); or mental health disability (MHD).
 - ii. Type of employment: pre-vocational employment; supported employment; community integrated employment (CIE); no identified employment
 - iii. Age: individuals aged 16-17 years old; 18-21 years old; 22 to 24 years old; 25-39 years old; and 40 to 64 years old.
 - iv. DHS Administrative Region: Western; Northern; Northeastern; Southern; Southeastern
 - v. Type of funding: Family Care; IRIS; Children's Long-term Care Services Waiver
- d. For example, if 70% of participants have IDD, the sample size will be adjusted to reflect that level of participants with this type of disability. From this primary stratification variable, a representative proportion of population participants who fall within the categories of the type of employment and age categories will be sampled.
- e. The advantage of stratified sampling techniques is the allowance for a more precise estimate of the population. Subsequently, this reduces measurement errors observed in simple random sampling and system random sampling techniques.⁵
- f. Following the provision and verification of addresses and contact information, a first mailing will go out to all potential participants and any identified guardians introducing the interview survey project goals, contact information and timelines to all participants. An outreach campaign would begin thereafter reaching out to clients in order to request participation in the survey. To maximize participation across the stratified groups, the outreach campaign would track all outgoing and

incoming calls, emails, and mailings. A multimodal approach to recruitment efforts is an effective way to enhance enrollment for persons with disabilities.⁶

- g. A pilot survey of 30 clients will be completed, validated, and analyzed within the first six months in order to verify processes, assessments, interrater reliability and data collection protocols.
- h. All survey and data collection will be completed using Qualtrics, an online survey tool, complying with DHS data security protocol. Validation and analysis will take place within the Qualtrics system, and files will be stored securely on the [REDACTED] servers, using a multi-factor authentication for access.

4. A description of how the following outcomes will be measured:

- a. Access to services will be assessed based around two factors: Data from DHS on participants' current eligibility for and use of services; Data collected in the interview survey on client interest of existing services, barriers to services, and identified unmet needs. These questions will be built based on the current service model for each sample service program.
- b. Quality of life will be measured utilizing the Quality of Life Questionnaire (see Appendix B, Quality of Life Questionnaire). This instrument has been utilized for other DHS projects and aligns with the target outcomes for internal program evaluation. Four core areas are evaluated in this instrument: satisfaction, competence/productivity, empowerment/independence, social belonging/community integration.¹
- c. Levels of community integration will be measured utilizing the Quality of Life Questionnaire section on Social Belonging/Community Integration (see Appendix

B, Quality of Life Questionnaire) as well as data from DHS on current community-based employment service utilization.¹

- d. Overall satisfaction of persons with disabilities of Medicaid long-term care participants will be measured utilizing the Quality of Life Questionnaire section on Satisfaction (see Appendix B, Quality of Life Questionnaire).¹

5. How the above outcomes will be validated and analyzed

- a. The Quality of Life Questionnaire has extensive validation and reliability studies.⁷ This questionnaire has been utilized in multiple DHS projects as a way to qualitatively assess the quality of life for persons with disabilities across multiple domains. Standard models of validation and reliability will be followed, allowing for specific interrater and population subsection reliability to be calculated at the completion of the pilot study in order to adjust for further data collection, validation and reliability.¹
- b. To assess the extent to which participants have access to services, their perceived quality of life, level of community integration, and overall level of satisfaction with univariate, bivariate and multivariate statistics will be used. In addition to examining the primary outcomes variables, which are aforementioned, we will also examine covariate sociodemographic variables. These variables include, but are not limited to sex/gender, race/ethnicity, length of disability, types of previous employment statuses, current employer and past employers, time in current employment status, and socioeconomic status.
- c. Descriptive statistics will be used to describe the study sample characteristics. Bivariate analyses, including the use of t-test and linear regressions, will be used to assess the significance of the outcome variables. Multivariate linear regression and logistic regression procedures will be used to examine the impact of multiple factors on the desired outcomes.

6. The cost estimate with a full description of:
 - a. Your pricing or funding model with consideration for inflation for the years 2020 and 2021.
 - i. This would be a cost recoverable model. The budget provided is based off of the best estimated rates available at time of response. Expenditures would be allocated to a future award based on actual amounts incurred related to salary, fringe, supplies and equipment. Expenditures incurred for travel will be allocated to a future award based on DHS approved rates.
 - b. Breakdowns of labor, technology, materials, etc.
 - i. Travel: mileage is based on the current state rate .51 assumed average travel per interview statewide. To be efficient field interviewers will be hired regionally. However, to meet rural needs the project is using the base mileage 180 miles per round trip as the average. This is based on the NCI and WIOA mileage average per interview/client session. The NCI team during 2016 and 2017 averaged 1.5 interviews per day for statewide participation.
 - ii. Meals are based on the daily rate of \$15.00. State rate per diem will only be used on overnight travel, \$51.00.
 - iii. Use of overnight stays will be coordinated when possible for efficiency, the state rate for hotels will be utilized.
 - iv. Staffing model see Appendix D
 - v. Materials, supplies, mailing, general office resources.
 - vi. Technology needs:
 1. One time costs:
 - a. Laptops, iPads, scanners

b. Cell Phone purchases

2. Licensing and ongoing costs:

a. Qualtrics module for tracking and client database

b. R database development

c. copier/scanner main office

d. Cell phone monthly service plans


7. Any other pertinent information that your organization sees as important to this RFI.

References

1. Schalock, R. L., & Keith, K. D. (1993). *Quality of Life Questionnaire Manual*. IDS Publishing Corporation; Worthington, OH.
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7. Rapley, M., Ridgway, J., Beyer, S. (1998). Staff:staff and staff:client reliability of the Schalock & Keith (1993) quality of life questionnaire. *Journal of Intellectual Research*, 42: 37-42.

Appendices

- A.  Organizational Chart
- B. Quality of Life Questionnaire
- C. Budget
- D. Proposed Staffing Model

Quality of Life Questionnaire

Robert L. Schalock, Ph.D., and Kenneth D. Keith, Ph.D.

Person's Name _____ Age _____ Gender _____

Person's Program _____ Evaluator _____ Test Date _____

RESULTS

Scale	Rater-1 (If Applicable)	Rater-2 (If Applicable)	Average Rater or Self-Report (Numbers in Circles)	Percentile
Satisfaction	_____	_____	_____	_____
Competence/Productivity	_____	_____	_____	_____
Empowerment/Independence	_____	_____	_____	_____
Social Belonging/ Community Integration	_____	_____	_____	_____
Total Score	_____	_____	_____	_____

INSTRUCTIONS

The QOL-Q may be administered to persons with mental retardation who have adequate receptive and expressive language. The examiner needs to be sensitive to the possibility that the respondent may not understand some of the items or the meaning of some of the words. If this happens, it is okay to paraphrase the item to improve understanding. If this happens frequently, or if the person is known not to have adequate receptive or expressive skills, it is acceptable to have two persons who know the individual well complete the Questionnaire.

Instructions for Respondents

Read the following instructions to the respondent:

I want you to think about where you live, work, and have fun, and the family, friends, and staff that you know. Together, let's answer some questions that express how you feel about these things. If you like, you can check the choices given for each item; if you like, I can check them for you after reading and discussing each of the three alternatives for each item. Please try to answer each of the items and we will take as much time as you need. There are no right or wrong answers. We want only to know how you feel about where you live, work, and have fun and the family, friends and staff that you know. Do you have any questions?

If the respondent consents, the examiner proceeds to administer the 40 items. When reading the items, pay close attention to the exact wording. You may paraphrase items and repeat them as often as necessary to ensure the respondent's understanding of the item content.

Instructions for Raters

Raters should know the person well and should complete the Questionnaire "as if they were the person" (that is, rate how the person is perceiving things).

Raters should complete the Questionnaire independently and without any discussion of the items or the individual.

Special Instructions for Employment Items

If the person is unemployed, do not ask Questions 13-20 and assign to each question the score "1".

Sheltered workshop programs should be considered as jobs when responding to the Questionnaire.

QUESTIONS

SATISFACTION

1. Overall, would you say that life:
2. How much fun and enjoyment do you get out of life?
3. Compared to others, are you better off, about the same, or less well off?
4. Are most of the things that happen to you:
5. How satisfied are you with your current home or living arrangement?
6. Do you have more or fewer problems than other people?
7. How many times per month do you feel lonely?
8. Do you ever feel out of place in social situations?
9. How successful do you think you are, compared to others?
10. What about your family members? Do they make you feel:

3 POINTS

ANSWER ALTERNATIVES

2 POINTS

1 POINT

RECORD SCORE
HERE

Brings out the best in you?	Treats you like everybody else?	Doesn't give you a chance?
Lots	Some	Not much
Better	About the same	Worse
Rewarding	Acceptable	Disappointing
Very satisfied	Somewhat satisfied	Unsatisfied or very unsatisfied
Fewer problems	The same number of problems as others	More problems than others
Seldom, never more than once or twice	Occasionally, at least 5 or 6 times a month	Frequently, at least once or twice a week
Seldom or never	Sometimes	Usually or always
Probably more successful than the average person	About as successful as the average person	Less successful than the average person
An important part of the family	Sometimes a part of the family	Like an outsider

TOTAL SCALE SCORE — SATISFACTION

QUESTIONS

COMPETENCE/PRODUCTIVITY

11. How well did your educational or training program prepare you for what you are doing now?
12. Do you feel your job or other daily activity is worthwhile and relevant to either yourself or others?

Note: If a person is unemployed, do not ask Questions 13-20. Score items #13-20 "1".

13. How good do you feel you are at your job?
14. How do people treat you on your job?
15. How satisfied are you with the skills and experience you have gained or are gaining from your job?
16. Are you learning skills that will help you get a different or better job? What are these skills?
17. Do you feel you receive fair pay for your work?
18. Does your job provide you with enough money to buy the things you want?
19. How satisfied are you with the benefits you receive at the workplace?
20. How closely supervised are you on your job?

RECORD SCORE
HERE

ANSWER ALTERNATIVES

1 POINT

2 POINTS

3 POINTS

Very well	Somewhat	Not at all well	_____
Yes, definitely	Probably	I'm not sure, or definitely not	_____
Very good, and others tell me I am good	I'm good, but no one tells me	I'm having trouble on my job	_____
The same as all other employees	Somewhat differently than other employees	Very differently	_____
Very satisfied	Somewhat satisfied	Not satisfied	_____
Yes, definitely (one or more skills mentioned)	Am not sure, maybe (vague, general skills mentioned)	No, job provides no opportunity for learning new skills	_____
Yes, definitely	Sometimes	No, I do not feel I am paid enough	_____
Yes, I can generally buy those reasonable things I want	I have to wait to buy some items or not buy them at all	No, I definitely do not earn enough to buy what I need	_____
Very satisfied	Somewhat satisfied	Not satisfied	_____
Supervisor is present only when I need him or her	Supervisor is frequently present whether or not I need him or her	Supervisor is constantly on the job and looking over my work	_____

()

TOTAL SCALE SCORE — COMPETENCE/PRODUCTIVITY

QUESTIONS

EMPOWERMENT/INDEPENDENCE

21. How did you decide to do the job or other daily activities you do now?
22. Who decides how you spend your money?
23. How do you use health care facilities (doctor, dentist, etc.)?
24. How much control do you have over things you do every day, like going to bed, eating, and what you do for fun?
25. When can friends visit your home?
26. Do you have a key to your home?
27. May you have a pet if you want?
28. Do you have a guardian or conservator?
29. Are there people living with you who sometimes hurt you, pester you, scare you, or make you angry?
30. Overall, would you say that your life is:

3 POINTS

- I chose it because of pay, benefits, or interests
- I do
- Almost always on my own
- Complete
- As often as I like or fairly often
- Yes, I have a key and use it as I wish
- Yes, definitely
- No, I am responsible for myself
- No
- Free

ANSWER ALTERNATIVES

2 POINTS

- Only thing available or that I could find
- I do, with assistance from others
- Usually accompanied by someone, or someone else has made the appointment
- Some
- Any day, as long as someone else approves or is there
- Yes, I have a key but it only unlocks certain areas
- Probably yes, but would need to ask
- Yes, limited guardian or conservator
- Yes, and those problems occur once a month or once a week
- Somewhat planned for you

1 POINT

- Someone else decided for me
- Someone else decides
- Never on my own
- Little
- Only on certain days
- No
- No
- Yes, I have a full guardian
- Yes, and those problems occur every day or more than once a day
- Cannot usually do what you want

RECORD SCORE
HERE

TOTAL SCALE SCORE — EMPOWERMENT/INDEPENDENCE

QUESTIONS

SOCIAL BELONGING/ COMMUNITY INTEGRATION

31. How many civic or community clubs or organizations (including church or other religious activities) do you belong to?
32. How satisfied are you with the clubs or organizations (including church or other religious activities) to which you belong?
33. Do you worry about what people expect of you?
34. How many times per week do you talk to (or associate with) your neighbors, either in the yard or in their home?
35. Do you have friends over to visit your home?
36. How often do you attend recreational activities (homes, parties, dances, concerts, plays) in your community?
37. Do you participate actively in those recreational activities?
38. What about opportunities for dating or marriage?
39. How do your neighbors treat you?
40. Overall, would you say that your life is:

RECORD SCORE
HERE

ANSWER ALTERNATIVES
2 POINTS

3 POINTS

1 POINT

2-3	1 only	None	_____
Very satisfied	Somewhat satisfied	Unsatisfied or very unsatisfied	_____
Sometimes, but not all the time	Seldom	Never or all the time	_____
3-4 times per week	1-2 times per week	Never or all the time	_____
Fairly often	Sometimes	Rarely or never	_____
3-4 per month	1-2 per month	Less than 1 per month	_____
Usually, most of the time	Frequently, about half the time	Seldom or never	_____
I am married, or have the opportunity to date anyone I choose	I have limited opportunities to date or marry	I have no opportunity to date or marry	_____
Very good or good (invite you to activities, coffee, etc.)	Fair (say hello, visit, etc.)	Bad or very bad (avoid you, bother you, etc.)	_____
Very worthwhile	Okay	Useless	_____
TOTAL SCALE SCORE — SOCIAL BELONGING/COMMUNITY INTEGRATION			○

APPENDIX C
BUDGET

Base/Rate Info	2019	2020	2021
PERSONNEL*			
██████████ P.I.- 10%	\$85,313	8,531	8,702
██████████, Project Director-25%	\$72,162	18,040	18,401
██████████, Researcher-10%	\$72,686	7,269	7,414
Project Manager	\$60,000	60,000	61,200
Data Analytics/Quality Control	\$58,000	58,000	59,160
Interview Team (3 members)	\$46,000	138,000	140,760
Interview Team (2 members)	\$46,000	-	92,000
Schedulers (2)	\$38,000	76,000	77,520
Student Assistants	3 student workers, \$ 10/hr	25,000	25,750
TOTAL PERSONNEL		390,840	490,907
FRINGE BENEFITS*			
Faculty/Staff Fringe	40%	146,336	195,366
Student Fringe	5%	1,250	1,803
TOTAL FRINGE BENEFITS		147,586	197,169
TRAVEL**			
		(estimated one meal per interview, 400 interviews, plus overnight per diems for approximately 200 of the interviews)	
Meals		10,000	10,200
Mileage	40,000 miles, \$.51/mile	20,400	20,808
Hotel	200 overnights, \$82/night (travel in field for director, researcher, any others as needed)	16,400	16,728
Admin Travel		5,000	5,100
TOTAL TRAVEL		51,800	52,836
SUPPLIES			
		(4 cell phones, \$40 per month, 12 months, plus one time purchase of 4 cell phones at 105 each)	
Cell phones		2,340	1,920
Computers	(5 computers at \$2500/computer)	12,500	-
Scanners	(4 scanners)	3,200	-
I-Pads	(6 ipads and cases- 4 for field interviewers, 2 for office backup/replacement if technical difficulties)	6,000	-
General Office Supplies		5,000	5,000
Mailing Supplies	(estimated 9,000 mailings per year)	3,500	3,500
TOTAL SUPPLIES		32,540	10,420

APPENDIX C
BUDGET

EQUIPMENT/CAPITAL COSTS

Database development & maintainance
Directory and tracking software subscription
TOTAL EQUIPMENT/CAPITAL COSTS

50,000	50,000	50,000
25,000	25,000	25,000
75,000	75,000	75,000

TOTAL DIRECT COSTS

697,766	826,332	851,445
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INDIRECT COSTS: Inter-state
agreement 15% total direct costs

15.00%

104,665	123,950	127,717
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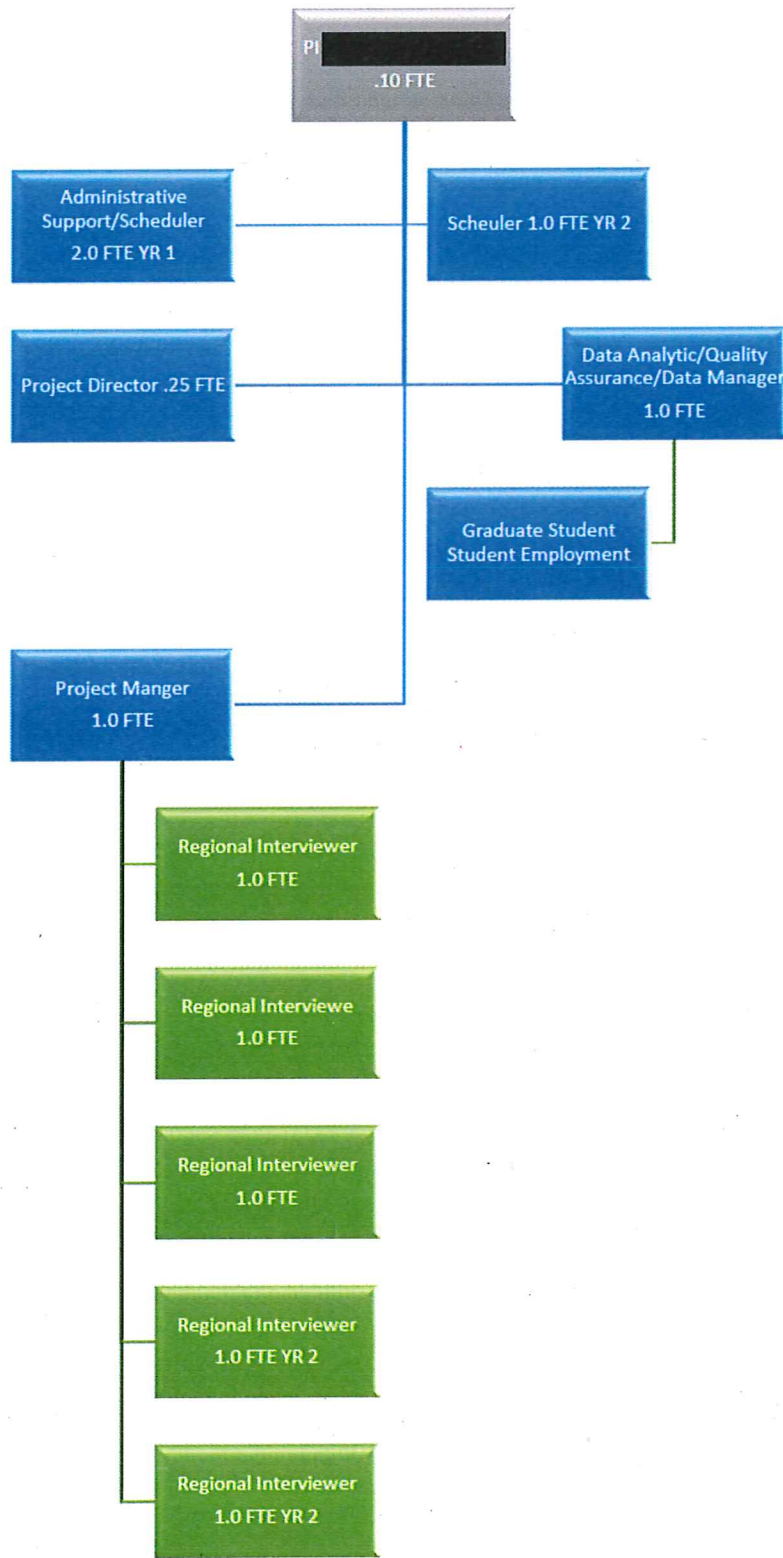
TOTAL COSTS

\$802,431	\$950,281	\$979,162
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* Personnel & Fringe costs includes a 2% cost of living increase each year

**Travel reimbursements will comply with [REDACTED] rates and policy

Appendix D
Proposed Staffing Model



Appendix C - Vendor B Submission

Company Information

Introduce your organization (e.g., parent, age, number of customers, offices, number of employees, etc.). [REDACTED] was established in 1848. For 168 years, this public land-grant university and prolific research institution provides a world-class education and solves real-world problems. With the Wisconsin Idea as our guiding principle, the [REDACTED] is actively engaged in the community toward bringing the Budget: [REDACTED] Research expenditure ranking (national), 2017: [REDACTED] Schools and colleges: [REDACTED] Faculty and staff: [REDACTED]

2. Identify name(s) and contact information for individuals able to answer questions or concerns regarding submitted information or the products and services you offer. [REDACTED]

3. List any relevant web sites for your company and the services or products it offers. Specifically highlight websites that showcase your products or services, in addition to your own company website. [REDACTED]

4. Describe your experience with qualitative and quantitative data collection, observation, interviewing, or surveying as well as data analysis and validation.

The research team at [REDACTED] has collectively over 120 peer-reviewed publications. These research products include award winning quantitative studies, qualitative investigations, observational studies, and surveys. We have extensive experience conducting data analysis and validation studies.

5. Describe past engagements in which your organization researched the effectiveness of social policy or social programs.

[REDACTED] currently serves as the project evaluation unit for Wisconsin Promoting Readiness of Minors in Supplemental Security Income. As part of this evaluation, we evaluate the outcomes associated with this project and related policy initiatives.

Process & Pricing Information

Study Design

This mixed-methods, descriptive study will consist of both survey and direct interview methods. Surveys will be sought from 50% of current long-term care recipients and a small sample of 36 individuals (18 living in rural areas, 18 living in urban areas) will be collected for intensive interviews.

Chosen definitions of each variable outlined in Act 178

SECTION 2. Nonstatutory provisions.

(1) By the date the department of health services makes its initial report under section 47.05 (4) (b) of the statutes, the department of health services shall submit a report to the governor and the chief clerk of each house of the legislature for distribution to the appropriate standing committees under section 13.172 (3) of the statutes on the feasibility, including a cost estimate, of conducting an independent study regarding the impact that the Employment

First initiative under section 47.05 of the statutes and the corresponding prioritization of competitive integrated employment has had on the expansion or reduction in access to allowable services, the quality of life, levels of community integration, and overall satisfaction of persons with disabilities in this state.

1) Competitive Integrated Employment:

a. According to Act 178 meaning is defined in 29 USC 705

i. The term "competitive integrated employment" means work that is performed on a full-time or part-time basis (including self-employment)—for which an individual is compensated at a rate that shall be not less than minimum wage is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; or in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and is eligible for the level of benefits provided to other employees; that is at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and that, as appropriate, presents opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

2) Working Age:

a. According to Act 178 working age means at least 16 and includes the age at which a child with a disability becomes eligible for transition services under subch. V of ch. 115, which in Wisconsin is age 14.

b. Current full retirement age according to Social Security Administration is 66.

c. Therefore, working age is defined as 14 to 65.

d. Of note: This age range is inconsistent with DHS answer to questions. DHS noted youth as young as 16 should be included but said nothing of 14 or 15 year olds who are eligible for transition services if they have an Individual Education Program (IEP) at a Wisconsin public school, so may want to interpret "working age" to be 16 – 65.

3) Persons with a disability:

a. According to Act 178 working age individuals with a disability who receive publicly funded services and supports to support their participation in activities outside their home

4) Allowable services

- a. According to Act 178 this includes all publicly funded services and supports to support participation in services outside one's home
 - b. Because this RFI is based on Section 2.(1) Nonstatutory provision, and this provisions is sole for the Department of Health Services (DHS), it could be argued that allowable services are limited to those paid under the DHS, more specifically Medicaid funded services and supports to support participation in services outside one's home, so Medicaid funded community services provided through long term care and mental health programs.
 - c. Of note: DHS answers to questions 2 and 7 mention the intent of Act 178 is to measure outcomes of individuals in long term care programs with no mention of individuals receiving community services through mental health programs, so may want to simply state allowable services are Medicaid funded services outside the home for working age individuals in long-term care programs.
- 5) The Wisconsin Let's Get to Work Grant, a Partnership in Employment Grant, cited as a model for evidence-based employment practices and collaboration in the Act 178 Draft Inter-Agency State Plan defined Quality of Life, Community Integration, and Overall Satisfaction via the Quality of Life Questionnaire (QOL.Q) (Schalock, Hoffman,&Keith, 1993). The QOL.Q includes four scales Satisfaction, Competence/Productivity, Empowerment/Independence, and Social Belonging/Community Integration. The QOL.Q is administered by asking an individual with a disability to answer questions in each subsection. The QOL.Q can be administered verbally or in a written format and accommodations and adaptations can be made as needed. If the individual with a disability is unable to answer the questions, two persons who know the individual well can complete the survey independently, and their scores will be averaged to approximate the individual's responses to the question based on their knowledge of the individual.
- a. Quality of Life: is measured as the total score on the QOL.Q.
 - b. Community Integration: is measured as the score in the subsection for Social Belonging/Community Integration in the QOL.Q.
 - i. This subsection includes 10 questions asking the individual about what groups or organizations they are involved with (including church), worries, expectations, how much they interact with neighbors or other people in their community, friends, recreational activities, and relationships.
 - c. Overall Satisfaction: is measured as the score in the subsection for Satisfaction in the QOL.Q.
 - i. This subsection also includes 10 question asking how they feel about life, what is fun or rewarding, satisfaction, problems, loneliness, social situations, success, and family belonging.
 - d. In addition, the QOL.Q includes a subsection on Competence/Productivity. This subsection also includes 10 questions and asks about an individual's education, training, work, daily activities, how they feel when working, work compensation, benefits, and supervision.
 - e. In addition, the QOL.Q includes a subsection on Empowerment/Independence. This subsection also includes 10 questions and asks about an individual's role in making decisions for their own life, including money decisions, healthcare navigation, control over daily activities, freedom to interact with friends, open access to their home, freedom to have a pet, guardianship, and safety.
 - f. Schalock, R. L., Hoffman, K., & Keith, K. D. (1993). *Quality of life questionnaire*. International diagnostic systems publishing Corporation.

3. A description of how the study would be implemented utilizing the Medicaid long-term care population as the subjects

Subsequent to approval by [REDACTED] IRB, and using contact information provided by DHS, we will seek to contact and obtain survey data on up to 50% of the current long term care service population in the State of Wisconsin. Participants will first be sent a letter via U.S. mail regarding the survey and inviting them to participate. The letter will contain information regarding the project, the informed consent document, and instructions for participation. Follow up communications will be made at 3 and 6 month time periods for individuals who have not completed the study materials. Other outreach will occur through long-term care providers in the form of posters, brochures, and other documentation intended to increase awareness and participation in the project. Participants will be provided the options to receive a written survey, complete the survey by phone, or participate through an online survey portal. Participants requesting an online survey will receive a follow-up mailer with the survey and a stamped, addressed envelope.

A random sample of 108 individuals from the contact list provided by DHS will be sent subsequent correspondence to engage in either in person. The research team will travel to a location identified by participants and mutually agreed upon by both the participants and research team. A semi-structured interview will be conducted to collect data not amenable to large scale surveys and focus on providing greater depth to participant experiences with long-term care supports, barriers and concerns of participants, and recommendations to improve the program.

Description of how the following outcomes will be measured:

- a. access to services – direct survey and interview
- b. quality of life – direct survey
- c. levels of community integration- direct survey and interview
- d. overall satisfaction of persons with disabilities of Medicaid long-term care participants – direct survey

Validation and analysis of outcomes

Prior to analysis, data will be cleaned using conventional techniques. Analysis planned include descriptive and inferential statistics to identify outcomes and factors contributing to overall outcomes.

Cost estimate

Please see budget in Appendix 1 for a complete breakdown of personnel required to complete the proposed methodology outlined above. We anticipate a 4% increase in these costs each year in the outgoing years; increases are associated with personnel salary and benefits.

Appendix 1- Budget

	YEAR 1 <u>10/1/19-</u> <u>9/29/20</u>	TOTAL <u>BUDGET</u>
SENIOR PERSONNEL		
Project Director	\$10,340	\$10,340
Lead Researcher	\$25,850	\$25,850
Lead Researcher	12500	\$12,500
OTHER PERSONNEL		
Project assistant, .50 FTE 9 month	\$56,000	\$56,000
TOTAL SALARIES AND WAGES	\$104,690	\$104,690
TOTAL FRINGE BENEFITS	\$30,106.60	\$30,107
CONSULTANTS		
TRAVEL/SUPPLIES		
1. Domestic	\$750	\$750
		\$0
TOTAL TRAVEL		\$0
OTHER DIRECT COSTS		
(Tuition)		
1. Materials and supplies	\$5,000	\$5,000
2. Subaward- [REDACTED]		\$0
7. Other- Tuition Remission	\$24,000	\$24,000
8. Publication costs		
TOTAL OTHER DIRECT COSTS	\$29,750	\$29,750
TOTAL DIRECT COSTS	\$164,547	\$164,547
INDIRECT COSTS 15%		
TOTAL INDIRECT COSTS	\$21,082	\$21,082
TOTAL DIRECT AND INDIRECT	\$185,629	\$185,629