BerryDunn

Minnesota (MN) Department of Human Services (DHS) and Department of Employment and Economic Development - Vocational Rehabilitation Services (DEED-VRS)

Analysis and Recommendations for Alignment

Version 4.0

mn DEPARTMENT OF HUMAN SERVICES

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Table i: Version History

Version	Delivered Date	Version Notes
1.0	September 22, 2025	Draft Analysis and Recommendation for Alignment v1.0 submitted to MN DHS DEED for review.
2.0	September 30, 2025	Analysis and Recommendation for Alignment v2.0 submitted to MN DHS DEED for review.
3.0	October 17, 2025	Analysis and Recommendation for Alignment v3.0 submitted to MN DHS DEED.
4.0	November 4, 2025	Final Analysis and Recommendation for Alignment v4.0 submitted to MN DHS DEED.

1.0 Executive Summary

The Minnesota Department of Human Services (DHS), in partnership with the Department of Employment and Economic Development (DEED), launched a strategic, multi-phase initiative to enhance coordination across employment services for people with disabilities. Authorized under Minnesota legislation (2023, Chapter 61), this effort begins with an evaluation of provider participation in DHS employment waiver and DEED vocational rehabilitation (VR) programs, with future phases addressing eligibility pathways and people's experience.

This work aligns with the goals of the E1MN Partnership, a cross-agency collaboration focused on improving employment outcomes through integrated, person-centered supports. A central priority is expanding the number of dual providers—those operating across both DHS and DEED programs—who are critical to delivering seamless services within the Engage>Plan>Find>Keep framework.

While the initiative benefits from strong engagement from interested parties and established service models, it also faces challenges including administrative misalignments, complex compliance requirements, and cumbersome dual enrollment processes. These barriers can deter provider participation and impact service continuity.

Based on information gathered from background document review, web surveys, targeted interviews, and peer-state research, the report outlines the following recommendations listed in Table 1 and Table 2. BerryDunn separated recommendations into short-term for immediate consideration and long-term for future consideration in alignment with current budget, staffing, and resources.

Table 1: Short-Term Recommendations

ID	Recommendations
STR1	Develop and implement a clear and transparent communication plan so that DHS and DEED can engage with all interested parties. The communication plan will include a plan for how to communicate pertinent information to all interested parties regarding employment services (e.g., billing best practices, licensing and renewal, delivery and coordination of employment services, etc.).
STR2	Increase provider awareness and consistent use of existing resources (e.g., guides, training, points of contact, and processes) through regular outreach with providers, job seekers, case managers, and VR counselors. Implement quarterly outreach with providers and job seekers, and monthly outreach with case managers and VR counselors, to promote the Engage>Plan>Find>Keep framework, reduce administrative burdens, enhance service coordination, and improve employment outcomes.
STR3	Encourage sharing information between providers, case managers, and VR counselors by hosting quarterly forums to discuss best practices and opportunities for improvement, as well as identify emerging issues.
STR4	Encourage early collaboration between case managers and VR counselors when supporting people as they navigate the Engage>Plan>Find>Keep framework to more effectively coordinate services and boost employment outcomes.
STR5	Establish a balanced referral process for Vocational Rehabilitation Services (VRS) cases that includes both complex cases (e.g., circumstances that include multiple barriers to

ID	Recommendations
	employment) and non- complex cases (e.g., circumstances that include minimal barriers) to support providers' continuous operation costs.
STR6	Collaborate with service providers to develop and update form guidance to align with Waiver and VRS requirements.

Table 2: Long-Term Recommendations

ID	Recommendations
LTR1	Define circumstances that qualify for an extended timeline (i.e., 120 days) to the Plan phase (e.g., transitioning out of sub-minimum wage work).
LTR2	Develop/update guidance for providers that includes clear and actionable steps regarding the process to accurately bill for Waiver and VRS services.
LTR3	Offer multiple accreditation options beyond the Commission on Accreditation of Rehabilitation Facilities (CARF) to reduce financial and administrative barriers for providers.
LTR4	Collaborate with the commissioner and licensing division to recategorize 245D licensing for employment services to help reduce administrative burden related to licensing and renewal processes (e.g., redundant documentation and training requirements).
LTR5	Collaborate with the commissioner and licensing division to help determine achievable and sustainable methods for customizing the licensing audit process.
LTR6	Collaborate with the commissioner and licensing division to help determine achievable and sustainable methods for customizing Waiver and VRS forms for employment service providers.
LTR7	Consider adopting a data sharing agreement between DHS and DEED to enhance the exchange of data across agencies to reduce duplication of data entry for providers and improve coordination and continuity of services for people.
LTR8	Consider adopting alternative reimbursement methodology to encourage dual enrollment (e.g., different milestones per category, flat service rates, flexible resource allocation, case reclassification, and rate adjustments based on job seeker limitations).

DHS and DEED will collaboratively review and prioritize recommendations from the report to streamline dual provider enrollment, reduce administrative burdens, and improve employment outcomes. BerryDunn will develop an Implementation and Continuous Improvement Plan to support implementation planning and progress monitoring in alignment with agency goals.

2.0 Introduction

2.1 Project Background

DHS, in collaboration with DEED, has begun an extensive, action-oriented evaluation to improve the coordination of employment service processes for providers supporting people with disabilities. This project marks the initial phase of a multi-stage effort that includes an inter-agency alignment study that will initially focus on evaluating provider participation in both DHS employment waiver and DEED VR programs. The next phase of this study will focus on the eligibility processes and the lived experiences of people navigating employment programs.

This initiative supports the broader goals of the E1MN Partnership, a cross-agency collaboration designed to improve employment outcomes for Minnesotans with disabilities. A key priority within E1MN and the inter-agency alignment study is to increase the number of dual providers participating in both DHS employment waiver and DEED VR programs. Dual providers play a critical role in delivering integrated, person-centered employment supports across both programs, particularly within the Engage>Plan>Find>Keep framework that guides inter-agency service coordination.

The current environment benefits from strong cross-agency collaboration through the E1MN Partnership, which promotes integrated, person-centered employment supports. An engaged community of providers and interested parties are committed to advancing employment outcomes for people with disabilities, and established frameworks such as Engage>Plan>Find>Keep guide service delivery and coordination across agencies. Furthermore, there are existing dual providers who offer cohesive support across both DHS and DEED programs, helping to ensure continuity and quality in service provision.

The current environment faces several notable challenges, including misalignments in administrative processes, rate structures, and provider enrollment requirements between DHS and DEED. Providers must navigate complex compliance standards, such as Minnesota Statutes section 245D, and national accreditation requirements like those of CARF. Additionally, administrative burden and confusion arise from dual enrollment processes and disparate monitoring standards. These factors can result in service gaps and disincentives, ultimately discouraging providers from pursuing or maintaining dual provider status.

In response, DHS and DEED engaged with BerryDunn to lead the inter-agency alignment study to help address inter-agency misalignments, reduce administrative burdens, and improve provider participation. During this phase, BerryDunn engaged with interested parties to gather and document both strengths and opportunities for program optimization.

2.2 Project Vision and Goals

DHS/DEED worked with BerryDunn to identify the project vision, goals, and outcomes that are outlined below.

To help address inter-agency misalignments, reduce administrative burdens, and improve provider participation, DHS/DEED has identified a project vision, goals, and outcomes, depicted as follows.

Vision: The inter-agency alignment study, recommended by the <u>Task Force on Eliminating Subminimum Wages</u> and set forth in <u>law</u>, seeks to make it more appealing and easier for providers to become dual providers – serving people through both DEED- Vocational Rehabilitation Services (VRS) and DHS- Disability Services Division employment programs. By enhancing coordination and streamlining processes, the study aims to create a more seamless experience for people, helping ensure continuity in service providers as they transition between programs.

Goals:

- **Aligning Policies**: Develop recommendations to improve consistency between VRS and DHS program policies, helping to support alignment in certification, enrollment, rates, and other operational policies.

- **Improving Process and Procedural Efficiencies**: Identify key administrative processes and procedures across agencies and explore opportunities to enhance alignment and increase efficiency, making it easier for providers to become and remain dual providers.

Outcomes:

- **Expanding Dual Provider Availability**: Strengthen the system to encourage growth in the network of dual providers, increasing service accessibility and provider choice for participants.

- **Enhancing Efficiency and Resource Allocation**: Streamline processes to optimize provider operations, allowing staff to dedicate more time to direct services and improve employment outcomes for people with disabilities.

2.3 Report Purpose

The purpose of the Analysis and Recommendations for Alignment Report is to assess findings from the information-gathering phase, including those outlined in the Provider Enrollment and Monitoring Standards In-Depth Crosswalk Findings Summary. These findings highlight strengths, gaps, and opportunities for better alignment between the two agencies to help improve inter-agency alignment and promote provider dual enrollment.

The assessment reflects a review of employment-related services, based on data from statutes, regulations, project documentation, surveys, provider engagement sessions, inter-agency meetings, and peer-state research.

The Provider Enrollment and Monitoring Standards In-Depth Crosswalk Findings Summary identified common themes from interested parties regarding areas of strength and improvement that DHS and DEED can leverage to help enhance service coordination between VR and Waiver Programs. These insights informed the development of the Analysis and Recommendations for Alignment report which includes clear and actionable recommendations to leverage existing strengths, address gaps, and help improve service coordination across in-scope domains.

The recommendations will include strategies to enhance administrative processes such as licensing, enrollment, contracting, billing, and reporting, with a focus on increasing efficiency, addressing challenges, and encouraging dual provider enrollment.

2.4 Report Format

This report includes 10 major sections and four supporting appendices, as follows:

- Section 1 (Executive Summary) provides an executive summary of key findings from other sections of the report.

- Section 2 (Introduction) details the project background, report purpose, report format, work performed, and project influences.

- Section 3 (Key Interested Parties) provides an overview of key interested parties engaged and informed the analysis and recommendations detailed in this report.

- Section 4 (Methodology) describes the methods used to complete this analysis, including details on the data collection tools, methods, and resources used.

- Section 5 (Current Environment) describes the current environment of DHS/DEED in each category (e.g., dual enrollment, licensing and certifications, billing and rates, employment outcomes, technical assistance).

- Section 6 (Assessment Findings) includes information about the current structure as well as strengths and challenges in the current environment.

- Section 7 (Peer-State Research) includes information and insights gathered from peer states.

- Section 8 (Analysis and Recommendations) includes an information summary of recommendations and a description for each recommendation.

- Section 9 (Risks and Challenges) provides a brief overview of the existing risks and challenges to implementing the recommendations detailed in this report.

- Section 10 (Next Steps) includes the next steps for the project and how DHS/DEED can use the information in the report.

- Appendix A (Acronyms and Terms) includes the acronyms and terms used throughout the document.

- Appendix B (Additional Considerations) includes findings that were determined to be out of scope.

- Appendix C (As-Is Business Process Steps Tables) depicts process tables for the business operations most frequently identified by providers as pain points.

- Appendix D (Web Survey Results) details the survey results cited in this report.

2.5 Work Performed

BerryDunn engaged with key interested parties identified by the DHS/DEED core project team, including both current and former dual providers, providers who started but did not complete the dual enrollment process, Waiver case managers, VR counselors, and subject-matter experts from both agencies. Data collection was conducted through a series of activities, including:

- **A survey** was designed to gather broader input from interested parties on key areas of concern, particularly around rates, enrollment processes, and barriers to enrollment and operations.

- **In-person and virtual interviews** with provider organizations were used to document their experiences, challenges, and perspectives related to licensing and certifications, enrollment and dual enrollment, business process overview efficiencies, and billing and rates. Seven interviews were conducted and included in-depth walkthroughs of provider processes to understand the end-to-end provider experience and operational barriers.

- **Business process sessions** were conducted to document the steps in the Plan>Find>Keep phases of the framework and identify opportunities for improving the transitions for people and providers navigating service delivery between VR and Waiver Programs. A total of two sessions were conducted to gather this information.

- **Review and analysis of background information,** existing materials, and frameworks—including E1MN resources, federal regulations, billing requirements, and rate structures. BerryDunn examined licensing standards outlined in Minnesota Statutes, federal regulations, section 245D, as well as national accreditation standards from organizations such as CARF.

- **Gathered and analyzed findings** from document reviews, web survey responses, interviews, and business process sessions to identify current strengths and opportunities for program improvement for providers.

- **Recommendations** and corresponding action steps were identified for DHS and DEED to consider based on findings.

2.6 Project Influences

2.6.1 Project Assumptions

- The Analysis and Recommendations for Alignment is the second step in a multi-step process. The findings and recommendations resulting from the analysis build the foundation for subsequent project activity, including development of the Implementation and Continuous Improvement Plan.

- Interested parties' feedback might vary due to diverse perspectives. To inform the Analysis, BerryDunn focused on themes heard consistently across interested parties and attempted to validate feedback to the extent feasible. Validation efforts included confirming feedback with background documents or prior findings and with the core project team.

- BerryDunn sent two web surveys to gather information from a broad group of interested parties; however, it was not possible for BerryDunn to gather information from each provider, case manager, and VR counselor. Therefore, for the purposes of this analysis, BerryDunn assumes the feedback provided by the interested parties engaged in the project reflects the general perspectives of the respective group they represent.

- Existing frameworks and resources referenced—such as E1MN materials, Minnesota Statutes section 245D, and national accreditation standards—are current and applicable to all providers participating in the study.

- Recommendations for program alignment are feasible within the current legislative and regulatory environment, and any proposed changes will be subject to approval by relevant authorities.

2.6.2 Project Constraints

- This is a point-in-time assessment and is based upon information provided to BerryDunn up to August 28, 2025. BerryDunn considers the information gathered for this Analysis and Recommendations for Alignment report as accurate up until the time BerryDunn submitted the report.

- Provider availability was limited to five total providers. Therefore, the scope of this report is limited to findings relevant to providers who are dual enrolled, previously dual enrolled, and providers who started but did not complete the dual enrollment process. The topics deemed out of scope are included in Appendix C.

- Changes to statutory, regulatory, or accreditation requirements occurring after the conclusion of data collection might impact the applicability of certain findings and recommendations.

- Recommendations are contingent on existing budgetary, staffing, and resource constraints within DHS, DEED, and provider organizations.

3.0 Key Interested Parties

BerryDunn and DHS/DEED identified and engaged with key interested parties involved in delivering integrated, person-centered employment supports, including providers who are enrolled in both Waiver and VRS programs (also referred to as dual enrolled providers), former dual enrolled providers, and providers who started but did not complete the dual enrollment process. Engaging with providers with varying enrollment statuses helped ensure BerryDunn received diverse feedback regarding existing strengths, challenges, and opportunities for program optimization. BerryDunn also engaged with case managers and VR counselors who coordinate services and supports for people throughout their employment journey, as identified by the participating providers.

Figure 1 below illustrates the different interested parties that were engaged in this project.

Figure 1: Key Interested Parties
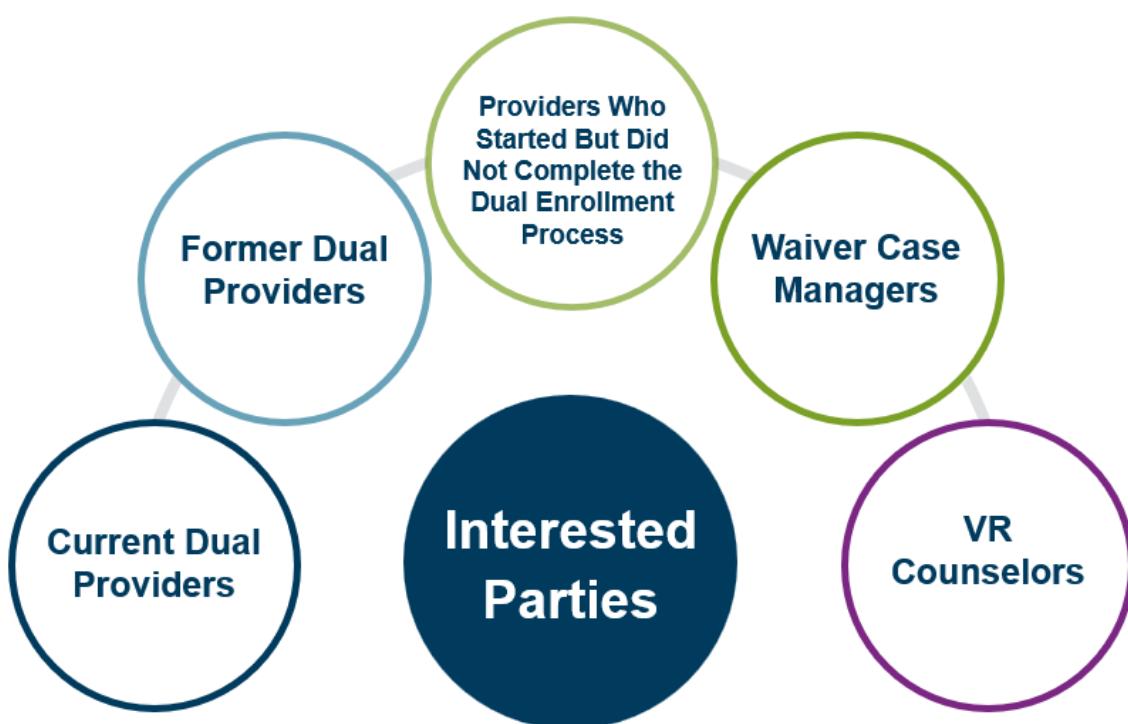
3.1 Current Dual Enrolled Providers

Dual enrolled providers are those who participate in both Waiver and VRS programs. These providers are certified to deliver services under both:

- **245D license**, which is required for providers who offer services funded through Minnesota's Waiver Program

- **Limited Use Vendor (LUV)**, which is required for providers who offer services funded through the Minnesota's VRS program

These providers play a key role in supporting people throughout their employment journey using the Engage>Plan>Find>Keep framework, offering the following services:

Waiver Service Providers

- **Employment Exploration Services (Engage)** — Providers help people who are unsure about working or transitioning from non-competitive employment. Specifically, providers help these people learn about competitive integrated employment, provide work experiences, and support employment-related decisions.

- **Employment Development Services (Plan/Find)** — Providers help people identify employment goals, strengths, interests, and conditions for employment. This service also includes helping people start a job search when VRS services are unavailable because the individual has exhausted their services or does not meet an open priority of service category.

- **Employment Support Services (Keep)** — Providers deliver job coaching and help people maintain employment. This service also includes helping people with workplace accommodations, communication, and task management.

VRS Providers

- **Job Search and Placement Services (Find)** — Providers help people write resumes, complete job applications, and prepare for interviews. This service also includes helping people connect people with employers, provide initial job coaching, and follow-up supports. Examples of these services include:

  - **Career Counseling and Guidance,** which helps people identify strengths, interests, and career goals.

  - **Job Training and Placement,** which offers training, resume development, and interview preparation. People are connected with employers and job opportunities.

  - **Workplace Accommodations**, which assist people with supports like adaptive technology, job coaching, and modifications to support success in their new jobs.

  - **Transition Services for Youth,** which helps high school students with disabilities transition from school to work.

  - **Extended Employment**, which provides long-term support for people who need ongoing assistance to maintain employment.

  - **Individual Placement and Support (ISP)**, which provides integrated mental health and employment services to people with serious mental illness.

Dual enrolled providers offer people a smooth transition between Waiver and VRS services, have access to both DHS and DEED resources and funding, and offer services from pre-

employment exploration to long-term job retention. Providers can coordinate services that lead to improved employment outcomes for the people they support.

3.2 Former Dual Enrolled Providers

Former dual enrolled providers are those who previously provided services under both Waiver and VRS, and the providers now only participate in one program—Waiver or VRS program. While these providers still play a critical role in supporting people throughout their employment journey using the Engage>Plan>Find>Keep framework, their services are limited to those authorized within their specific program.

3.3 Providers Who Started But Did Not Complete the Dual Enrollment Process

Providers who started but did not complete the dual enrollment process are those who expressed interest in becoming dual enrolled but ultimately chose not to proceed. These providers deliver services in one program—Waiver or VRS program.

3.4 Waiver Case Managers

Waiver case managers play a central role in coordinating support for people throughout their employment journey. Waiver case managers can be either employed by counties or contracted agencies and are responsible for helping to ensure services are person-centered, effective, and align with the person's employment goals. Specifically, Waiver case managers support people through the Engage, Plan, and Keep phases of the Engage>Plan>Find>Keep framework, offering the following supports:

- **Engage:** Help people explore employment options by providing information and education to help people make an informed decision about employment.

- **Plan:** Collaborate with the person, family, guardian, providers, and other professionals to make sure everyone is prepared and on the same page before starting the job search or VRS referral process. The Waiver case manager is responsible for helping to ensure a smooth and person-centered transition to employment or VRS referral for services.

- **Keep:** Coordinate ongoing job coaching and workplace supports to help people maintain and keep their employment successfully over time.

3.5 VR Counselors

VR counselors are professionals who work one-on-one with people to help them prepare for, obtain, and maintain employment. VR counselors are employed by DEED and serve as the primary coordinators of services within the VRS program. VR counselors support people through the Find phase of the Engage>Plan>Find>Keep framework, offering the following supports:

- **Find:** Explore job interests and strengths, discuss past work experience, identify and resolve concerns about employment, review benefits and financial implications, and connect people with providers for job shadowing or interviewing.

4.0 Methodology

BerryDunn conducted several information-gathering activities to collect quantitative and qualitative data to understand the experiences and perspectives from interested parties—including providers, case managers, and VR counselors—involved in supporting people with disabilities who are seeking employment. BerryDunn, DHS, and DEED developed an interested parties register to identify a list of individuals with whom DHS and DEED wanted BerryDunn to engage during the information-gathering phase.

The information in this section describes the methods used to gather information from the identified interested parties.

4.1 Web Survey

BerryDunn, in collaboration with DHS and DEED, developed and disseminated one web survey to collect broader input from key interested parties on important areas of concern. Once the web survey was completed, BerryDunn analyzed the responses to identify common themes and trends. BerryDunn shared the results of the analysis with DHS and DEED. To protect participants' anonymity, certain information was redacted from the survey data. Web survey results can be viewed in Appendix D.

4.2 Interviews

To prepare for the interviews, BerryDunn worked with DHS and DEED to schedule interviews and draft discussion topics and questions. At the completion of the planning efforts with DHS and DEED, BerryDunn conducted five in-person and two virtual interviews with provider organizations to gather detailed insights into their experiences, challenges, and perspectives. BerryDunn provided a skilled facilitator and a notetaker in each of the sessions, documented "parking lot" issues, and submitted detailed summary meeting notes for each session to DHS and DEED. Follow-up documentation was requested from providers, as needed.

These interviews included in-depth walkthroughs of provider processes to gain a thorough understanding of the end-to-end provider experience, including operational workflows and barriers to service delivery. By closely examining how providers navigate the system, BerryDunn was able to identify critical insights into what works well and where improvements are needed. Following the interviews, BerryDunn analyzed the collected information to identify common themes and recurring challenges and presented them to DHS and DEED.

4.3 As-Is Business Process Steps

To prepare for the Business Process sessions, BerryDunn worked with DHS/DEED to schedule two sessions and identify invitees. At the completion of the planning efforts with DHS and DEED, BerryDunn conducted two sessions to document, at a high-level, key steps within the Plan>Find>Keep phases of the service delivery framework. BerryDunn provided a skilled facilitator and a notetaker in each session.

These sessions were designed to capture an understanding of how people and providers currently experience transitions between VR and Waiver-funded programs and focus on

opportunities for improvement. Through this process, BerryDunn drafted high-level steps and worked to identify specific pain points, gaps, and opportunities for improvement, with a focus on enhancing coordination and streamlining service delivery. The insights gathered from these sessions can be viewed in Appendix B and help inform strategies to create a more seamless and effective transition process for both people and providers.

4.4 Peer-State Research

To prepare for peer-state interviews, BerryDunn collaborated with DHS and DEED to identify peer states with practices that could provide ideas and lessons learned to assist DHS and DEED in moving their provider enrollment and contracting process alignments forward meaningfully. BerryDunn and DHS and DEED worked with State Employment Leadership Network (SELN) to determine which two peer states would provide the most valuable insights through targeted interviews.

Through a strategic selection process and discussion of potential candidates, DHS and DEED ultimately selected Ohio and Pennsylvania due to their relevance and the approaches they have implemented. BerryDunn provided a skilled facilitator and a notetaker in each of the sessions and submitted detailed summary meeting notes for each session to DHS and DEED. Follow-up documentation was requested as needed.

Peer-state discussions are valuable as they enhance knowledge sharing and camaraderie in practice. In both Ohio and Pennsylvania, Waiver and VR programs are administered by separate agencies—yet each state has developed effective strategies to coordinate and align these systems. Their experience offered important perspectives on bridging inter-agency efforts to improve service delivery and employment outcomes. The information and insights gathered were used to help inform the recommendations and strategies in this report.

5.0 Current Environment

This section gives an overview of the DHS Waiver and DEED VRS Programs and the core processes related to provider enrollment, licensing, and billing.

5.1 DHS Waiver Program

The DHS Waiver Program provides Medicaid-funded employment services designed to empower people with disabilities to pursue and sustain meaningful, competitive, and integrated employment opportunities within their communities. The DHS Waiver Program is primarily funded by federal-State partnership under the Medicaid Home and Community-Based Services (HCBS) waiver system. The HCBS Waiver Program receives 50% of its funding from the federal government through Medicaid and the remaining 50% comes from Minnesota's State general fund. Under the DHS Waiver Program, each county or contracting agency directly hires case managers to help coordinate employment services and supports. Together with the person's support team, these case managers help support and guide the team through the different phases of the Engage>Plan>Find>Keep framework.

With support and guidance from a case manager and an employment services provider, each person receives a person-centered approach that helps them identify their interests, develop essential job skills, and overcome barriers to employment. Please see section 3.1 for the key employment services that are offered through the Waiver Program.

The ultimate goal of the DHS Waiver Program's employment services is to help people with disabilities achieve greater independence, self-sufficiency, and community inclusion. This will help ensure that employment is both attainable and sustainable according to each person's unique goals and abilities.

5.1.1 Enrollment

Providers begin the DHS enrollment process by securing licensure under Minnesota Statutes Chapter 245D and enrolling as Minnesota Health Care Program (MHCP) providers. DHS licensing coordinates initial credentialing before providers enroll in the MHCP HCBS Waiver Program. Chapter 245D standards shape forms, data reporting, and compliance processes for both providers and participants as part of the broader requirements for HCBS Waiver Providers.[1] Although the process is complex, many providers continue with applications and expand the availability of these essential services. Providers help to ensure that all staff pass background checks and are absent from State or federal exclusion lists.

The enrollment process verifies qualifications, requires adherence to person-centered planning principles, and aligns with federal Medicaid waiver regulations under Section 1915(c) of the

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[1] Minnesota Department of Human Services. n.d. *Licensing for Home and Community-Based Services - 245D providers. Minnesota Department of Human Services.* Accessed 2025 https://mn.gov/dhs/partners-and-providers/licensing/hcbs-245d/

Social Security Act. This ensures that providers deliver services in the most integrated and cost-effective settings possible. [2]

5.1.2 Licensing

Providers begin the DHS licensing process by submitting an application that documents qualifications, service-specific assurances, and compliance with physical environment and staffing standards. Providers must complete background studies as required under Chapter 245C. They also follow federal HCBS regulations under 42 CFR §441.301, which require person-centered service delivery, community integration, and protection of individual rights. For employment services—including employment exploration, development, and support services—DHS ensures compliance through licensing under Minnesota Statutes §245A and §245D, which govern human services and home and community-based providers. DHS also monitors compliance by conducting inspections, investigations, and annual renewals, and by adjusting licensing fees based on program revenue, as outlined in Minnesota Statutes §245A.10. Providers must complete mandatory training and maintain documentation that aligns with the Community-Based Services Manual to help ensure ongoing compliance and quality care. [3] Prospective providers complete HCBS Waiver and Alternative Care Provider Training through DHS's TrainLink platform to understand operational policies, service expectations, and legal obligations.

5.1.3 Billing

The DHS billing process requires that providers follow the MHCP billing protocols, which state that all claims must be submitted electronically through the MN-ITS system in compliance with federal HIPAA transaction standards and Minnesota Statutes §62J.536. Billing must align with service-specific documentation and coding requirements outlined in the MHCP Provider Manual and adhere to the National Correct Coding Initiative edits. Providers must have an approved service authorization before billing for employment services. The service authorization details the service type (e.g., employment exploration, development, or support), 15-minute units (e.g., 2 units = 30 minutes), and rate. Providers must maintain accurate records and use bookkeeping systems to validate claims and expenditures.[4]

5.2 DEED VRS Program

The DEED VRS program operates under federal and state regulations, including the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act

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[2] MN Department of Human Services. 2025. *HCBS Waiver and Alternative Care Provider Training 101, p.g. 60. MN Department of Human Services.* Accessed 2025 https://pathlore.dhs.mn.gov/courseware/DisabilityServices/DS130101/m4-4.html
[3] MN Department of Human Services. 2025. *HCBS Waiver and Alternative Care Provider Training 101, p.g. 94. MN Department of Human Services.* Accessed 2025 https://pathlore.dhs.mn.gov/courseware/DisabilityServices/DS130101/m5-35.html
[4] MN Department of Human Services. 2025. *HCBS Waiver and Alternative Care Provider Training 101, p.g. 68. MN Department of Human Services.* Accessed 2025 https://pathlore.dhs.mn.gov/courseware/DisabilityServices/DS130101/m4-18.html

(WIOA).[5] VRS is funded by federal grants and matching funds from the State to help people with disabilities achieve employment, independent living, and community participation. In federal fiscal year 2024, the VR program received $52,850,455 (78.70%) in grants from the U.S. Department of Education, with a required state match of $14,299,999. Minnesota Administrative Rules, Chapter 3300, establishes requirements for VR, youth, and extended employment services. VR counselors offer people seeking employment with personalized services to help people prepare for, find, and maintain employment. Together with the person's support team, these VR counselors collaborate with case managers to help support and guide the team through the different phases of the Engage>Plan>Find>Keep framework.

DEED VRS employment service providers who are enrolled to provide VRS employment services may pursue CARF accreditation to help meet program requirements. The program establishes performance-based agreements for its contracted services, where payment is tied to outcomes like job placement and retention.

VR counselors and employment services provider deliver personalized, one-on-one services that help people identify vocational interests and strengths, set realistic career goals, and develop actionable plans to achieve those goals. Please see section 3.1 for the key employment services that are offered through the VRS program.

After a person obtains employment, DEED VRS continues to offer people support through job coaching, workplace accommodations, and ongoing mentoring. This helps people adapt to new roles, develop workplace relationships, and address any challenges that arise on the job. The program's commitment extends beyond job placement and promotes people with disabilities to realize their potential, build confidence, and actively contribute to their communities, reinforcing the belief that meaningful employment is both attainable and sustainable for everyone.

5.2.1 Enrollment

Providers begin the VRS enrollment process with a formal application process that includes entering into a contract with DEED, meeting service-specific qualifications, and complying with both federal and state regulations governing VR. Providers must demonstrate capacity to deliver employment-related services such as job placement, retention, and support for individuals with disabilities.[6] The enrollment process also involves adherence to performance-based contracting standards, submission of service documentation, and compliance with federal guidelines under the Rehabilitation Act of 1973 and Title I of the WIOA, which mandate person-centered planning, competitive integrated employment, and nondiscrimination.[7]

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[5] United States. *Rehabilitation Act of 1973, as amended through P.L. 114-95 (Workforce Innovation and Opportunity Act), enacted December 10, 2015.* PDF. Retrieved from Rehabilitation Services Administration, U.S. Department of Education: https://rsa.ed.gov/sites/default/files/downloads/rehabilitation-act-of-1973-amended-by-wioa.pdf
[6] MN Employment and Economic Development. 2025. *Policies, Rules, and Regulations.* Accessed 2025 https://mn.gov/deed/job-seekers/disabilities/policies/
[7] MN Employment and Economic Development. 2025. *Extended Employment Program. MN Department of Human Services.* Accessed 2025 https://mn.gov/deed/job-seekers/disabilities/extend-employment/

5.2.2 Licensing

Providers begin the VRS licensing process by complying with licensing and operational standards outlined in Minnesota Rules Chapter 3300, particularly Part 3300.5060, which governs the terms and conditions for service provision. Licensing is not centralized under a single credential but requires providers to meet qualifications for specific services, such as job coaching, placement, or supported employment, and to follow DEED purchasing policies, consumer financial participation guidelines, and documentation protocols. Providers must also adhere to Title 34 of the Code of Federal Regulations, Sections 361.42 and 361.45, which mandate eligibility determination and individualized employment planning. Under Title 34, Sections 361.42 and 361.45, providers must support VRS in conducting assessments to determine whether a person qualifies for VR services. Once eligibility is confirmed, providers must help develop and implement an Individualized Plan for Employment (IPE). Additionally, the VRS section of Minnesota's Combined State Plan under WIOA strengthens inter-agency coordination and sets clear performance standards and assurances for providers supporting competitive integrated employment for individuals with disabilities. Providers are required to actively engage in a multi-agency system involving DEED, DHS, local workforce boards, and other partners at both the state and federal levels. They must meet WIOA performance indicators, which include employment outcomes, earnings, credential attainment, and measurable skills gains. Providers are also expected to uphold the assurances outlined in the State Plan, delivering services that foster competitive integrated employment. While DEED does not issue a separate license, providers may need to obtain DHS licensure (such as 245D) if they deliver services that sequence with Medicaid-funded supports. [8]

5.2.3 Billing

The DEED VRS billing process for providers requires following billing procedures outlined in Minnesota Rules Part 5220.1900, which require the use of standardized vocational rehabilitation invoices that include detailed service descriptions, category codes, time units, mileage, and expenses. Billing must reflect only necessary and reasonable services rendered in accordance with Minnesota Statutes §176.102 and must comply with fee caps and rate structures for qualified rehabilitation consultants and interns, including prorated rates for travel and wait time. For contracted services (e.g., job placement and retention), providers operate under performance-based agreements (PBAs), which define payment milestones and documentation requirements. All invoices must be submitted to DEED using prescribed formats and must align with authorization guidance provided by VRS, ensuring transparency, accuracy, and compliance with both state and federal vocational rehabilitation funding regulations. [9]

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[8] MN Office of the Revisor of Statutes. 2023. *TERMS AND CONDITIONS FOR PROVISION OF VOCATIONAL REHABILITATION SERVICES.* Minnesota: Minnesota Legislature. https://www.revisor.mn.gov/rules/pdf/3300.5060/2023-11-29%2008:56:10+00:00
[9] MN Office of the Revisor of Statutes. July 10, 2025. *REHABILITATION SERVICE FEES AND COSTS.* Minnesota. Minnesota Legislature. https://www.revisor.mn.gov/rules/5220.1900/

6.0 Assessment Findings

BerryDunn used the information gathered from document reviews, web survey responses, interviews, and business process sessions to identify the strengths and opportunities for program improvement for providers. BerryDunn divided findings into five categories—licensing and certifications, enrollment and dual enrollment, business process efficiencies, and billing and rates—and labeled each finding with an alphanumerical ID based on the category associated with each finding. Due to the close relationship of the areas, a finding could feasibly fit into more than one area. For brevity, however, BerryDunn included each finding in the single domain that was most relevant.

Table 3 below provides common themes for findings within each category.

Table 3: Summary of Findings

Category	Common Themes
Dual Enrollment	Providers find it difficult to learn and navigate two separate enrollment systems. There is increased administrative burden to becoming and remaining dual enrolled.
Licensing and Certifications	Providers find the CARF accreditation and 245D licensing expensive. There are requirements that are redundant and others that do not apply to providers who only deliver employment services.
Billing and Rates	Providers reported funding gaps and financial burdens to meet requirements. Billing and invoicing processes are not aligned between Waivers and VRS. Providers experience delays in reimbursements.
Employment Outcomes	Providers reported prolonged wait times in transition processes. Providers, case managers, and VR counselors report confusion about roles and responsibilities.
Technical Assistance	Providers said they struggle to find clear online guidance. Language, documentation, compliance requirements, and forms are not aligned between Waiver and VRS programs, which creates operational complexity.

6.1 Dual Enrollment

Table 4: Current Environment: Dual Enrollment Strengths

ID	Strengths
S1	Providers reported positive feedback regarding the LUV process, which allows providers to pilot employment services before determining if they will pursue CARF accreditation.
S2	Providers appreciated the opportunity to offer seamless services that promote participant stability and progress.
S3	Providers indicated feeling encouraged by the growing recognition of the value they provide to people and their communities as dual providers. With aligned policies and operational support, providers believe the dual provider model can be even more effective.

ID	Strengths
S4	Providers shared that they educate and support people transitioning between Waiver and VRS to help ensure positive outcomes (e.g., making phone calls on behalf of people to check eligibility status for Waiver/VR, filling out and submitting referrals, completing required forms with the person, initiating intake meetings for long-term supports, etc.).
S5	Providers have built strong working relations with individuals, case managers, and VR counselors to help support people transitioning between Waiver and VRS.
S6	Providers help ensure that people are at the forefront of their employment journey and have available expert staff to help people navigate the transition processes between Waiver and VRS.

Table 5: Current Environment: Dual Enrollment Opportunities for Program Optimization

ID	Opportunities for Program Optimization
O1	Providers reported difficulty with learning and navigating two separate provider enrollment programs (i.e., Waiver and VRS), which have different requirements, processes, and administrative expectations. Providers must familiarize themselves with distinct sets of rules which require additional staff training.
O2	Providers reported that while dual enrollment enhances support for people, it introduces complexity in their day-to-day operations (e.g., increased staff training and confusion over roles and responsibilities) for providers that often outweighs the benefits. It is burdensome for providers to navigate two systems with different sets of requirements.
O3	Providers shared that Waiver provider enrollment waitlists dating back to September 2022 have limited the number of dual enrolled providers.
O4	Some providers reported low demand for VRS in their communities, which discourages them from becoming dual enrolled.
O5	Providers reported misalignment in employment outcome expectations between providers and case managers/VR counselors (e.g., level of service needs).
O6	Providers reported poor communication between case managers and VR counselors during joint transition process steps (e.g., overlapping responsibilities and poor coordination of services during the transition between Find to Keep phases) as the source of misalignment in employment outcome expectations (e.g., ambiguity in coverage for job coaching cost).
O7	Providers reported that there are several administrative and regulatory challenges with maintaining dual provider status. Specifically, providers report that navigating two separate sets of compliance requirements leads to increased paperwork, frequent updates to internal policies, updates to internal training and systems, and complex billing requirements.

6.2 Licensing and Certifications

Table 6: Current Environment: Licensing and Certifications Strengths

ID	Strengths
S7	Providers shared that CARF accreditation allows them to expand their team and work with more people.
S8	Providers reported that CARF accreditation has encouraged them to solidify and formalize their internal processes and policies.

Table 7: Current Environment: Licensing and Certifications – Opportunities for Program Optimization

ID	Opportunities for Program Optimization
O8	Providers shared that the CARF accreditation process is very challenging and expensive. One provider reported having to hire a consultant and pay up to $35,000 to complete the initial CARF accreditation process. Another provider reported that the renewal of the CARF accreditation can cost providers up to $15,000 annually. *Renewal costs vary depending on the size of the organization and frequency (e.g., annually vs every three years). On average, renewal costs can vary between $5,000 – $15,000.*
O9	Several providers felt CARF accreditation added little value to their operations or service delivery as it often resulted in diversion of funds away from recruitment, training, and staff retention.
O10	Providers delivering employment-related services shared concerns about maintaining CARF accreditation, as it requires adherence to numerous policies, including many that are unrelated to the services they offer (e.g., medication administration). Each year, the CARF manual is updated, and providers must pay $500 to purchase it. In addition, providers spend a significant amount of time and resources revising policies to align with the new manual.
O11	Providers reported experiencing long wait times to become 245D licensed, with one provider reporting waiting up to three years for approval.
O12	Some providers indicated that the biennial 245D license renewal felt redundant and caused concern about losing approval for routine services.
O13	Providers shared that, while rules and regulations are essential, they sometimes appear to be developed without fully considering the significant demands providers face in delivering quality services while also ensuring compliance.
O14	Providers shared that the high cost, administrative burdens (e.g., two different documentation requirements), and increased training requirements (e.g., Community Rehabilitation Provider trainings) of becoming dual licensed under CARF and 245D have deterred them from becoming dual enrolled. These factors contribute significantly to their reluctance to pursue dual enrollment.
O15	Providers reported that administrative requirements (e.g., forms, meeting requirements, etc.) for short-term Waiver services are much higher than the VRS administrative requirements.

ID	Opportunities for Program Optimization
O16	Providers said that they often have to explain licensing rules for both CARF and 245D to case managers and VR counselors, which requires additional resources (i.e., time and effort).
O17	Providers shared that documentation requirements (e.g., progress reports, tracking 15-minute units of service with a case note) for VRS billing are excessive, and the lack of technical assistance leads to rejected submissions which leads to revenue loss.
O18	Providers reported that they are scaling back services due to the high costs of maintaining licensing and compliance with 245D licensing rules.
O19	Providers reported that the DHS auditing process is extremely time-consuming and often irrelevant to employment programs, focusing instead on unrelated topics (e.g., medical/clinical based service types, group homes, etc.).

6.3 Billing and Rates

Table 8: Current Environment: Billing and Rates - Strengths

ID	Strengths
S9	Providers shared that since becoming a dual provider and CARF accredited, they have benefited from being able to bill for a higher amount, which has increased their revenue.

Table 9: Current Environment: Billing and Rates – Opportunities for Program Optimization

ID	Opportunities for Program Optimization
O20	Providers shared that the billing and invoicing processes are not aligned between Waiver and VRS programs (e.g., reduction in reimbursements without explanation, different reimbursement timelines).
O21	Providers reported that the lack of adequate funding from VRS for administrative tasks and mileage reimbursement discourages them from becoming/remaining dual enrolled.
O22	Providers reported that the hours authorized under the Waiver for administrative tasks (e.g., uncompensated travel costs in rural areas, billing, documentation requirements, auditing process, etc.) does not cover the level of effort required to complete these types of tasks.
O23	Providers indicated feeling dissatisfied with misaligned billing practices and low reimbursement rates for Waiver services. The Waiver reimburses key services (e.g., employment support, exploration, development) at half the rate that VRS reimburses. For example, a rate of $100 for a service under VRS would be $53 under the Waiver Program.
O24	Providers reported that the VRS milestone payments do not offer sufficient financial sustainability as these are issued after services are completed, unlike Waiver services which offer monthly reimbursements.
O25	Providers reported difficulty with serving people for non-performance-based services because funding for these services is not guaranteed long-term, which impacts the provider's ability to plan for long-term staffing.

ID	Opportunities for Program Optimization
O26	Providers reported financial losses from maintaining staff to manage VRS referrals and billing. These losses are primarily driven by the inconsistent volume of referrals, which makes it difficult to sustain staffing levels and allocate resources efficiently.
O27	Providers reported that they received little to no guidance regarding the MN-ITS portal, which is the electronic billing system used to submit and manage claims, verify eligibility, etc. This has resulted in trial and error, wasted resources, and frustration.
O28	Providers reported that they are not compensated for transporting people, which leads to disincentives for providers, especially for smaller providers in rural areas that serve people living further away.
O29	Providers reported extensive delays in reimbursements for Waiver services.
O30	Providers reported that the current Waiver rates do not cover the costs of operating their programs, including the cost associated with employing staff.
O31	Providers shared that the disparity in funding between Waiver and VRS is a significant barrier to dual enrollment and limits providers' ability to deliver person-centered services in a timely fashion.
O32	Providers reported having to scale back VRS services because of low funding from VRS. Providers frequently operate at a financial loss to help ensure competitive staff pay across all service areas.
O33	Providers shared that documentation requirements for VRS billing are excessive and are often rejected which results in revenue loss.

6.4 Employment Outcomes

Table 10: Current Environment: Employment Outcomes - Strengths

ID	Strengths
S10	Providers acknowledged that becoming a dual provider has positively impacted the continuity of services and supports for the people they serve.
S11	Providers reported having a positive relationship with VRS and county agency staff, which helps providers to navigate the transition process between Waiver and VRS for the people they serve.
S12	Providers shared that they have created internal processes with positive results after becoming dual enrolled (e.g., offer a two-person support team in which one person provides Waiver services and another provides VRS services for each individual supported by both programs; implement pre-scheduled check-in meetings to understand needs and align efforts prior to beginning the transition process).
S13	Providers shared that implementing internal processes after becoming dual enrolled has helped address service gaps during transitions between Waiver and VRS, set clear expectations regarding employment outcomes, meet timelines, clarify funding responsibilities during the transition processes, and improve alignment between people/families and case managers or VR counselors.

ID	Strengths
S14	Providers reported positive feedback with case managers in Anoka County and share that people are able to transition between phases smoothly largely due to reduced case manager turnover.
S15	Providers shared that they have increased access to people's information (e.g., skills assessments) through Workforce One, which is beneficial when planning for services.

Table 11: Current Environment: Employment Outcomes – Opportunities for Program Optimization

ID	Opportunities for Program Optimization
O34	Providers reported that prolonged wait times in transition processes and contract approvals, along with inefficient communication and coordination between Waiver and VRS, hinder service delivery by disrupting employment momentum and diminishing participant motivation.
O35	Providers shared that inconsistent provider training and information for Waiver and VRS programs results in differing experiences for people and families.
O36	Providers indicated that transitions between Waiver and VRS are more system-driven than person-centered (e.g., Waiver case managers and VR counselors focus on who will fund services rather than service outcomes), which impacts the quality of supports people receive as they navigate the Engage>Plan>Find>Keep framework.
O37	Providers reported that they experienced high staff turnover due to overwhelming requirements as a result of becoming dual enrolled. Providers experience difficulty in hiring roles that require navigation of both Waiver and VRS programs.
O38	Providers reported that some case managers lack clear insights into the person's potential for employment (e.g., skills, interests, capabilities, etc.) resulting in a severe impact to their ability to help people seek, find, and keep employment.
O39	Providers shared that during the transition from Waiver to VRS, providers face delays due to VRS timelines—60 days for eligibility determination and 90 days for employment plan development—followed by up to three months for onboarding. To maintain continuity of care, providers often continue services under Waiver billing rates, which are lower than VRS, resulting in financial strain.
O40	Providers reported seeing a reduction in VR referrals due to recent changes to the VR triage process which resulted in VR handling simple cases (i.e., circumstances that include minimal barriers) internally and referring only the complex cases (i.e., circumstances that include multiple barriers to employment) to providers. This change has resulted in increased processing time and costs for VR referrals received by providers.
O41	Providers reported confusion and inconsistency regarding Waiver case manager and VR counselor roles and responsibilities within the E1MN structure which leads to unclear expectations for providers, people, and families.
O42	Providers, case managers, and VR counselors reported that it is difficult to determine who is responsible for covering the cost of job coaching for people, which results in service delays.
O43	Providers, case managers, and VR counselors reported that the high turnover in Waiver case managers results in process delays and service gaps.

ID	Opportunities for Program Optimization
O44	Providers reported that the 60- and 120-day VRS program requirements to prepare for and find employment are too short for people experiencing mental health issues, communication barriers, and/or have a parent/guardian involvement as these require a higher degree of coordination and often result in delays in the process.
O45	Providers shared that new employment specialists are required to learn and adhere to 245D requirements, including support plans, observations, documentation, and general compliance. Per the 245D.09 Staffing Standards, providers must provide sufficient orientation to new employment specialists within the first 60 days post referral, which may increase pressure on providers and could lead to staff burnout.
O46	Providers reported that the recent change in VR eligibility—from one functional limitation to three required functional limitations—has reduced the number of people who qualify for VR services, resulting in a complete halt in VRS services for many.
O47	Providers reported that people not enrolled in Waiver services are often unaware of their potential eligibility or the application process, resulting in missed opportunities for support.
O48	Providers shared that VR services are short-term for each person they serve, which makes it difficult to maintain consistent working hours for staff dedicated to providing VR services.
O49	Some providers reported that they continue to provide support services to people without reimbursement to prevent service gaps.
O50	Case managers and VR counselors reported difficulty with educating providers on the different phases in the Engage>Plan>Find>Keep framework due to changing rules (e.g., eligibility requirement from one to three functional limitations).
O51	Case managers and VR counselors reported uncertainty about the timeline for a referral from Find to Keep phases, which leads to service delays and loss of job search momentum.
O52	Case managers and VR counselors noted that overlapping responsibilities during the Find and Keep phases lead to confusion regarding who should communicate updates to people, families, and vendors, especially when there is a change in service provider.
O53	Case managers shared that service delays can occur when a person secures employment while their case manager is unavailable to authorize services, such as during scheduled time off.
O54	Providers shared that changes to the service level are solely approved by VRS and these changes often do not reflect the person's actual support needs or current economic conditions (e.g., cost of transportation).

6.5 Technical Assistance

Table 12: Current Environment: Technical Assistance – Opportunities for Program Optimization

ID	Opportunities for Program Optimization
O55	Providers shared that they are unable to find guidance online regarding licensing requirements for 245D license.
O56	Providers shared that there is a provider help line for guidance, but they are unable to reach someone for assistance. Providers share that they used to submit their questions via email, but this option has been removed from the DHS site.

ID	Opportunities for Program Optimization
O57	Providers indicated that the information that is available on the DHS site is difficult to navigate and comprehend.
O58	Providers shared that there is limited guidance or support from DHS and DEED for dual providers, which leads to providers misinterpreting the State statutes and requirements and not meeting compliance. Providers would like access to joint training, technical assistance, clear billing and documentation guidance, streamlined intake procedures, and peer-to-peer learning opportunities.
O59	Some providers reported being unaware of available State resources to help them navigate systems and processes (e.g., My Vault, billing, enrollment, etc.).
O60	Providers shared that the language, documentation, compliance requirements, forms, etc. do not align between Waiver and VRS.
O61	Providers reported that they received little to no guidance regarding DHS' Minnesota Provider and Services Enrollment portal (MPSE).
O62	Providers have expressed a strong interest in adopting My Vault as a tool for sharing information across systems. However, despite this interest, many have not implemented its use due to a lack of available training and support. The absence of structured guidance has created uncertainty around how to effectively utilize My Vault, resulting in limited adoption despite its potential benefits.

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7.0 Peer-State Research

BerryDunn facilitated peer-state interviews with the states of Pennsylvania and Ohio, which provide similar programs and services to people with disabilities who are seeking competitive integrated employment. Tables 8 and 9 provide an overview of the programs and lessons learned gathered from these states.

Table 13: Pennsylvania

Pennsylvania
Overview:
Pennsylvania supports people with disabilities in achieving employment and independence through mutual collaboration between its DHS Office of Developmental Programs (ODP), which oversees Waiver Programs, and the Office of Vocational Rehabilitation (OVR), which manages VRS. This mutual collaboration is supported through the implementation of inter-agency agreements and Memorandum of Understanding (MOUs), which define the agreed-upon roles, responsibilities, and shared goals. These formal agreements support joint planning, data sharing, and service alignment.
Lessons Learned: • **MOUs and Inter-Agency Agreements:** OVR and ODP play critical roles in fostering seamless collaboration between both agencies. They regularly consult on service definitions, escalate complex issues (e.g., rate concerns) to leadership, and plan future goals. Their adoption of a data sharing agreement allows OVR counselors secure access to ODP's Community Services Information System (CSIS), with tailored roles for IDA Counselors. This supports timely, informed decisions, especially during employment transitions. Establishing a standalone data sharing agreement reinforces data governance, improves service continuity, minimizes delays, and enables support coordinators to manage transitions proactively. • **Regional Employment Symposiums and Engagement with External Interested Parties:** Consistent communication and feedback channels demonstrate a strong commitment to interested party satisfaction and collaboration—especially with people, providers, and businesses employing people with disabilities. Symposiums hosted by OVR and ODP help surface concerns, align support needs, and promote service awareness. These efforts have led to tangible outcomes, such as providers expanding service agreements after attending sessions. • **Seamless Inter-Agency Referral Process**: Developing a standardized inter-agency referral process significantly improves the efficiency and consistency of service transitions. By implementing structured tools like resource accounts, assigned staff, checklists, and rapid engagement protocols, support coordinators are equipped to gather and act on necessary information from day one. This proactive approach helps ensure that long-term supportive services are considered early, fostering smoother transitions between agencies. The standardized referral form also facilitates data tracking and continuous improvement, with measurable growth in successful transitions year-over-year. Additionally, OVR and ODP provide providers with training to help them distinguish between barriers to employment and readiness for competitive integrated employment (CIE) to promote a collaborative mindset and align service definitions across agencies. • **Technical Assistance**: Providing consistent technical support such as virtual office hours and targeted technical assistance significantly enhances provider understanding and compliance with service requirements. OVR's approach includes developing practical tools for in-the-field use, maintaining a repository of success stories, and assigning employment support services

Pennsylvania
staff to each regional district office to identify and assist providers in need. Regular virtual office hours, featuring peer-led program sharing followed by agency-led improvement discussions, foster a collaborative learning environment. These efforts not only improve program quality and efficiency but also build trust and transparency between providers and agency staff, leading to more responsive and effective service delivery. • **Continuity of Services:** The Waiver Program works with providers to match them with funding sources to achieve a greater match through other provider agreements (e.g., Social Security Administration, County Department of Mental Health, etc.), so they can continue to provide services without disruption to the people served. • **Provider Capacity:** Pennsylvania has adopted competitive reimbursement rates, which contributes to strong provider capacity and improved adherence to program requirements (e.g., timely certification).

Table 14: Ohio

Ohio
Overview:
Ohio supports people with disabilities in achieving employment and independence through a strong inter-agency employment first partnership between the Department of Developmental Disabilities (DODD), which oversees Waiver Programs, and the Opportunities for Ohioans with Disabilities (OOD) which manages VRS. This mutual collaboration supports the alignment of policy and best practices through formal agreements, including an MOU that outlines shared roles, responsibilities, and goals, as well as a data sharing agreement scheduled for implementation in September 2025. These formal agreements support joint planning, data sharing, and service alignment.
Lessons Learned:

• **Accreditation Options for Providers:** Ohio offers vocation rehabilitation service providers with six additional accreditation options to encourage providers to choose the accreditation that best aligns with their mission and service model, fostering innovation and specialization. The accreditation options offered to providers in Ohio include:
 	
   o CARF
   o The Joint Commission
   o The Association for Education and Rehabilitation of the Blind and Visually Impaired, institutions of higher education or organizations (schools or agencies) serving people who are bling or with low vision
   o The National Blindness Certification Board
   o The Academy for Certification of Vision Rehabilitation and Education Professionals
   o Providers certified by DODD with at least one year of experience in providing career planning and employment support services
 	
By offering accreditation options that are cost-effective and scalable, providers can direct more resources toward client services rather than administrative tasks.
 	
• **Data Tracking:** DODD and OOD established a data entry portal for providers to input information related to the number of people they employ, the hours each person works, and the total hours required to employ each person. This data tracking methodology enables Ohio to measure the level of CIE at any given time.

Ohio
Provider Engagement and Satisfaction: DODD and OOD issue annual provider surveys to assess satisfaction and inform inter-agency improvements. The data collected is used to educate policymakers and community members on workforce needs.   **Technical Assistance:** OOD developed guidance tools, such as the <u>Path to Community Employment</u> and <u>My Path to Employment</u>, with conversation prompts and real-world examples to support case managers and VR counselors follow a person-centered approach to support planning. The person leads the discussion about what their support plan should include, while OOD and DODD coordinate behind the scenes to help ensure a smooth transition.   **Culture of Collaboration:** DODD and OOD emphasize collaboration and transparency across agencies by establishing clear communication channels. This culture of collaboration allows for case managers and VR counselors to raise concerns, address issues, and align on service planning. Case managers and VR counselors jointly authorize services and plan for employment for the people they serve and hold internal discussions to prioritize the person's employment goals over agency boundaries. As a result of this approach, two counties have taken the lead in developing a referral form that streamlines the intake process.   **Inter-Agency Partnership:** DODD and OOD developed <u>Joint Guidance in 2017</u> with the primary goal of streamlining and enhancing service coordination for people with disabilities seeking employment. This guidance provides guidance related to the referral process, eligibility criteria, clear path toward community employment, and Service and Support Administrator's role. This guidance emphasizes person-centered planning, informed choice for the person, and collaborations between both agencies.

8.0 Analysis and Recommendations

This section includes recommendations for DHS and DEED to consider, developed by BerryDunn through information-gathering efforts and proven best practices from other states.

8.1 Summary of Recommendations

Based on information gathered from background document review, web surveys, targeted interviews, and peer-state research, BerryDunn identified the recommendations summarized in Table 15 & 16 below to help DHS and DEED address one or more findings presented in Section 6.0 Assessment Findings.

Table 15: Summary of Short-Term Recommendations

ID	Recommendations	Estimated Level of Impact
STR1	Develop and implement a clear and transparent communication plan so that DHS and DEED can engage with all interested parties. The communication plan will include a plan for how to communicate pertinent information to all interested parties regarding employment services (e.g., billing best practices, licensing and renewal, delivery and coordination of employment services, etc.).	Medium
STR2	Increase provider awareness and consistent use of existing resources (e.g., guides, training, points of contact, and processes) through regular outreach with providers, job seekers, case managers, and VR counselors. Implement quarterly outreach with providers and job seekers, and monthly outreach with case managers and VR counselors, to promote the Engage>Plan>Find>Keep framework, reduce administrative burdens, enhance service coordination, and improve employment outcomes.	Low
STR3	Encourage sharing information between providers, case managers, and VR counselors by hosting quarterly forums to discuss best practices and opportunities for improvement, as well as identify emerging issues.	Low
STR4	Encourage early collaboration between case managers and VR counselors when supporting people as they navigate the Engage>Plan>Find>Keep framework to more effectively coordinate services and boost employment outcomes.	Low
STR5	Establish a balanced referral process for VRS cases that includes both complex cases (e.g., circumstances that include minimal barriers) and non-complex cases (e.g., circumstances that include multiple barriers to employment) to support providers' continuous operation costs.	Medium
STR6	Collaborate with service providers to develop and update form guidance to align with Waiver and VRS requirements.	Low

Table 16: Summary of Long-Term Recommendations

ID	Recommendations	Estimated Level of Impact
LTR1	Define circumstances that qualify for an extended timeline (i.e., 120 days) to the Plan phase (e.g., transitioning out of sub-minimum wage work).	Medium
LTR2	Develop/update guidance for providers that includes clear and actionable steps regarding the process to accurately bill for Waiver and VRS services.	Medium
LTR3	Offer multiple accreditation options beyond CARF to reduce financial and administrative barriers for providers.	Medium
LTR4	Collaborate with the commissioner and licensing division for each agency to recategorize 245D licensing for employment services to help reduce administrative burden related to licensing and renewal processes (e.g., redundant documentation and training requirements).	High
LTR5	Collaborate with the commissioner and licensing division to help determine achievable and sustainable methods for customizing the licensing audit process.	High
LTR6	Collaborate with the commissioner and licensing division to help determine achievable and sustainable methods for customizing Waiver and VRS forms for employment service providers.	High
LTR7	Consider adopting a data sharing agreement between DHS and DEED to enhance the exchange of data across agencies to reduce duplication of data entry for providers and improve coordination and continuity of services for people.	High
LTR8	Consider adopting alternative reimbursement methodology to encourage dual enrollment (e.g., different milestones per category, flat service rates, flexible resource allocation, case reclassification, and rate adjustments based on job seeker limitations).	High

8.2 Description of Recommendations

BerryDunn separated recommendations into short-term for immediate consideration and long-term for future consideration in alignment with current budget, staffing, and resources. BerryDunn also provided an identification code (e.g., STR1), and categories addressed (e.g., dual enrollment, licensing and certifications, billing and rates, employment outcomes, and technical assistance). We also include the estimated level of impact for providers (i.e., operational impacts) for each recommendation, categorizing the impacts as high, medium, or low.

The estimated level of impact definitions include:

- **High –** Requires a significant investment of time, resources, and expertise. These changes often involve major operational adjustments and complex tasks, which can disrupt regular activities and require extensive planning and coordination.

- **Medium –** Requires a moderate amount of time and resources. These changes often involve adjustments to existing procedures or tasks of moderate complexity, but these changes are generally manageable within current operations. The impact may be noticeable but does not fundamentally disrupt core processes.

- **Low –** Requires minimal time and resources. These changes often involve simple or routine tasks that can be integrated into existing workflows with little to no disruption.

BerryDunn reviewed each recommendation to identify dependencies, which are defined as recommendations that need to be completed prior to completing the next recommendation. These are listed in the dependencies section of each recommendation table; however, the recommendations are not listed in a specific order.

8.2.1 Short-Term Recommendations

This section includes recommendations for DHS and DEED to consider for near-term implementation.

8.2.1.1 Short-Term Recommendation 1

Table 17 includes a dashboard with a detailed description of short-term recommendation 1.

Table 17: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Develop and implement a clear and transparent communication plan so that DHS and DEED can engage with all interested parties. The communication plan will include a plan for how to communicate pertinent information to all interested parties regarding employment services (e.g., billing best practices, licensing and renewal, delivery and coordination of employment services, etc.).
Categories Addressed	Employment Outcomes and Technical Assistance
Findings Addressed	O35, O45, O47, O50, O51, O52, O54, O55, O56, O57, O58, O59, O60, O61, O62
Goals and Outcomes Addressed	Enhancing Efficiency and Resource Allocation, Expanding Dual Provider Availability
Estimated Level of Impact	Medium
Responsible Party	DHS and DEED

Recommendation Description

To help prepare interested parties for proposed changes, DHS and DEED should consider implementing a communication plan that prioritizes clarity, engagement, and responsiveness. The communication plan will help support all interested parties to understand the reasons, scope, and expected outcomes of proposed modifications. This should also incorporate timely and consistent updates to help keep all interested parties informed and opportunities for feedback to encourage active participation in adoption of changes. Below are the actions that DHS and DEED may consider as they develop and implement this recommendation:

- Identify all interested parties affected by the proposed changes (e.g., providers, job seekers, case managers, and VR counselors).

- Assess each group's informational needs, preferred communication methods, and potential concerns or barriers to change.

- Develop clear, consistent messaging that explains the 'why' behind proposed changes, the benefits for interested parties, and anticipated impacts on operations.

- Emphasize transparency by sharing key decision points, timelines, and opportunities for interested parties to provide feedback and input.

- Identify preferred communication methods and formats (e.g., newsletters, webinars, town halls, FAQs, etc.).

- Maintain and regularly update a centralized repository that is easily accessible with all change-related information and resources for reference.

- Establish structured opportunities for interested parties to ask questions, share concerns, and provide feedback (e.g., surveys, focus groups, virtual or in-person listening sessions).

- Celebrate success stories and recognize interested parties who contribute positively to the change effort.

- Monitor communication effectiveness through participation metrics, feedback surveys, and stakeholder interviews.

- Regularly review and adjust the communication plan based on data and evolving interested party needs.

- Report out on progress and lessons learned to reinforce a culture of openness and shared accountability.

8.2.1.2 Short-Term Recommendation 2

Table 18 includes a dashboard with a detailed description of short-term recommendation 2.

Table 18: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Increase provider awareness and consistent use of existing resources (e.g., guides, training, points of contact, and processes) through regular outreach with providers, job seekers, case managers, and VR counselors. Implement quarterly outreach with providers and job seekers, and monthly outreach with case managers and VR counselors, to promote the Engage>Plan>Find>Keep framework, reduce administrative burdens, enhance service coordination, and improve employment outcomes.
Categories Addressed	Employment Outcomes and Technical Assistance
Findings Addressed	O35, O45, O47, O50, O51, O52, O54, O55, O56, O57, O58, O59, O60, O61, O62
Goals and Outcomes Addressed	Enhancing Efficiency and Resource Allocation, Expanding Dual Provider Availability
Estimated Level of Impact	Low
Responsible Party	DHS and DEED

Recommendation Description

To help improve service coordination, reduce administrative burden, and strengthen employment outcomes, DHS and DEED should consider implementing/updating a structured outreach strategy that promotes consistent awareness and use of existing resources (e.g., guides, training materials, points of contact, and process documentation) among providers, job seekers, case managers, and VR counselors. This outreach should reinforce the Engage>Plan>Find>Keep framework and provide support to all interested parties to navigate service transitions effectively. Below are the actions that DHS and DEED may consider as they develop and implement this recommendation:

- Update and regularly maintain the Disability Hub with current tools, guides, and training materials related to the Engage>Plan>Find>Keep framework.

- Review and restructure the Disability Hub to categorize resources based on user (e.g., providers, job seekers, case managers, VR counselors). In addition, add categories for resources by type of information being shared (e.g., trainings required for licensure, guides for job seekers, guides for coordinating and assessing services).

- Develop an outreach plan targeted toward communication with providers. The purpose of the outreach plan is to boost provider awareness of available resources, gather feedback on preferred communication methods, and identify opportunities for process improvement. This plan could include:

- Quarterly outreach to providers and job seekers via newsletters, webinars, in-person sessions, and resource spotlights.

    - To further strengthen connections among providers, consider organizing regional in-person meetings where providers can engage directly with dedicated liaisons. These meetings will foster collaboration and facilitate the sharing of best practices, ensuring resources are both accessible and responsive to local needs.

    - To encourage open and honest feedback, consider inviting a neutral facilitator (e.g., Minnesota Transformation Initiative Technical Assistance) to lead in-person meetings with providers. Communicate transparently with providers that this facilitator will collect feedback and share it with DHS and DEED, focusing solely on process and communication improvements.

  - Monthly outreach to case managers and VR counselors through facilitated learning sessions, office hours, and email updates.

- Based on feedback collected from outreach efforts, customize communication to address the unique roles and needs of each group in. For example:

  - **For VR Counselors and Case Managers:** guidance on discussing employment impacts on SSI/SSDI benefits and strategies for coordinating across phases and managing transitions.

  - **For Providers:** clarification on referral timelines and service authorizations, and a re-introduction to resources available for technical assistance.

- Integrate the Engage>Plan>Find>Keep framework into all outreach materials and trainings. Use plain language visuals and real-life scenarios to illustrate how the framework supports seamless service delivery.

- Create mechanisms for providers, job seekers, case managers, and VR counselors to provide input on resource usefulness and outreach effectiveness. Use this feedback to refine materials and outreach strategies over time.

- Track participation in outreach activities and measure changes in the use of resources, service coordination, and employment outcomes. Use these insights to inform continuous improvement efforts.

8.2.1.3 Short-Term Recommendation 3

Table 19 includes a dashboard with a detailed description of short-term recommendation 3.

Table 19: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Encourage sharing information between providers, case managers, and VR counselors by hosting quarterly forums to discuss best practices and opportunities for improvement, as well as identify emerging issues.
Categories Addressed	Dual Enrollment, Licensing and Certifications, Employment Outcomes, and Technical Assistance
Findings Addressed	O5, O6, O13, O34, O36, O41, O42, O51, O52
Goals and Outcomes Addressed	Improving Process and Procedural Efficiencies, Enhancing Efficiency and Resource Allocation
Estimated Level of Impact	Low
Responsible Party	DHS and DEED

Recommendation Description

To help strengthen coordination and improve employment outcomes, DHS and DEED should consider hosting quarterly forums that bring providers, case managers, and VR counselors together. These forums will serve as structured opportunities to share best practices, identify challenges, and explore solutions together. Regular engagement will promote stronger relationships, enhance service alignment, and promote continuous improvement across agencies. Below are the actions that DHS and DEED may consider as they develop and implement this recommendation:

- Establish clear goals for each quarterly session with providers, case managers, and VR counselors. Goals can include improving referral processes, clarifying roles across the Engage>Plan>Find>Keep framework, and addressing service gaps identified in recent business process mapping sessions.

- Establish recurring topics in each quarterly session with providers, case managers, and VR counselors, including, but not limited to:

  - Best practices in employment service delivery

  - Updates on policy or procedural changes

  - Case studies highlighting successful transitions

  - Open discussion on emerging issues and barriers

- Establish, maintain, and use an interested parties register to help ensure diverse representation from counties, providers, and agencies.

- Encourage joint facilitation by DHS and DEED staff, alongside provider and county representatives, to promote collaboration and long-lasting relationships.

- Collect input after each session to refine future agendas. Develop an action item log to track ownership, due dates, and progress on identified action items. Use feedback to inform policy updates and training needs.

- Share key takeaways, tools, and guidance materials with all interested parties after each session to reach a broader audience and promote adoption of effective practices.

- Use themes and recommendations from the forums to inform broader inter-agency alignment efforts and continuous improvement initiatives.

8.2.1.4 Short-Term Recommendation 4

Table 20 includes a dashboard with a detailed description of short-term recommendation 4.

Table 20: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Encourage early collaboration between case managers and VR counselors when supporting people as they navigate the Engage>Plan>Find>Keep framework to more effectively coordinate services and boost employment outcomes.
Categories Addressed	Dual Enrollment, Employment Outcomes, and Technical Assistance
Findings Addressed	O5, O6, O34, O36, O41, O42, O50, O51, O52
Goals and Outcomes Addressed	Aligning Policies, Enhancing Efficiency and Resource Allocation
Estimated Level of Impact	Low
Responsible Party	DHS and DEED

Recommendation Description

To help improve service coordination and employment outcomes for people navigating the Engage>Plan>Find>Keep framework, DHS and DEED should consider encouraging early and structured collaboration between Waiver case managers and VR counselors. Early engagement helps support people to receive timely, person-centered support and transitions between phases that are seamless and effective. This collaboration is especially critical, given the complexity of roles, evolving program rules, and the need for consistent communication across agencies and providers. Below are the actions that DHS and DEED may consider as they develop and implement this recommendation:

- Establish clear expectations for when and how case managers and VR counselors should engage during each phase of the Engage>Plan>Find>Keep framework. For example:

    o **Engage:** Jointly educate individuals and families about employment options and available services.

    o **Plan:** Coordinate planning meetings to align goals and prepare for VRS referrals.

    o **Find:** Share job development strategies and provider connections.

    o **Keep:** Collaborate on long-term job coaching and workplace supports.

- Create a centralized, easy-to-complete referral form with a complimentary timeline guide to help reduce delays and promote smooth transitions between phases. Include guidance on roles and responsibilities (e.g., service authorizations to reduce delays, staff coverage to help prevent disruptions during absences).

- Offer cross-agency training sessions to build mutual understanding of roles, responsibilities, and program requirements. Include training sessions on benefits counseling, trauma-informed care, and employment planning for people with complex needs.

- Promote materials that clarify available services, rule changes, and expectations for collaboration between case managers and VR counselors. These resources should be accessible to people, families, and providers to promote mutual understanding of expectations.

- Track metrics such as referral timeliness, service continuity, and employment retention. Use this data to identify areas for improvement and celebrate and share successful collaborations.

8.2.1.5 Short-Term Recommendation 5

Table 21 includes a dashboard with a detailed description of short-term recommendation 5.

Table 21: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Establish a balanced referral process for VRS cases that includes both complex cases (e.g., circumstances with multiple barriers to employment) and non-complex cases (e.g., circumstances with minimal barriers) to support providers' continuous operation costs.
Categories Addressed	Dual Enrollment and Employment Outcomes
Findings Addressed	O4, O40, O46
Goals and Outcomes Addressed	Expanding Dual Provider Availability, Enhancing Efficiency and Resource Allocation
Estimated Level of Impact	Medium
Responsible Party	DEED

Recommendation Description

To help promote equitable service delivery and financial sustainability, DEED should consider implementing a balanced referral process for VRS that includes both complex cases (e.g., circumstances that include multiple barriers to employment) and non-complex cases (e.g., circumstances that include minimal barriers). This approach will help providers maintain consistent operational costs and help ensure that people with varying needs receive timely and appropriate services. Additionally, guidance should be developed to support providers in achieving successful employment placements for circumstances that include multiple barriers to employment. Below are the actions that DEED may consider as they develop and implement this recommendation:

- Collaborate with providers and VR counselors to establish clear definitions for complex and non-complex cases. Use existing frameworks such as Engage>Plan>Find>Keep to guide and document definitions.

- Create a referral protocol that helps to ensure a balanced mix of case types across providers. This may include setting minimum thresholds or ratios to avoid over-concentration of high-barrier cases with limited reimbursement.

- Launch a pilot program with select providers to test the referral protocol. Collect feedback on the operational impact, service quality, and placement outcomes to refine the model before broader implementation.

- Raise awareness by updating a practical guide that includes:
  - Strategies for engaging people with multiple barriers (e.g., housing instability, mental health conditions, etc.)
  - Best practices for job development and coaching
  - Tools for tracking progress and adjusting support plans

- o Examples of successful placements and lessons learned

- Provide training and peer learning opportunities focused on navigating circumstances that include multiple barriers to employment. Include content on trauma-informed care, motivational interviewing, and benefits counseling.

- Establish consistent methods for providers to deliver feedback and collect data from providers and VRS to monitor referral patterns, placement success rates, and provider capacity. Use this data to continuously improve the referral process and technical assistance to providers.

8.2.1.6 Short-Term Recommendation 6

Table 22 includes a dashboard with a detailed description of short-term recommendation 6.

Table 22: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Collaborate with service providers to develop and update form guidance to align with Waiver and VRS requirements.
Categories Addressed	Dual Enrollment, Licensing and Certifications, Billing and Rates, Employment Outcomes, and Technical Assistance
Findings Addressed	O1, O2, O7, O15, O17, O19, O20, O33, O60
Goals and Outcomes Addressed	Aligning Policies, Improving Process and Procedural Efficiencies
Estimated Level of Impact	Low
Responsible Party	DHS and DEED

Recommendation Description

To help reduce administrative burden and improve provider clarity and compliance with Waiver and VRS form requirements, DHS and DEED should consider developing and distributing best practices for form usage and development (e.g., uniformed release of information) that meet DHS and VRS requirements. Below are the actions that DHS and DEED may consider as they develop and implement this recommendation:

- Establish a joint DHS and DEED workgroup that includes providers and other relevant interested parties to inform the development of a provider guidance toolkit and related forms.

- Develop/update a provider guidance toolkit that provides instructions for providers to use during the development of/updates to their forms. Include sample compliant forms, best practices, encourage resource/success story sharing, FAQs on form usage, clarification on what providers can and cannot include in their forms, and instructions for how to align provider forms with DHS and VRS without duplication.

- Consider incorporating training/technical assistance sessions during quarterly outreach with providers, as described in Short–Term Recommendation 2.

- Establish consistent methods for providers to deliver feedback or ask questions about the forms. Use provider feedback to update the provider guidance toolkit.

8.2.2 Long-Term Recommendations

This section includes recommendations for DHS and DEED to consider for long-term implementation.

8.2.2.1 Long-Term Recommendation 1

Table 23 includes a dashboard with a detailed description of long-term recommendation 1.

Table 23: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Define circumstances that qualify for an extended timeline (i.e., 120 days) to the Plan phase (e.g., transitioning out of sub-minimum wage work).
Categories Addressed	Employment Outcomes
Findings Addressed	O44, O48, O54
Goals and Outcomes Addressed	Aligning Policies, Enhancing Efficiency and Resource Allocation
Estimated Level of Impact	Medium
Responsible Party	DHS

Recommendation Description

To help enhance the quality and effectiveness of supports, DHS should consider introducing flexibility in service timelines, particularly within the Plan phase of the Engage>Plan>Find>Keep framework. Consider allowing beyond 120 days in the planning phase to enable providers to deliver more thoughtful, individualized services that align with each person's unique needs and circumstances. This flexibility supports better outcomes and helps providers manage caseloads and operational costs more sustainably. Below are the actions that DHS may consider as they develop and implement this recommendation:

- Identify and assess which situations qualify for the extended timeline and confirm alignment with Waiver and VRS regulations.

- Research other states with waiver categories that are based on support needs and corresponding timelines.

- Conduct focus groups or surveys with providers to gather input on ideal planning durations and the impact of timeline flexibility on service quality and outcomes.

- Determine if the timeline flexibility will apply to circumstances that include multiple barriers to employment or to all circumstances.

- Submit a formal request to federal partners to approve flexibility in service timelines during the Plan phase.

- Once the formal request is approved, establish clear guidelines for how the timeline flexibility will be applied (e.g., identifying people who would benefit from extended planning periods, such as those with multiple barriers to employment, co-occurring conditions, or limited prior work experience).

- Create and/or update a toolkit that includes:
  - Best practices for employment planning under circumstances that include multiple barriers to employment
  - Sample employment planning templates and timelines
  - Strategies for maintaining engagement and momentum during extended employment planning periods

- Identify and track metrics, such as placement rates, participant satisfaction, and provider capacity. Use this data to implement any relevant updates and support continuous improvement.

8.2.2.2 Long-Term Recommendation 2

Table 24 includes a dashboard with a detailed description of long-term recommendation 2.

Table 24: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Develop/update guidance for providers that includes clear and actionable steps regarding the process to accurately bill for Waiver and VRS services.
Categories Addressed	Billing and Rates, Employment Outcomes, and Technical Assistance
Findings Addressed	O20, O21, O22, O23, O24, O25, O27, O28, O29, O30, O31, O33, O42, O54, O59
Goals and Outcomes Addressed	Improving Process and Procedural Efficiencies, Enhancing Efficiency and Resource Allocation
Estimated Level of Impact	Medium
Responsible Party	DHS and DEED

Recommendation Description

To help support more streamlined efficient billing processes, DHS and DEED should consider developing or promoting awareness of guidance documents for Waiver and VRS providers that are easily accessible through a centralized online platform. DHS and DEED should regularly update the guidance to help ensure it is accurate and relevant. This guidance should address common billing challenges (e.g., delays in payments, duplication in billing documentation with different formats, and timeline for dual providers), clarify documentation expectations (e.g., VRS billing documentation requirements), and reduce administrative burden—particularly for dual providers navigating both systems. Below are the actions that DHS and DEED could consider as they develop and implement this recommendation:

- Update, develop and/or promote a billing guide that includes:

    o Step-by-step instructions for submitting claims

    o Sample documentation and time-tracking formats

    o Updated guide for navigating the billing portals

    o Clarification of rate structures and service codes

    o Extensive FAQ document addressing common errors, interpreting billing codes, and understanding billing denials

    o Crosswalk of Waiver and VRS billing codes to reduce duplication and confusion

- Include real-world challenges and solutions in the guide.

- Launch and/or enhance a centralized online platform for providers to access joint guidance, training materials, and technical support.

- Provide ongoing training sessions and technical assistance for providers to ask questions and receive support. Update joint guidance according to the questions and support that providers seek most commonly.

8.2.2.3 Long-Term Recommendation 3

Table 25 includes a dashboard with a detailed description of long-term recommendation 3.

Table 25: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Offer multiple accreditation options beyond CARF to reduce financial and administrative barriers for providers.
Categories Addressed	Dual Enrollment and Licensing and Certifications
Findings Addressed	O8, O9, O10, O14, O18
Goals and Outcomes Addressed	Aligning Policies, Expanding Dual Provider Availability
Estimated Level of Impact	Medium
Responsible Party	DEED

Recommendation Description

To help reduce financial and administrative burdens for providers, DEED should consider offering multiple accreditation pathways beyond CARF. This approach would promote greater flexibility, inclusivity, and sustainability for providers navigating complex service requirements. Below are the actions that DEED could consider as they develop and implement this recommendation:

- Evaluate alternative accreditation bodies recognized in other states and identify multiple accreditation options that could be used at DEED. During the evaluation, it is important to consider cost, administrative requirements, and alignment with service standards.

  - Consider the following options as described by Ohio OOD:

    - CARF

    - The Joint Commission

    - The Association for Education and Rehabilitation of the Blind and Visually Impaired, institutions of higher education or organizations (schools or agencies) serving people who are bling or with low vision

    - The National Blindness Certification Board

    - The Academy for Certification of Vision Rehabilitation and Education Professionals

    - Providers certified by DODD with at least one year of experience in providing career planning and employment support services

- Consider an accreditation option that meets the requirements for both DHS and DEED competencies.

- Consult with federal partners to help ensure that alternative accreditations identified meet their criteria and to determine if any accreditations can replace DHS licensing processes to identify additional opportunities to streamline the enrollment process.

- Facilitate discussions with providers, advocacy groups, and accreditation experts to identify preferred alternatives and understand operational impacts.

- Define clear standards and benchmarks to help ensure quality and consistency across approved accreditation options.

- Update relevant policies/guidance to reflect expanded accreditation options and provide technical assistance to providers during the transition.

8.2.2.4 Long-Term Recommendation 4

Table 26 includes a dashboard with a detailed description of long-term recommendation 4.

Table 26: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Collaborate with the commissioner and licensing division to recategorize 245D licensing for employment services to help reduce administrative burden related to licensing and renewal processes (e.g., redundant documentation and training requirements).
Categories Addressed	Licensing and Certifications
Findings Addressed	O11, O12
Goals and Outcomes Addressed	Aligning Policies, Improving Process and Procedural Efficiencies
Estimated Level of Impact	High
Responsible Party	DHS

Recommendation Description

To help reduce administrative burden and improve provider retention, DHS should consider working closely with the commissioner and licensing division to identify achievable and sustainable strategies for recategorizing the 245D licensing for employment service providers. This effort should work toward eliminating unnecessary or duplicate documentation and align requirements with VRS standards. While the current 245D licensing process is designed to help ensure quality of care, employment services are currently categorized as intensive services. The current categorization requires providers only delivering employment services to be held to the same standard as those delivering other intensive services (e.g., residential services). Efforts to recategorize the 245D licensing for providers that only deliver employment services will help reduce the administrative burden related to licensing and renewal processes. A more efficient and transparent process will encourage dual enrollment, reduce delays, and promote service continuity. Below are the actions that DHS may consider as they develop and implement this recommendation:

- Collaborate with the commissioner and licensing division to help recategorize 245D licensing and renewal-related processes. Tailor processes for providers who only deliver employment-related services to focus on applicable information to help reduce administrative burdens for all.

- Confirm the process is intuitive and aligned with provider workflows to help reduce confusion and submission errors.

- In collaboration with legal and policy team, develop and submit a legislative proposal outlining the gap in current law (i.e., employment services categorized as an intensive service), proposed statutory changes, and anticipated outcomes of the change.

- Streamline the intake process to focus solely on employment services by removing or modifying sections (e.g., medical history) from the intake process and forms that pertain to intensive services.

- Create a compliance guide—based on the updates made to the licensing and renewal process—with step-by-step instructions, sample documentation, defined timelines, and a thorough FAQ document. Include guidance on statutory requirements, policy development, staff training, and site visit preparation.

- Designate points of contact within the licensing division to assist providers with questions and troubleshooting. The points of contact can be assigned to providers by region and should be available to interact with providers via diverse methods (e.g., email, phone, chat, etc.). Rotate region assignments for points of contact on an annual basis to support objectivity with the providers.

- Update the DHS Licensing website to make licensing materials (e.g., application, checklists, policies, etc.), guidance documents, and contact information easier to find. Include visual aids and interactive tools where possible.

- Engage providers in reviewing proposed changes to the 245D licensing and renewal processes and pilot streamlined processes with a select group. Use feedback to refine materials and help ensure changes are practical and effective.

- Align updates to the licensing and renewal processes with the efforts related to Long–Term Recommendation 5 and 6.

8.2.2.5 Long-Term Recommendation 5

Table 27 includes a dashboard with a detailed description of long-term recommendation 5.

Table 27: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Collaborate with the commissioner and licensing division to help determine achievable and sustainable methods for customizing the licensing audit process.
Categories Addressed	Licensing and Certifications
Findings Addressed	O19
Goals and Outcomes Addressed	Improving Process and Procedural Efficiencies, Enhancing Efficiency and Resource Allocation
Estimated Level of Impact	High
Responsible Party	DHS

Recommendation Description

To help reduce administrative burdens and improve efficiency for providers, DHS should consider working closely with the commissioner and licensing division to identify achievable and sustainable strategies for customizing the licensing audit process. This effort should focus on aligning licensing audit requirements with employment services (i.e., eliminating topics that are not appliable, such as medical history), eliminating redundant documentation, and improving communication and transparency throughout the licensing audit process. Customizing the process will help providers maintain compliance while focusing on service delivery and operational sustainability. Below are the actions that DHS may consider as they develop and implement this recommendation:

- Collaborate with the commissioner and licensing division to help update the licensing audit process. Focus on employment-related services and tailor the process to focus on applicable information to reduce administrative burdens for all.

- Focus audits on relevant service areas (e.g., employment services), and eliminate reviews of unrelated domains (e.g., group homes, clinical services) for employment-only providers.

- In collaboration with legal and policy team, develop and submit a legislative proposal outlining the gap in current law (i.e., employment services audits conducted as an intensive service), proposed statutory changes, and anticipated outcomes of the change.

- Create a compliance guide that includes:
  - Step-by-step instructions for preparing providers for licensing audits
  - Defined timelines and expectations
  - Sample documentation and FAQs to reduce confusion and rejected submissions

- Launch/enhance a centralized online platform for providers to access compliance guide, training materials, and technical support.

- Help develop the process so that it is intuitive and aligned with provider workflows to reduce confusion and submission errors.

- Identify a licensing liaison for each region who can respond to provider questions, offer technical assistance, and help support consistent communication throughout the audit process.

- Share contact information for each of the licensing division liaisons to help increase access to this resource among providers.

- Publish audit timelines and status updates on the DHS website. Confirm that providers can easily access relevant resources and track the results of the audit progress through a centralized tracking system (e.g., Excel, SharePoint, dashboard, etc.). Include estimated review periods, response deadlines, and links to guidance materials to support transparency and timely compliance.

- Use a centralized tracking system (e.g., Excel, SharePoint, dashboard, etc.) to collect data on licensing audit completion times (e.g., date audit initiated, date provider received audit notice, date audit completed, etc.). Use this information to continuously improve the licensing audit process and support provider sustainability.

- Use a post-audit survey to collect data on provider satisfaction (e.g., clarity of audit instructions, ease of documentation submission, helpfulness of DHS staff, etc.). Use this information to continuously improve the licensing audit process and support provider satisfaction.

- Extract data from audit reports (e.g., number of audits completed, number of audit findings, types of findings, number of corrective actions, and time to resolve corrective actions) to monitor compliance outcomes. Use this information to continuously improve the licensing audit process.

- Align updates to the licensing audit process with the efforts related to Long–Term Recommendation 4 and 6.

8.2.2.6 Long-Term Recommendation 6

Table 28 includes a dashboard with a detailed description of the long-term recommendation 6.

Table 28: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Collaborate with the commissioner and licensing division for each agency to help determine achievable and sustainable methods for customizing Waiver and VRS forms for employment service providers.
Categories Addressed	Dual Enrollment, Licensing and Certifications, Billing and Rates, Employment Outcomes, and Technical Assistance
Findings Addressed	O1, O2, O7, O15, O17, O19, O20, O33, O60
Goals and Outcomes Addressed	Aligning Policies, Improving Process and Procedural Efficiencies
Estimated Level of Impact	High
Responsible Party	DHS and DEED

Recommendation Description

To help reduce administrative burden and improve operational efficiency for employment service providers, DHS and DEED should consider working in partnership with the commissioner and licensing division for each agency to identify achievable and sustainable strategies for customizing specific requirements for provider developed forms across Waiver and VRS (e.g., Abuse Prevention Plans, Advanced Directives, Medical History Forms, Billing Templates, Pre-Authorization Forms, etc.). This effort should focus on aligning documentation requirements with employment-specific service delivery, eliminating redundancies, and clarifying expectations for dual providers. Below are the actions that DHS and DEED may consider as they develop and implement this recommendation.

- Update Waiver and VRS form requirements (e.g., Abuse Prevention Plans, Advanced Directives, Medical History Forms, Billing Templates, Pre-Authorization Forms, etc.) to address overlapping fields, duplicative requirements, and non-applicable content, as highlighted in provider feedback:

    o Remove repeated demographic and employment history fields in required provider forms

- Collaborate with the commissioner to help update Waiver and VRS form requirements to reflect employment service priorities. Focus all Waiver and VRS form requirements on employment-related services and tailor forms to focus on applicable information to reduce administrative burdens for all. Align Waiver and VRS form requirements with the efforts related to Long–Term Recommendations 4 and 5.

- Submit a formal request to federal partners to approve updates to Waiver and VRS form requirements.

- In collaboration with legal and policy team, develop and submit a legislative proposal outlining the gap in current law (i.e., employment services form requirements focus on intensive services), proposed statutory changes (i.e., removing non-applicable content), and anticipated outcomes of the change (e.g., reduced administrative burden).

- Create standardized Waiver and VRS form requirements that can be applied across both programs. Confirm that Waiver and VRS form requirements reflect employment-focused priorities to help reduce unnecessary forms for providers who only deliver employment-related services.

- Develop/update a provider-facing guide that outlines which forms are required for each service type, when the forms should be used, and how the forms align with licensing and funding requirements. Include examples and FAQs to support clarity and compliance.

- Test the revised Waiver and VRS form requirements with a select group of dual providers to evaluate usability, time savings, and impact on service delivery. Use feedback to update/refine Waiver and VRS form requirements before full implementation.

- Establish a process for ongoing provider feedback and an annual review of the Waiver and VRS form requirements. Use this information to continuously improve Waiver and VRS form requirements for employment service providers.

8.2.2.7 Long-Term Recommendation 7

Table 29 includes a dashboard with a detailed description of long-term recommendation 7.

Table 29: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Consider adopting a data sharing agreement between DHS and DEED to enhance the exchange of data across agencies to reduce duplication of data entry for providers and improve coordination and continuity of services for people.
Categories Addressed	Dual Enrollment and Licensing and Certifications
Findings Addressed	O8, O9, O10, O14, O18
Goals and Outcomes Addressed	Improving Process and Procedural Efficiencies, Enhancing Efficiency and Resource Allocation
Estimated Level of Impact	High
Responsible Party	DHS and DEED

Recommendation Description

To help enhance inter-agency coordination and reduce administrative burdens for employment service providers, DHS and DEED should consider formalizing a data sharing agreement that enables secure and efficient exchange of relevant service data. This agreement will help reduce duplicative data entry, improve continuity of services for individuals navigating both Waiver and VRS, and support more informed decision-making across agencies. Below are the actions that DHS and DEED may consider as they develop and implement this recommendation.

- Review existing data sharing agreements from peer states, such as Pennsylvania, to determine what type of data needs to be exchanged; what limitations or exclusions are needed, if any; how data will be transferred; if an updated release of information is required; performance metrics (e.g., is the data sharing agreement helping to improve service continuity); and who will monitor compliance.

- Identify the specific data elements to be shared (e.g., service authorizations, provider enrollment status, billing records) and clarify the intended use cases. Confirm alignment with state and federal privacy laws and regulations for both VRS and Waiver services.

- Collaborate with legal counsel and data governance experts from DHS and DEED to draft and approve the agreement and address confidentiality, data security, and compliance with HIPAA and other applicable laws.

- Develop or enhance secure data exchange platforms that support near real-time or scheduled data transfers. Consider leveraging existing systems or integrating with provider portals to streamline workflows.

- Test the data sharing framework with a small group of dual providers to evaluate its effectiveness in reducing duplication and improving service coordination. Gather feedback to refine the approach before broader rollout.

- Create clear communication for providers outlining how the data sharing agreement affects their operations, what data will be shared, and how it will improve service delivery. Include FAQs and contact points for support.

- Track metrics such as reduction in duplicate data entry, improved service continuity, and provider satisfaction. Use metrics to inform continuous improvement and to help ensure the agreement remains responsive to evolving needs.

8.2.2.8 Long-Term Recommendation 8

Table 30 includes a dashboard with a detailed description of long-term recommendation 8.

Table 30: Recommendations Dashboard

Dashboard Element	Dashboard Details
Recommendation	Consider adopting alternative reimbursement methodology to encourage dual enrollment (e.g., different milestones per category, flat service rates, flexible resource allocation, case reclassification, and rate adjustments based on job seeker support needs).
Categories Addressed	Billing and Rates and Technical Assistance
Findings Addressed	O21, O22, O23, O24, O25, O26, O28, O29, O30, O31, O32, O49
Goals and Outcomes Addressed	Aligning Policies, Expanding Dual Provider Availability
Estimated Level of Impact	High
Responsible Party	DHS and DEED

Recommendation Description

To help support financial sustainability and encourage dual enrollment among employment service providers, DHS and DEED should consider establishing an alternative reimbursement methodology. Current rate structures may not adequately reflect the complexity of services or the operational realities faced by providers serving both Waiver and VRS. Alternative approaches (e.g., flat service rates, neutral budgeting, case reclassification, and adjustments based on job seeker support needs) can help align reimbursement with service delivery costs and encourage provider enrollment. Below are actions that DHS and DEED may consider as they develop and implement this recommendation.

- Review existing Waiver and VRS rate methodologies to identify misalignments and gaps in reimbursement, particularly for dual providers. Use findings from discovery sessions to inform this analysis. Reference peer-state methodologies where applicable.

- Evaluate the feasibility of implementing:

    o Flat service rates for milestones per categories

    o Flexibility in resource allocation

    o Case reclassification (e.g., complex vs. non-complex; see recommendation STR5) to better reflect service intensity

    o Milestone adjustments based on job seeker support needs

- Confirm that any potential methodologies would be allowable under federal and state regulations, including Medicaid reimbursement standards and Employment First principles. Determine if any state regulations could be adjusted.

- Facilitate working sessions with approximately 10 – 15 participants to identify a reimbursement methodology that is both achievable and sustainable. The working session participants should be comprised of providers, fiscal experts, and policy staff. Include representatives from both Waiver and VRS programs to help ensure cross-agency alignment.

- Test alternative reimbursement methodologies with a select group of dual providers. Monitor the financial impact, service quality, and provider satisfaction of the alternative reimbursement model to refine the approach before full implementation. Confirm that any proposed changes to the reimbursement methodology comply with federal and state regulations, including Medicaid reimbursement standards and Employment First principles. Submit proposed changes for approval when necessary.

- Create provider-facing resources that explain the alternative reimbursement methodology, billing procedures, and documentation requirements. Include examples and FAQs to support understanding and compliance.

- Track metrics such as provider enrollment rates, reimbursement adequacy, and employment outcomes. Use data to continuously improve the alternative reimbursement methodology.

- Establish consistent methods for providers to deliver feedback and collect data from providers to gauge satisfaction and motivation to become/remain dual enrolled. Use this data to continuously improve the alternative reimbursement methodology.

9.0 Risks and Mitigation Strategies

As DHS and DEED work toward implementing the recommendations outlined in Section 8 they must consider the risks and mitigation strategies as outlines in Table 31. By anticipating these risks, DHS and DEED can appropriately plan which mitigation strategies will be most effective to start with, allocate resources more effectively, and support a smoother path to successful implementation.

Table 31: Risks and Mitigation Strategies

Risk	Description	Mitigation Strategies
Staff Availability	Adequate staffing, budget, and technological resources are essential for meaningful change. If there is limited staff availability, there is a risk that the estimated timelines might be delayed, which would impact DHS and DEED's ability to address provider challenges in a timely manner.	To mitigate the risk of delays due to limited staffing, budget, or technology, DHS and DEED should proactively assess resource and staffing capacity, prioritize critical activities, and explore technology solutions. Regular monitoring and adaptive planning will help ensure timely progress on the implementation of recommendations.
Change Management and Interested Party Engagement	When introducing new processes or altering existing ones, it is common to have resistance from key interested and stakeholders parties who are using these processes. If there are not effective communication, training, and engagement strategies, there is a risk that the staff, providers, and other key interested parties will not adopt the updated processes in a timely manner, which would impact DHS and DEED's efforts to reduce administrative burdens and encourage dual provider enrollment.	To mitigate resistance to new or updated processes, DHS and DEED should implement a proactive communication and engagement strategy that includes early involvement of key interested parties, clear messaging about the benefits of proposed changes, and tailored training. Regular feedback and technical assistance will help build trust and encourage timely adoption of proposed changes.
Data Integration and System Compatibility	When working to improve service coordination, it is important for DHS and DEED to determine which data are critical to share across systems, establish a data sharing agreement, and integrate the systems to share data more easily, where possible. If a data sharing agreement cannot be implemented and systems are not able to be integrated, there is a risk that the appropriate data will	To mitigate this risk, DHS and DEED should initiate early engagement with data systems and legal teams to identify critical data elements and draft a data sharing agreement. The data sharing agreement should explore secure data exchange protocols to support provider coordination while system integration efforts progress.

Risk	Description	Mitigation Strategies
	not be able to be easily shared across programs to support provider activities and improve service coordination.	
Policy and Regulatory Constraints	To implement some of the recommendations, DHS and DEED will need to work with the legislature, Centers for Medicare & Medicaid Services (CMS) and/or Rehabilitation Services Administration (RSA) to receive approval. If the legislature, CMS or RSA take longer to review and approve or deny the request for the changes, there is a risk that the implementation of the applicable recommendations could be delayed due to required collaboration and revisions.	To mitigate this risk, DHS and DEED should proactively engage with the legislature, CMS and RSA early in the process to build awareness and support for the proposed changes. DHS and DEED should also explore interim solutions that can proceed while awaiting formal approvals.
Licensing Constraints	To implement some of the recommendations, DHS and DEED will need to collaborate with the commissioner, licensing division, and legislature. If these interested parties disagree with the proposed strategies, implementation efforts may be delayed due to the need for additional coordination and revisions.	To mitigate this risk, DHS and DEED should proactively engage with the commissioner, licensing division, and legislature early in the implementation process to build awareness and support for the proposed changes. DHS and DEED should also explore interim solutions that can proceed while additional coordination and revisions are underway.

10.0 Next Steps

As DHS and DEED look toward the future, DHS and DEED face important decisions regarding the findings, recommendations, and other relevant information presented in this report.

Next steps include:

- DHS and DEED will review and prioritize the recommendations.

- DHS and DEED will assess these recommendations and determine which are most critical to implement first based on their impact and effort required to implement.

- BerryDunn will utilize the approved recommendations identified in this report to develop the Implementation and Continuous Improvement Plan.

Appendix A: Acronyms and Terms

Table 32 includes the list of acronyms and terms used throughout the report.

Table 32: Glossary of Acronyms and Terms

Acronym/Term	Definition
ACVREP	Academy for Certification of Vision Rehabilitation and Education Professionals
CARF	Commission on Accreditation of Rehabilitation Facilities
CIE	Competitive Integrated Employment
CSIS	Community Services Information System
DEED	Department of Employment and Economic Development
DHS	Department of Human Services
DODD	Department of Developmental Disabilities (Ohio)
E1MN	An initiative involving all three state agencies – DHS, DEED, and MDE
FAQ	Frequently Asked Questions
HCBS	Home and Community-Based Services
HIPAA	Health Insurance Portability and Accountability Act
IDA	Individual Development Account
IEP	Individualized Education Plan
IPE	Individualized Plan for Employment
IPS	Individual Placement and Support
JC	Joint Commission
LOE	Level of Effort
LTR	Long-Term Recommendation
LUV	Limited Use Vendor
MDE	Minnesota Department of Education
MHCP	Minnesota Health Care Programs
MN	Minnesota
MOUs	Memorandums of Understanding
MPSE	Minnesota Provider and Services Enrollment
NBPCB	National Blindness Professional Certification Board
ODP	Office of Developmental Programs (Pennsylvania)
OOD	Opportunities for Ohioans with Disabilities
OVR	Office of Vocational Rehabilitation (Pennsylvania)
PBA	Performance-Based Agreement

Acronym/Term	Definition
RSA	Rehabilitation Services Administration
SELN	State Employment Leadership Network
SSB	State Services for the Blind
SSI/SSDI	Supplemental Security Income / Social Security Disability Income
STR	Short-Term Recommendation
VR	Vocational Rehabilitation
VRS	Vocational Rehabilitation Services
WIOA	Workforce Innovation and Opportunity Act

Appendix B: Additional Considerations

Table 33 below provides a summary of recommendations that are considered out of scope.

Table 33: Out of Scope Recommendations

ID	Category	Recommendation Description	Findings Addressed
R1	Dual Enrollment	Consider accepting new Waiver providers by clearing the enrollment waitlist and addressing backlog of provider applications to expand the provider pool.	Providers shared that enrollment waitlists dating back to September 2022 have limited the number of dual enrolled providers.
R2	Employment Outcomes	Consider implementing performance-based financial incentives or penalties to strengthen workforce stability and improve service continuity for people receiving Waiver Program services in counties that subcontract case management services or have high staff turnover.	Providers, case managers, and VR counselors reported that high turnover in Waiver case managers results in process delays and service gaps.

Appendix C: As-Is Business Process Steps Tables

Table 34 below provides a summary of the steps in the as-is process for Plan to Find.

Table 34: As-Is Process for Plan to Find

Process Element	Plan to Find Process Detail

Description of the Process	The as-is process for the Plan to Find phase helps people who are eligible[10] for services plan for CIE, specifically for those who:
	
	• Are unsure about what CIE involves or about their own career interests.
	
	• Have barriers to or conditions for employment
	
	• Have little or no experience in competitive employment
	
	People in the Find phase have work goals and want to start looking for a job.
	
	Plan:
	
	• The person, family, guardian, or school district representative expresses interest in exploring employment with the Waiver case manager.
	
	• The Waiver case manager documents the need for employment services in the person's support plan.
	
	    o The Waiver case manager consults with the person and their support team—including family, guardians, MnCHOICES assessor, providers, and the VR counselor—to discuss employment goals. They help ensure the person can make informed decisions by reviewing benefits, prior work experiences, and related factors, and document in the support plan. The Waiver case manager emails a copy of the support plan to the team and sends a hard copy to the person and their guardian.
	
	    o The Waiver case manager provides positive messaging and clear information about the impact and benefits of employment, offers positive encouragement, and helps to ensure access to benefits planning, typically through a contracted employment service provider.
	
	    o The Waiver case manager helps determine the level of interest in employment, which phase of employment the person is in, and what services and supports are needed to help the person move forward with their goals.
	
	• Decision: Is the person a student (enrolled in high school or transition program) and on a waiver interested in exploring employment?
	
	    o If yes, the person, family, guardian, or school district representative expresses interest in exploring employment with the school

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[10] Eligibility determination occurs in the Engage phase. For more information on the E1MN framework, please visit https://disabilityhubmn.org/media/sqsbrsac/e1mn-efpk-framework.pdf.

Process Element	Plan to Find Process Detail
	transition team and/or Waiver case manager. The school transition team and/or Waiver case manager sends a referral to the VR counselor. - Note: Referrals are typically submitted by the school transition team or Waiver case manager; parent or guardian referrals are less common but also accepted. - The VR counselor receives the referral form. - Decision: Is the person seeking employment a student enrolled in high school or transition programming? - If yes, the VR counselor collaborates with the school and Waiver case manager to support the person seeking employment and their team—including family, guardian, and relevant school representatives such as social workers, work coordinators, special education teachers, and case managers. Together, they review the student's Individualized Education Plan (IEP), previous employment experiences, interests, and employment goals to guide job exploration and planning. - The VR counselor provides the person seeking employment and their supporting team with basic benefit education, including potential work-related impacts to Medicaid Assistance and Social Security Income/Social Security Disability Income, as applicable. **Find** - The VR counselor helps the person choose an employment provider, if needed, and that provider then helps the person find a job. - The VR counselor provides regular check-ins, oversight, coordination, and support throughout this stage. Their role transitions from planning to implementation, focusing on monitoring progress and advocating for the person. - The employment service provider delivers direct services and support to help the person achieve their employment goals as outlined in their IPE. - Once the person secures employment in line with their goals and IPE, the VR counselor works closely with the employment service provider to help ensure appropriate support is in place. Throughout this process, the VR counselor, the person, their family, and the waiver case manager remain in close communication. - The provider offers job coaching—both on-site and remotely—to help the person achieve stability in their new employment. - Upon job placement, the VR counselor or employment service provider promptly shares employment details with the Waiver case manager to facilitate planning and funding for ongoing job supports.
Main Participants	- Waiver case manager - VR counselor - The person seeking employment - Guardian/Family

Process Element	Plan to Find Process Detail
	• Employment provider • School district representative
Event(s) that Start the Process	• The case manager/VR counselor receives a request for employment services from a person seeking employment or another individual (e.g., family, guardian, school district representative).
End Results	• The person seeking employment is able to make an informed choice regarding employment. • The person's barriers and concerns regarding employment are resolved. • The person is able to secure competitive, integrated employment with long-term supports if needed.
Potential Opportunities for Improvement	• Develop/update additional resources (e.g., a template explaining benefits clearly and in plain language) to help Waiver case managers and VR counselors discuss positive messaging and clear information about the impact and benefits of employment. • Build relationships with local vendors to increase success in the coordination of services for people seeking employment. • Increase staffing or resource allocation to help ensure Waiver case managers can provide timely, effective care without compromising quality. • Provide clarity on roles and responsibilities for explaining the transition from Find to Keep phases. • Provide parents with clear, plain language resources that outline available services and how they are delivered to increase their confidence about navigating the framework. • Provide clear, plain language resources that outline rule changes for providers.

Table 35 provides a summary of the steps in the as-is process for Find to Keep.

Table 35: As-Is Process for Find to Keep

Process Element	Find to Keep Process Detail

Description of the Process	The as-is process for the Find to Keep phase helps people maintain employment secured during the Find phase.
	
	Keep
	• Decision: Is the employment provider enrolled in the Waiver Program?
	    o If yes, the person must also decide if they wish to continue working with the same employment provider.
	        ▪ If yes, the Waiver case manager conducts an intake meeting with the person and team. The VR counselor is invited to attend the intake meeting but is not required to do so.
	    o If no, the case manager and the person must explore alternative provider options. In that case, a new vendor who is eligible for

Process Element	Find to Keep Process Detail
	waiver funding will be identified by the case manager and person to deliver long-term job coaching services. • The Waiver case manager authorizes the employment provider to deliver Waiver-funded long-term job supports. ○ Note: The case manager determines the appropriate amount of job coaching and the time spent supporting the person at the workplace. This decision is based on the person's specific needs and circumstances to help ensure effective support and job retention. • The employment provider delivers job coaching, coordinates necessary workplace accommodations, and proactively resolves issues that could interfere with the person's ability to maintain employment. • The employment provider monitors the person's progress toward job stability and regularly informs the VR counselor and waiver case manager about the person's job performance and any challenges encountered. • The VR counselor keeps the case open for 90 days after Waiver services have begun to allow for adjustments to the Employment Services Support Plan based on changing needs (e.g., changes in work hours, need for retraining or additional supports).
Main Participants	• Employment provider • VR counselor • Waiver case manager
Event(s) that Start the Process	• The Waiver case manager approves long-term waiver funds for employment supports after a person secures employment.
End Results	• The person is able to maintain their employment.
Potential Easy Fixes	• Improve collaboration between Waiver case managers and VR counselors to work closely throughout the different phases of the E1MN framework to improve employment outcomes and initiation of services. • Develop clear expectations and timelines for intake meetings with 245D providers to support timely identification and initiation of services. • Develop clear guidelines regarding job coaching levels to help resolve potential disagreements between providers and VR counselors and/or waiver case managers about authorized coaching hours. • Increase reimbursement rates for providers who support people with more complex service needs, ensuring compensation reflects the intensity of support required. • Align the process for approving Waiver-funded job coaching across all counties to reduce inconsistencies (e.g., some counties allow greater autonomy in approving coaching hours, while others apply more scrutiny) and improve provider collaboration. • Implement flexible timelines for complex cases (i.e., circumstances that include multiple barriers to employment) to give Waiver case managers additional time to tailor services to each person's unique needs.

Appendix D: Web Survey Results

DHS/DEED issued a web survey to interested parties identified, with BerryDunn supporting the development of the survey. A total of 445 interested parties provided responses to the web survey and the results are included below. To protect the anonymity promised to survey participants, certain information has been redacted. Please note that open-ended responses appear exactly as they were entered in the survey. A breakdown of survey respondent demographics is included in Table 36 below.

Table 36: Web Survey Respondents

Respondent	Number
Total Respondents	737
Non-provider Respondents	153
Provider Respondents	292
VR-only Providers	80
Waiver-only Providers	87
Dual Providers	125

Question 1. What is your primary role in the organization?

Answered: 445 **Skipped:** 0

Figure 2: Question 1 Results
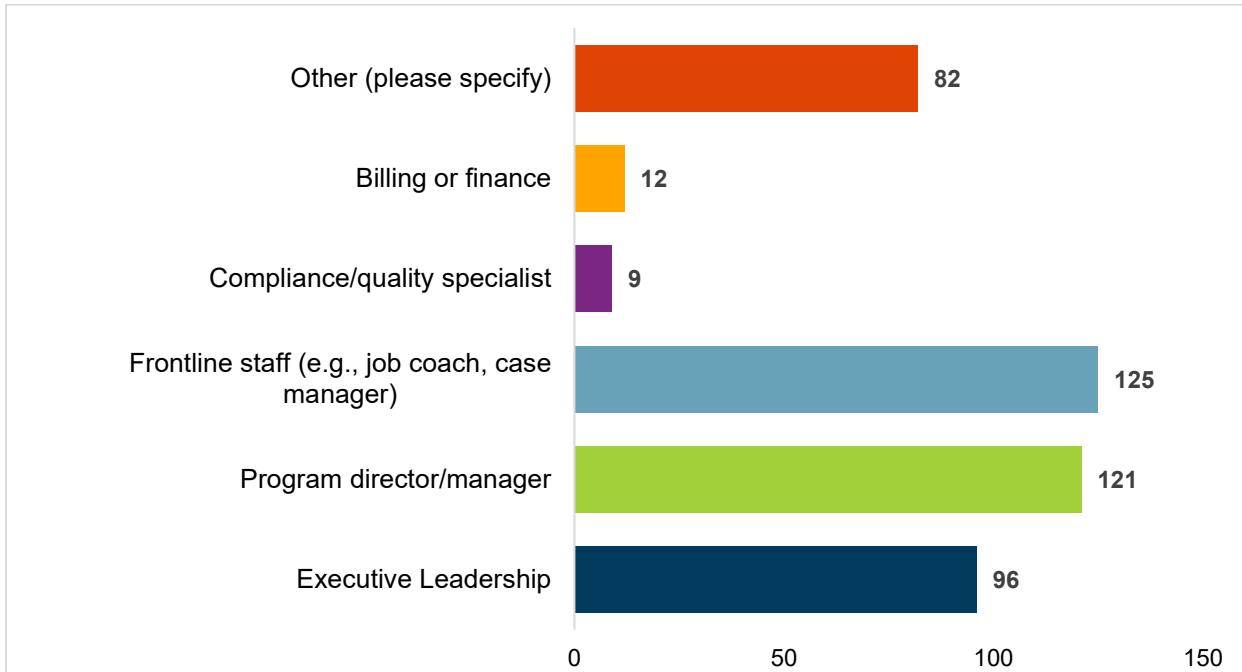
Table 37: Question 1 Results

Role	Percentage Response	Number of Responses
Executive Leadership	21.57%	96
Program director/manager	27.19%	121
Frontline staff (e.g., job coach, case manager)	28.09%	125
Compliance/quality specialist	2.02%	9
Billing or finance	2.70%	12
Other (please specify)	18.43%	82
Total	**100%**	**445**

Question 2. What geographic area(s) does your organization serve? (Select all that apply)

Answered: 445 **Skipped:** 0

Figure 3: Question 2 Results
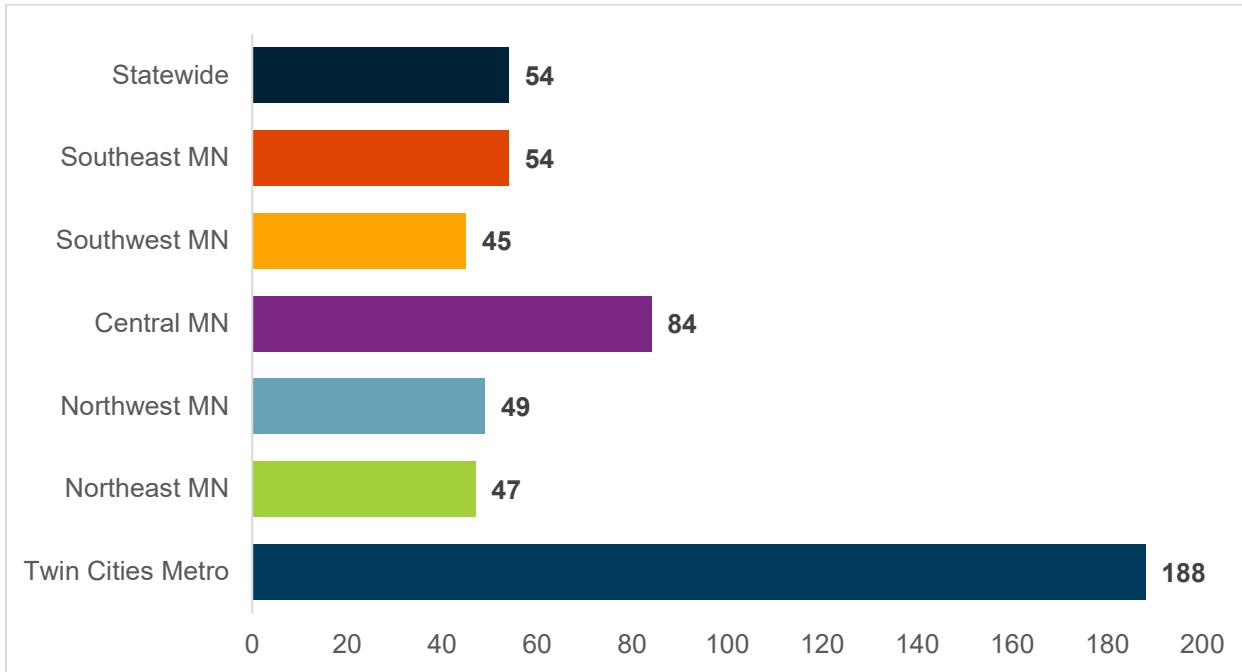
Table 38: Question 2 Results

Geographic Area Served	Percentage Response	Number of Responses
Twin Cities Metro	42.25%	188
Northeast MN	10.56%	47
Northwest MN	11.01%	49
Central MN	18.88%	84
Southwest MN	10.11%	45
Southeast MN	12.13%	54
Statewide	12.13%	54
Total	**117%**	**521**

Question 3. Approximately how many people does your organization serve annually in employment-related services?

Answered: 445 **Skipped:** 0

Figure 4: Question 3 Results
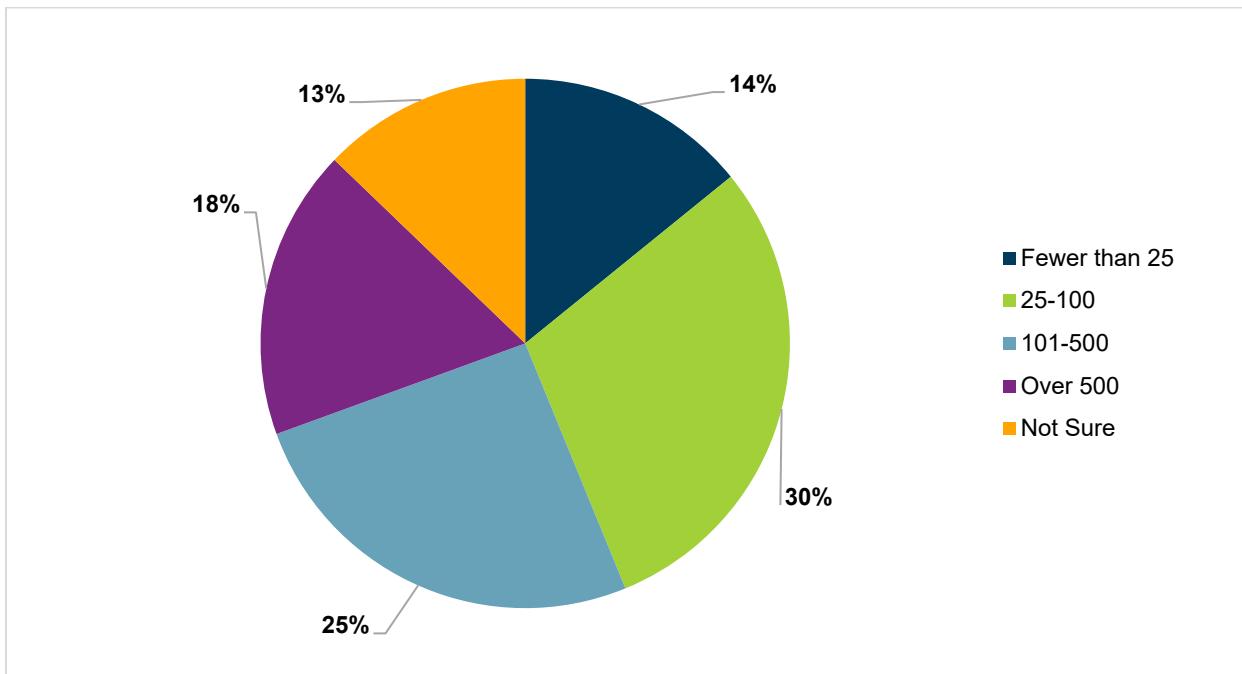
Table 39: Question 3 Results

Number of People of Served	Percentage Response	Number of Responses
Fewer than 25	14.16%	63
25-100	29.66%	132
101-500	25.62%	114
Over 500	17.75%	79
Not Sure	12.81%	57
Total	**100%**	**445**

Question 4. What type of organization do you represent?

Answered: 445 **Skipped**: 0

Figure 5: Question 4 Results
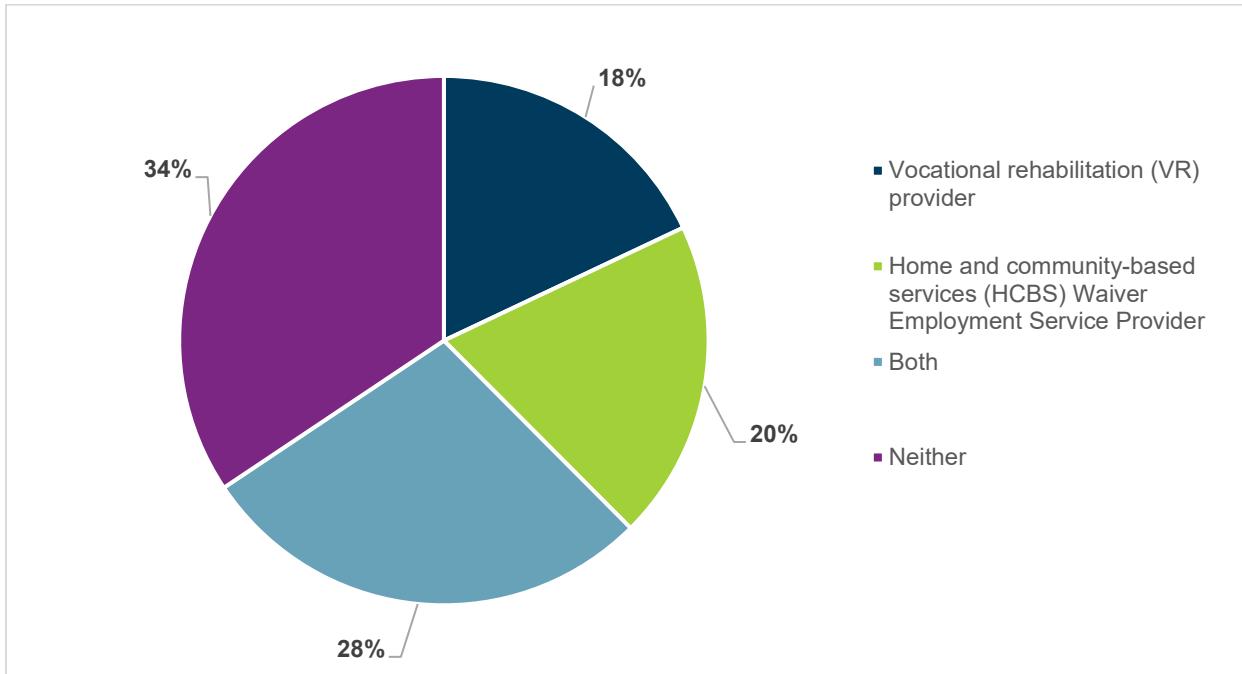
Table 40: Question 4 Results

Type of Organization Represented	Percentage Response	Number of Responses
Vocational rehabilitation (VR) provider	17.98%	80
Home and community-based services (HCBS) Waiver Employment Service Provider	19.55%	87
Both	28.09%	125
Neither	34.38%	153
Total	**100%**	**445**

Question 5. What motivated your organization to become a Waiver and Vocational Rehabilitation Services (VRS) (dual) provider? (open text)

Answered: 83 **Skipped:** 362

Question 6. How satisfied are you with the current policies and processes supporting dual providers?

Answered: 83 **Skipped:** 362

Figure 6: Question 6 Results
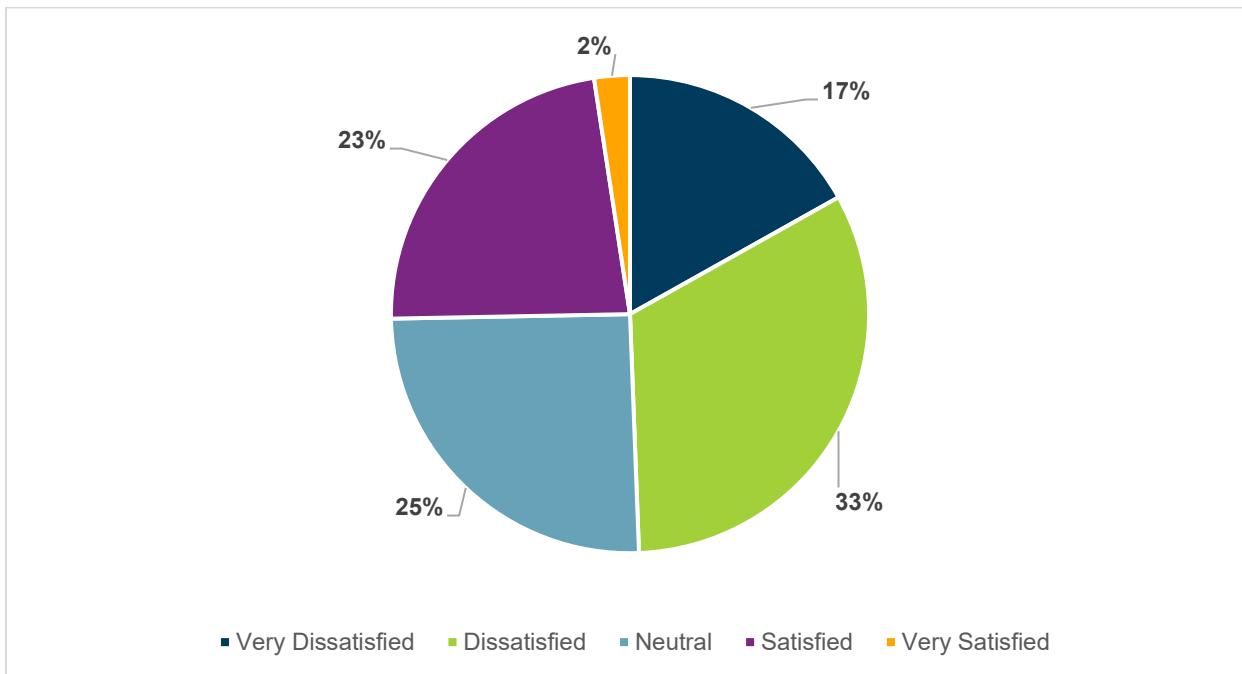
Table 41: Question 6 Results

Satisfaction Level	Percentage Response	Number of Responses
Very Dissatisfied	16.87%	14
Dissatisfied	32.53%	27
Neutral	25.30%	21
Satisfied	22.89%	19
Very Satisfied	2.41%	2
Total	**100%**	**83**

Question 7. What are the biggest benefits of being a dual provider? (Select all that apply)

Answered: 83 **Skipped:** 362

Figure 7: Question 7 Responses
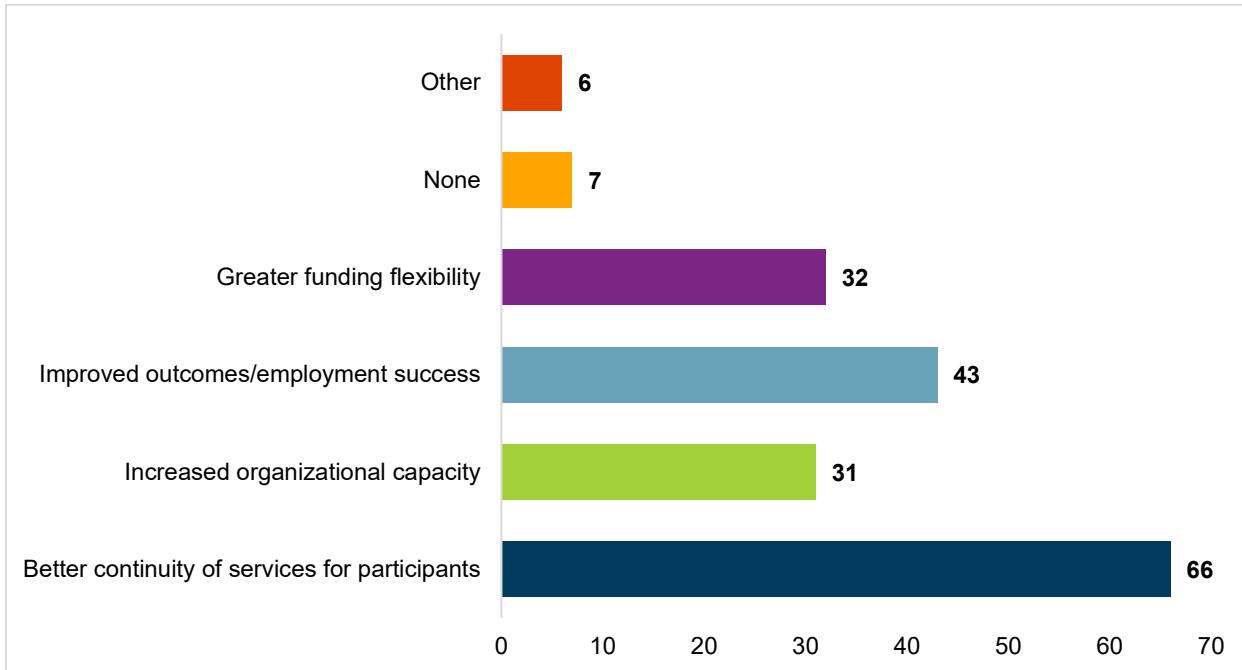
Table 42: Question 7 Responses

Benefits	Percentage Response	Number of Responses
Better continuity of services for participants	79.52%	66
Increased organizational capacity	37.35%	31
Improved outcomes/employment success	51.81%	43
Greater funding flexibility	38.55%	32
None	8.43%	7
Other	7.23%	6
Total	**223%**	**185**

Question 8. What challenges have you faced when managing both VRS and Waiver employment services? (Select all that apply)

**Answered:** 83 **Skipped:** 362

Figure 8: Question 8 Responses
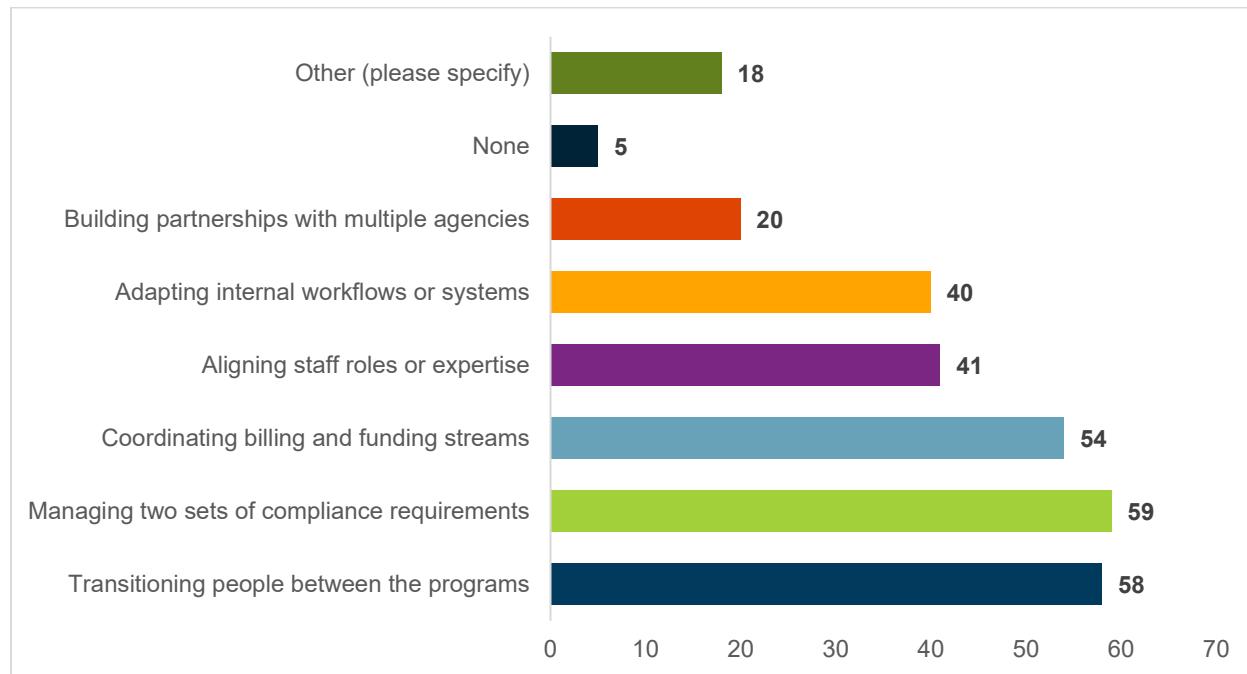
Table 43: Question 8 Responses

Challenges	Percentage Response	Number of Responses
Transitioning people between the programs	69.88%	58
Managing two sets of compliance requirements	71.08%	59
Coordinating billing and funding streams	65.06%	54
Aligning staff roles or expertise	49.40%	41
Adapting internal workflows or systems	48.19%	40
Building partnerships with multiple agencies	24.10%	20
None	6.02%	5
Other (please specify)	21.69%	18
Total	**355%**	**295**

Question 9. How has being a dual provider impacted your business operations (e.g., staffing, funding, training)? (open text)

Answered: 83 **Skipped:** 362

Question 10. Do you see any gaps in timely service coordination for participants transitioning between the two programs?

Answered: 83 **Skipped:** 362

Figure 9: Question 10 Responses
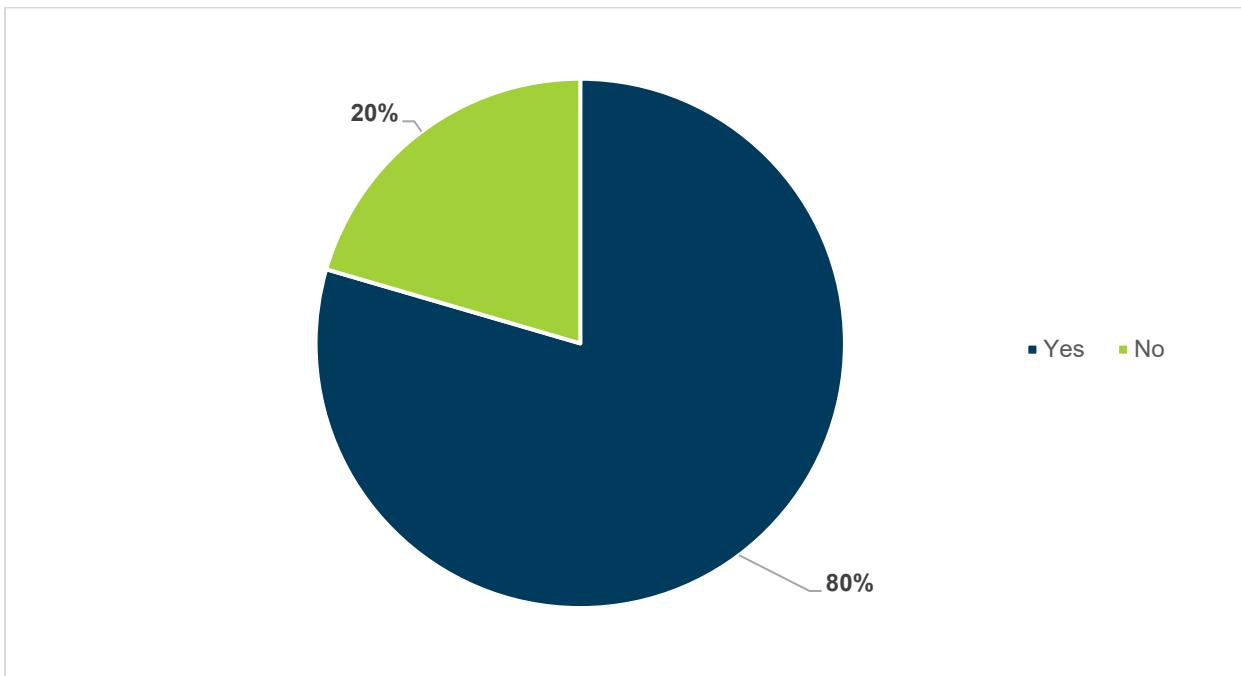
Table 44: Question 10 Responses

Response	Percentage Response	Number of Responses
Yes	79.52%	66
No	20.48%	17
Total	**100%**	**83**

Question 11. How does your organization support transitioning participants between the programs? (open text)

Answered: 83 **Skipped:** 362

Question 12. Have you encountered administrative or regulatory hurdles in maintaining dual provider status?

Answered: 83 **Skipped:** 362

Figure 10: Question 12 Responses
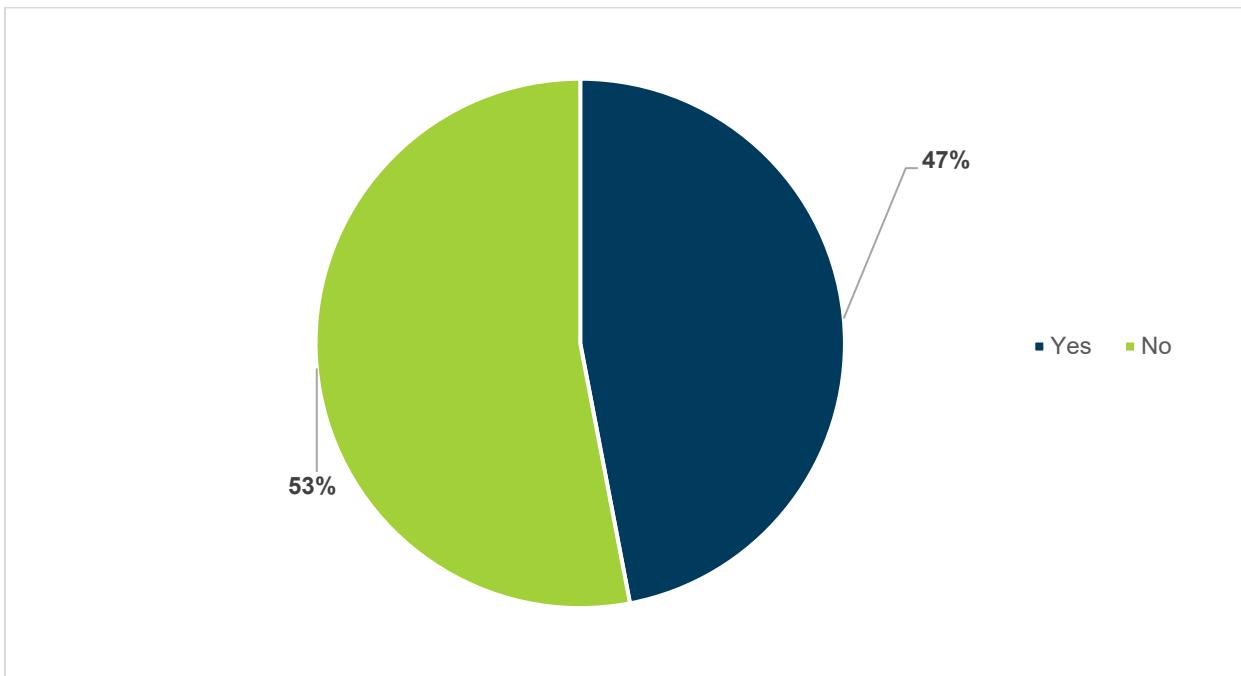
Table 45: Question 12 Responses

Response	Percentage Response	Number of Responses
Yes	46.99%	39
No	53.01%	44
Total	**100%**	**83**

Question 13. How well are the Vocational Rehabilitation and MN DHS Waiver employment service rates aligned to support your organization in successfully providing both services as a dual provider?

Answered: 83 **Skipped:** 362

Figure 11: Question 13 Responses
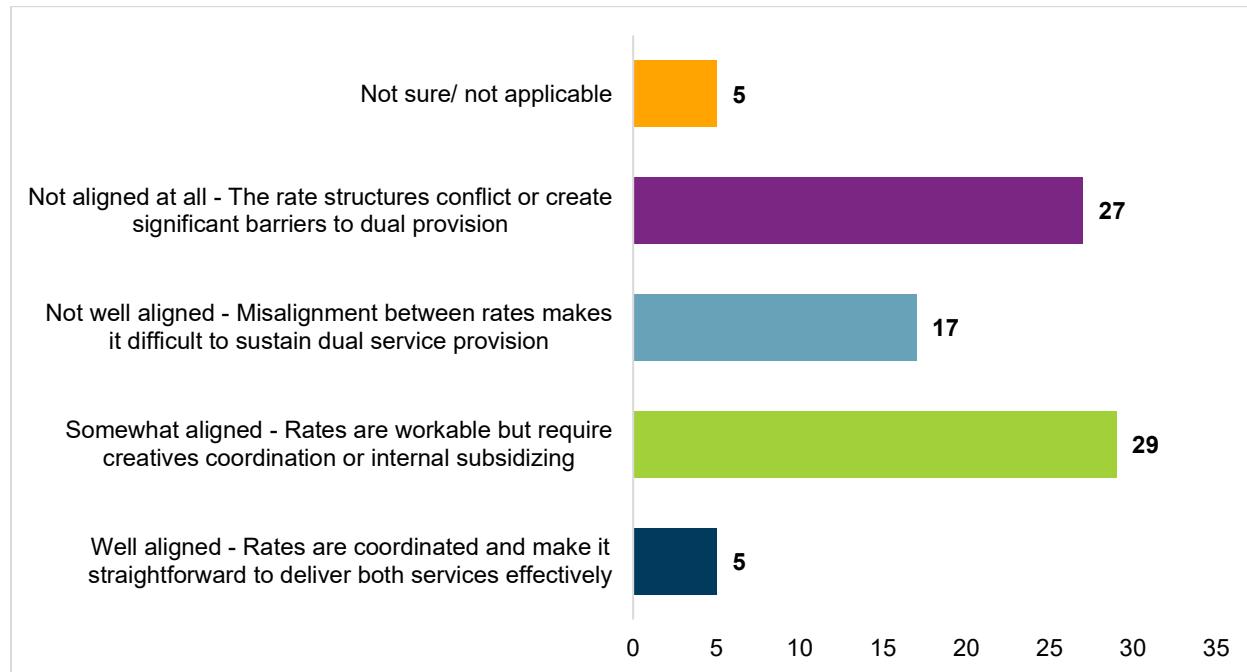
Table 46: Question 13 Responses

Alignment Level	Percentage Response	Number of Responses
Well aligned - Rates are coordinated and make it straightforward to deliver both services effectively	6.02%	5
Somewhat aligned - Rates are workable but require creatives coordination or internal subsidizing	34.94%	29
Not well aligned - Misalignment between rates makes it difficult to sustain dual service provision	20.48%	17
Not aligned at all - The rate structures conflict or create significant barriers to dual provision	32.53%	27
Not sure/ not applicable	6.02%	5
Total	**100%**	**83**

Question 14. What resources or support would make it easier for your organization to be a dual provider? (Select all that apply)

Answered: 83 **Skipped:** 362

Figure 12: Question 14 Responses
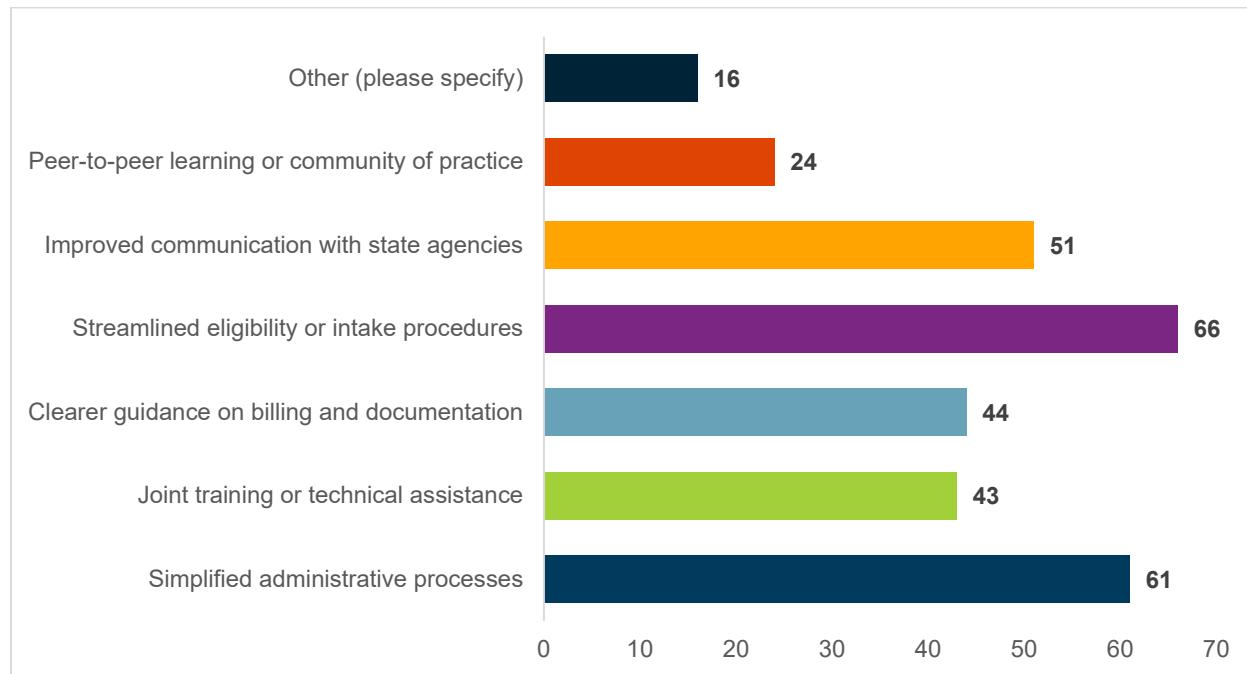
Table 47: Question 14 Responses

Resources or Support	Percentage Response	Number of Responses
Simplified administrative processes	73.49%	61
Joint training or technical assistance	51.81%	43
Clearer guidance on billing and documentation	53.01%	44
Streamlined eligibility or intake procedures	79.52%	66
Improved communication with state agencies	61.45%	51
Peer-to-peer learning or community of practice	28.92%	24
Other (please specify)	19.28%	16
Total	**367%**	**305**

Question 15. What recommendations would you make to improve the system for providers to offer both services and provide a more seamless experience for program participants? (open text)

Answered: 83 **Skipped:** 362

Question 16. How does your organization currently support people transitioning between Waiver and Vocational Rehabilitation Services (VRS), and vice versa? (open text)

Answered: 77 **Skipped:** 368

Question 17. Have you considered becoming a dual provider?

**Answered:** 170 **Skipped:** 275

Figure 13: Question 17 Responses
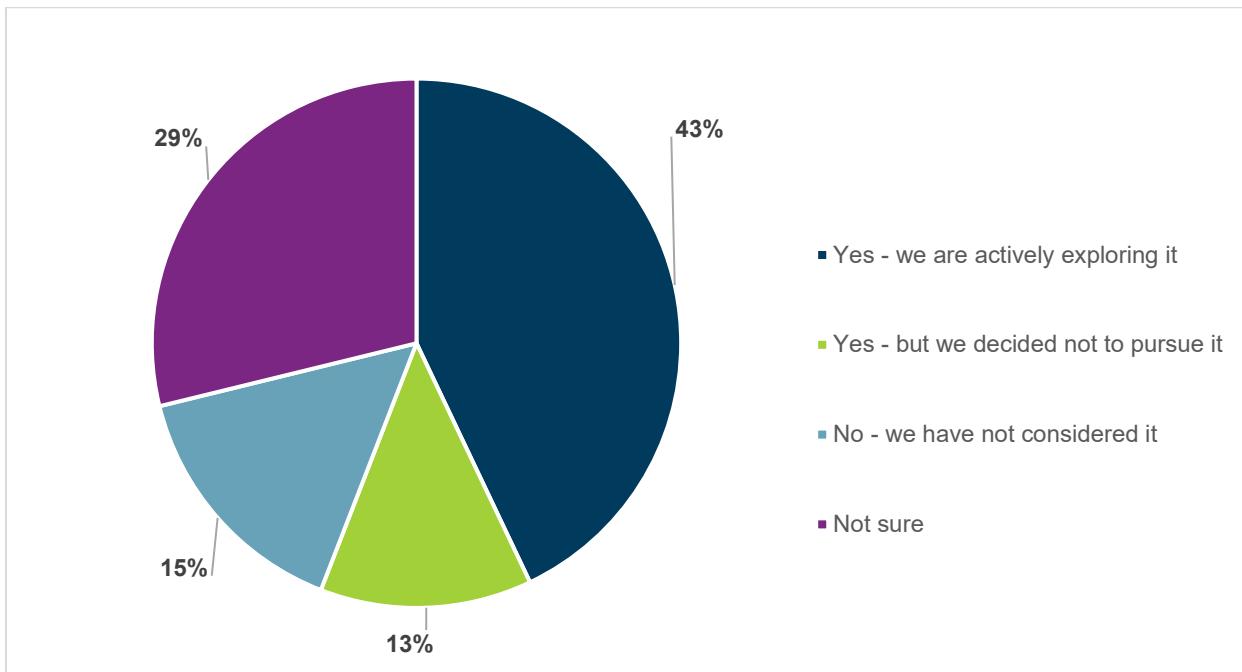
Table 48: Question 17 Responses

Response	Percentage Response	Number of Responses
Yes - we are actively exploring it	42.94%	73
Yes - but we decided not to pursue it	12.94%	22
No - we have not considered it	15.29%	26
Not sure	28.82%	49
Total	**100%**	**170**

Question 18. What barriers are preventing your organization from offering both VRS and Waiver employment services? (Select all that apply)

**Answered:** 170 **Skipped:** 275

Figure 14: Question 18 Responses
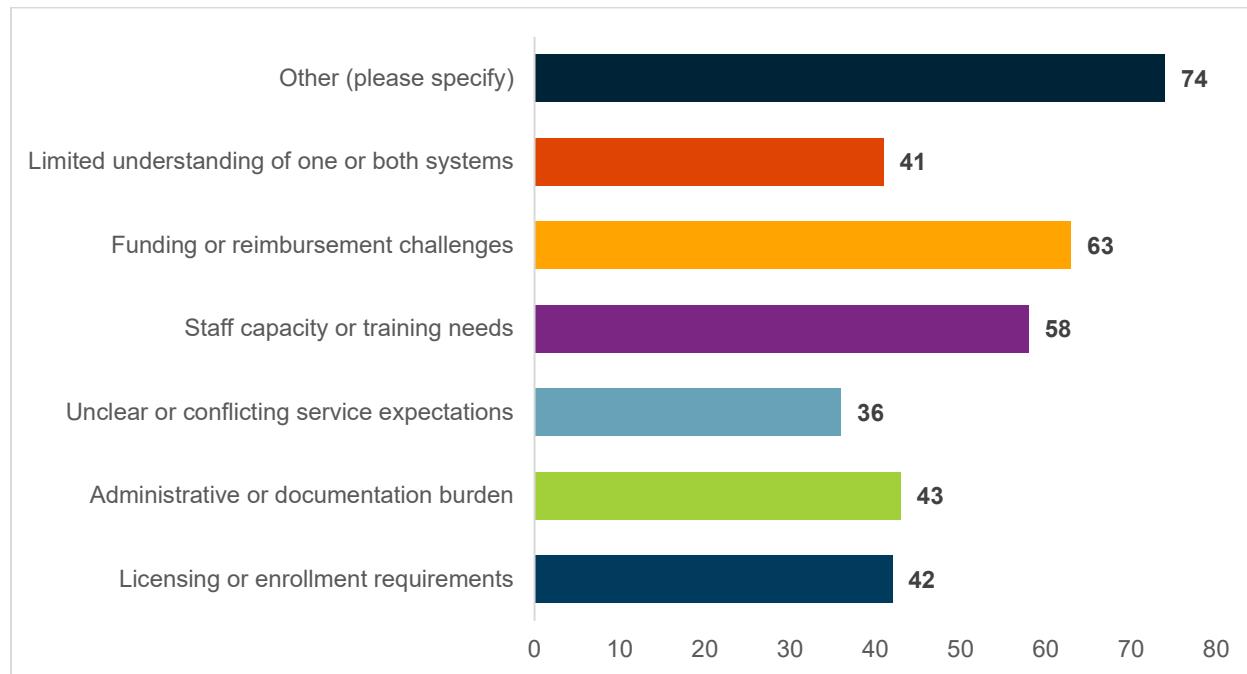
Table 49: Question 18 Responses

Barriers	Percentage Response	Number of Responses
Licensing or enrollment requirements	24.71%	42
Administrative or documentation burden	25.29%	43
Unclear or conflicting service expectations	21.18%	36
Staff capacity or training needs	34.12%	58
Funding or reimbursement challenges	37.06%	63
Limited understanding of one or both systems	24.12%	41
Other (please specify)	43.53%	74
Total	**210%**	**357**

Question 19. What types of information or support would help your organization decide whether to become a dual provider? (Select all that apply)

Answered: 170 **Skipped:** 275

Figure 15: Question 19 Responses
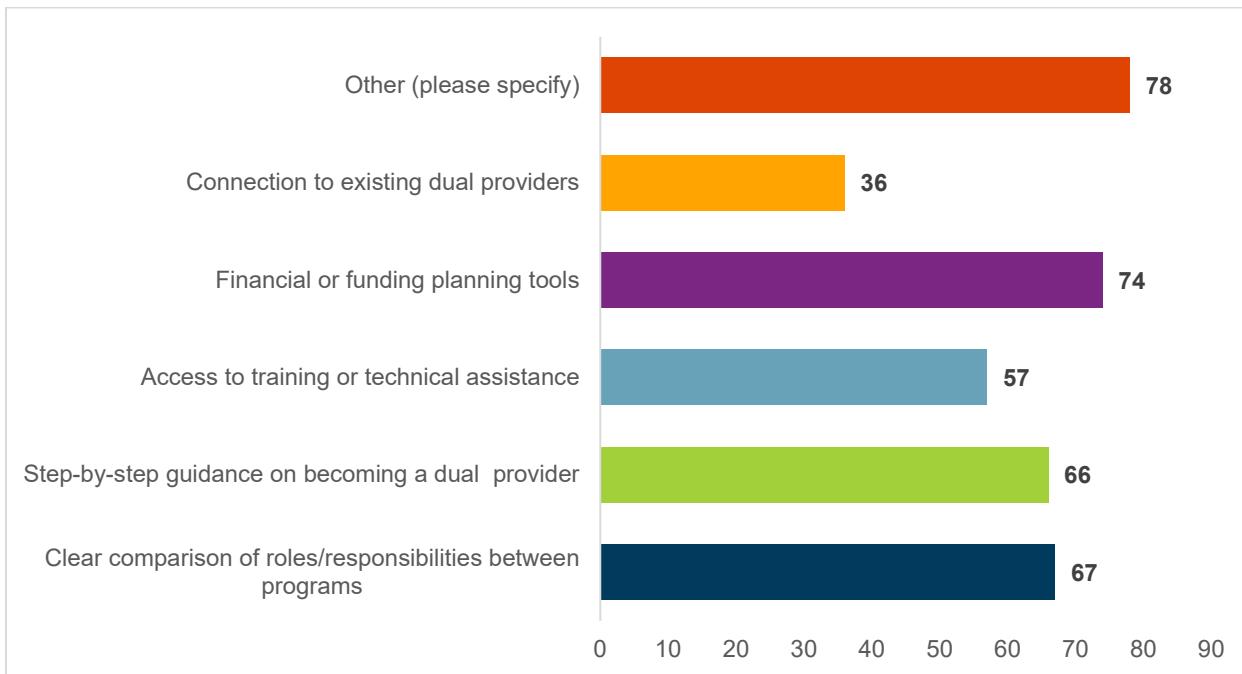
Table 50: Question 19 Responses

Types of Information or Support	Percentage Response	Number of Responses
Clear comparison of roles/responsibilities between programs	39.41%	67
Step-by-step guidance on becoming a dual provider	38.82%	66
Access to training or technical assistance	33.53%	57
Financial or funding planning tools	43.53%	74
Connection to existing dual providers	21.18%	36
Other (please specify)	45.88%	78
Total	**222%**	**378**

Question 20. Are you aware of any benefits to your agency or the people you serve in becoming a dual provider?

Answered: 170 **Skipped:** 275

Figure 16: Question 20 Responses
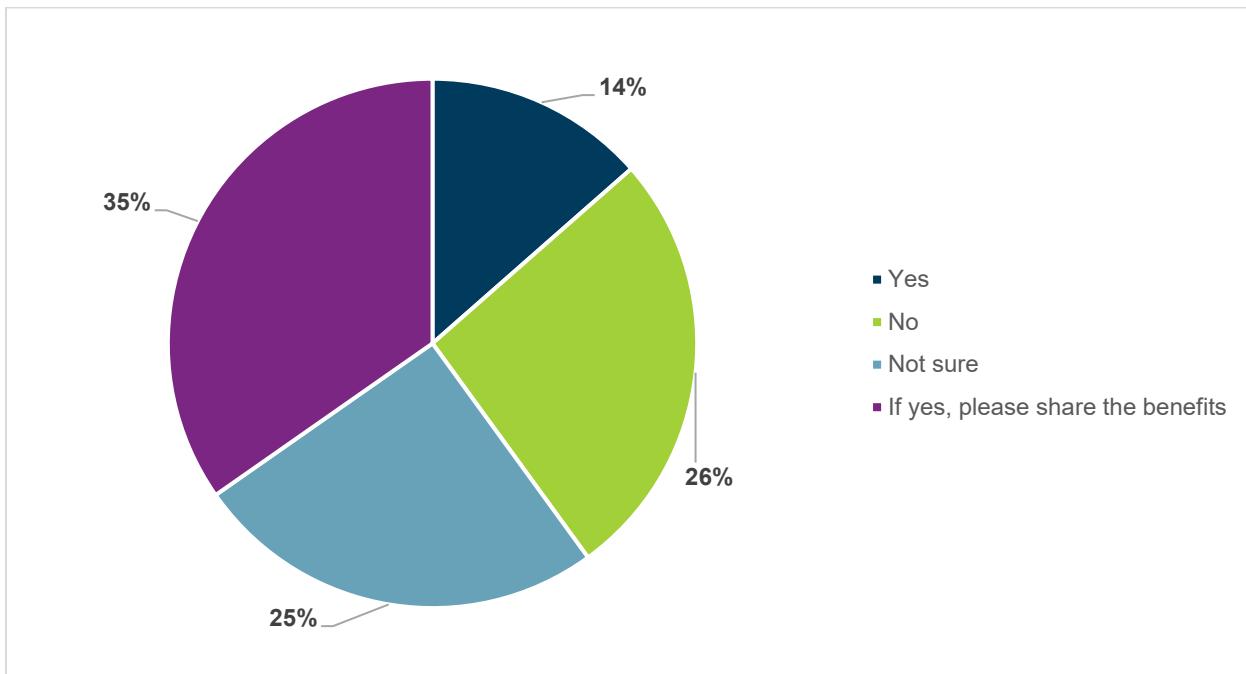
Table 51: Question 20 Responses

Response	Percentage Response	Number of Responses
Yes	13.53%	23
No	26.47%	45
Not sure	25.29%	43
If yes, please share the benefits	34.71%	59
Total	**100%**	**170**

Question 21. If you are aware of the benefits to becoming a dual provider, what is stopping your organization from enrolling as a dual provider? (Optional, open text)

Answered: 62 **Skipped:** 383

Question 22. What challenges do you anticipate if your organization were to provide both services? (Select all that apply)

**Answers:** 170 **Skipped:** 275

Figure 17: Question 22 Responses
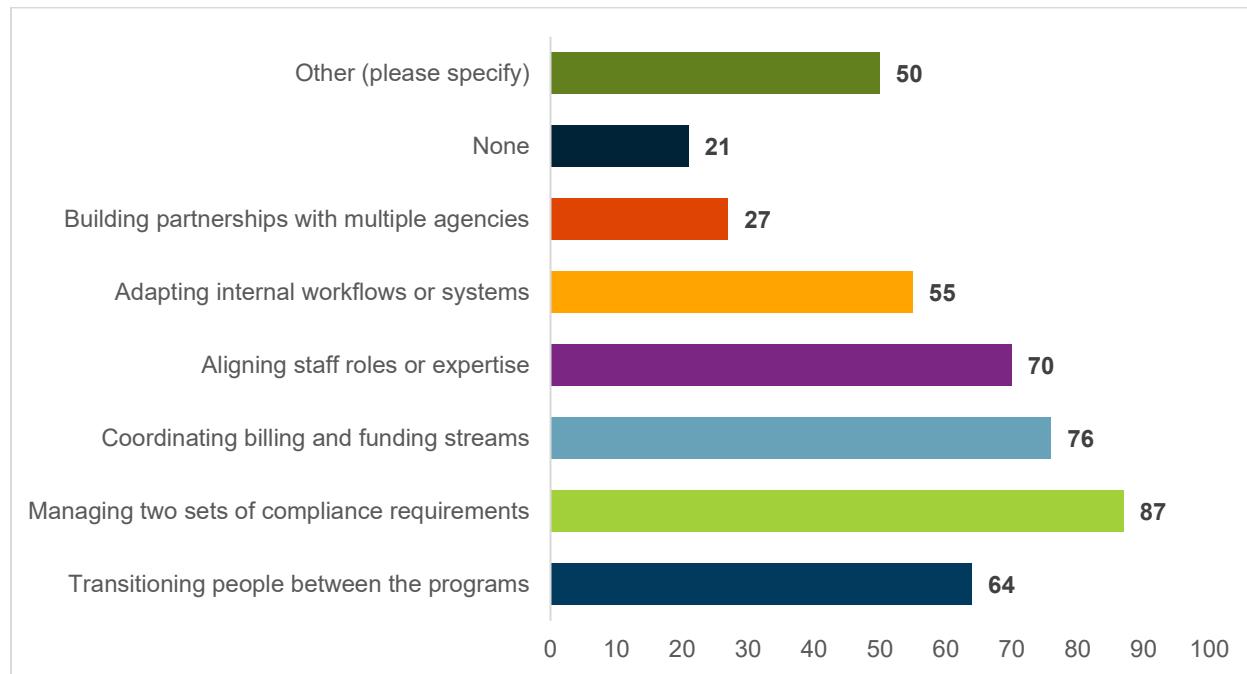
Table 52: Question 22 Responses

Challenges	Percentage Response	Number of Responses
Transitioning people between the programs	37.65%	64
Managing two sets of compliance requirements	51.18%	87
Coordinating billing and funding streams	44.71%	76
Aligning staff roles or expertise	41.18%	70
Adapting internal workflows or systems	32.35%	55
Building partnerships with multiple agencies	15.88%	27
None	12.35%	21
Other (please specify)	12.35%	50
Total	**248%**	**450**

Question 23. What concerns do you have about managing compliance, funding, or staffing if you became a dual provider? (open text)

Answered: 170 **Skipped:** 275

Question 24. Would changes to policies, regulations, or rates make it more likely for your organization to become a dual provider?

**Answered:** 170 **Skipped:** 275

Figure 18: Question 24 Responses
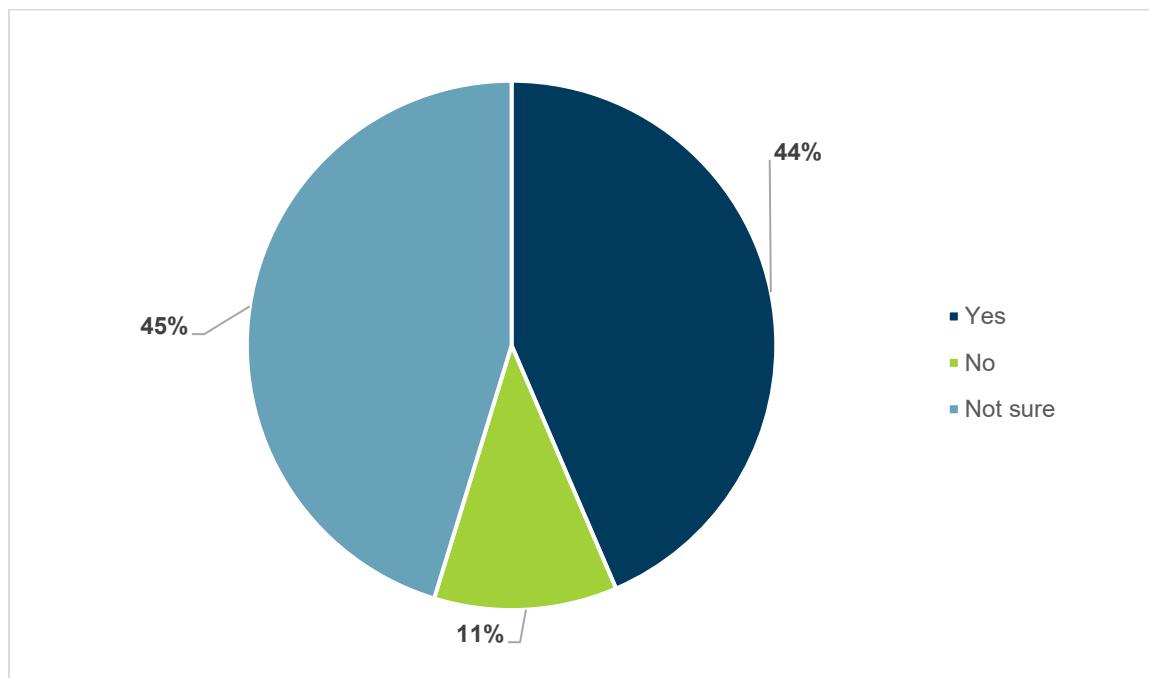
Table 53: Question 24 Responses

Response	Percentage Response	Number of Responses
Yes	43.53%	74
No	11.18%	19
Not sure	45.26%	77
Total	**100%**	**170**

Question 25. If you answered yes to the previous question, what changes would make your organization more likely to become a dual provider? (open text)

Answered: 170 **Skipped:** 275