

LAKESHORE REGIONAL ENTITY SERVICE DESCRIPTION
Supported/Integrated Employment Services

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

1. Definition or Description of Service

- a. Supported Employment is the combination of ongoing support services and paid employment that enables the Individual to work in the community. For purposes of Habilitation Supports Waiver for Persons with Developmental Disabilities, the definition of “supported employment” is:
 - i. Community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities.
 - ii. For Individuals with severe disabilities who require intensive supports such as a job coach, employment specialist, or personal assistant.
 - iii. For Individuals who require intermittent or diminishing amounts of supports from a job coach, employment specialist or personal assistant.
- b. Supported employment includes activities needed to sustain paid work by Individuals receiving waiver services, including supervision and training, job coach, employment specialist services, personal assistance and consumer-run businesses. Supported employment services cannot be used for capital investment in a consumer-run business. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by Individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting or for any services that are the responsibility of another agency, such as Michigan Rehabilitation Services (MRS) or the Bureau of Services for Blind Persons (BSBP). Federal Financial Participation (FFP) may not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as:
 - i. Incentive payments made to an employer to encourage or subsidize the employer’s participation in a supported employment program;
 - ii. Payments that are passed through to users of supported employment programs; or
 - iii. Payments for vocational training that is not directly related to an Individual’s supported employment program.

Documentation must be maintained by the PIHP that the beneficiary is not currently eligible for supported employment services provided by MRS or BSBP. Information must be updated when MRS or BSBP eligibility conditions change.

- c. Supported Employment services provide job development, initial and ongoing support services, and activities as identified in the individual plan of services that assist Individuals to obtain and maintain paid employment that would otherwise be unachievable without such supports. Support services are provided continuously, intermittently, or on a diminishing basis as needed throughout the period of employment. Capacity to intervene to provide assistance to the Individual and/or employer in episodic occurrences of need is included in this service. Supported/integrated employment must be provided in integrated work settings where the beneficiary works alongside people who do not have disabilities.
- d. Coverage includes:
 - i. Job development, job placement, job coaching, and long-term follow-along services required to maintain employment.
 - ii. Consumer-run businesses (e.g., vocational components of Fairweather Lodges, supported self-employment).
 - iii. Transportation provided from the Individual’s place of residence to the site of the supported employment service, or between habilitation sites (in cases where the

beneficiary receives habilitation services in more than one place), and back to the Individual's place of residence is included as part of the supported employment and/or habilitation service.

- e. Coverage Excludes:
 - i. Employment preparation.
 - ii. Services otherwise available to the Individual under the Individuals with Disabilities Education Act (IDEA).

2. Practice Principles

- a. Providers are encouraged to offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are provided by staff that have been appropriately trained in the model(s) and are provided to the population for which the model was intended.
- b. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
- c. Supported employment is work for pay at the same rates as those paid to persons with no disabilities. It promotes social integration, productivity, and maximum use of a person's skills and abilities.
- d. The intent is to provide medically necessary supports and services that promote community inclusion and participation, independence, and/or productivity when identified in the individual plan of service as one or more goals developed during person-centered planning.
- e. Goals shall be consistent with the least restrictive environment (i.e., most integrated home, work, community that meet the Individual's needs and desires) and individual choice and control unless there is documentation that health and safety would otherwise be jeopardized or that such least restrictive arrangements or choice and control opportunities have been demonstrated to be unsuccessful for that Individual.
- f. The configuration of supports and services should assist the Individual to attain outcomes that are typical in his/her community; and without such services and supports, would be impossible to attain.
- g. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service (IPOS).

3. Credentialing Requirements *Refer to current Medicaid Provider Manual for updated requirements.*

- a. Provider will assure that licensed professional staff licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
- b. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.
- c. Providers of services must meet the staff qualifications as defined by the MDHHS Michigan PIHP/CMHSP Provider Qualification per Medicaid Services and HCPCS/CPT Codes.
- d. Provider shall ensure that all vehicles used for transporting the individual(s) under this agreement are maintained in a safe operating condition and contain first aid equipment.
- e. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.
- f. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.

- g. Providers of services must:
 - i. Be at least 18 years of age.
 - ii. Be able to prevent transmission of any communicable disease from self to others in the environment where they are providing supports.
 - iii. Be able to communicate expressively and receptively in order to follow individual plan requirements and Individual-specific emergency procedures, and report on activities performed. Understanding and skill must be documented.
 - iv. Be in good standing with the law as outlined in the MDHHS/PIHP contract.

4. Service Requirements

- a. This service is a State Plan EPSDT service when delivered to children birth-21 years.
- b. Provider's supports and services will be based upon the IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to the Provider's staff responsible for delivering the supports and services.
- c. Provider shall notify the Individual's care manager when the Individual's IPOS requires revision or modification.
- d. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.
- e. Provider shall ensure coordination of care occurs between the Individual(s) primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an Individual's IPOS.
- f. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.
- g. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
- h. The Individual's record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.

5. Training Requirements

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.
- b. Provider will ensure and document that each staff is trained on the Individual's IPOS and ancillary plans, prior to delivery of service.

6. Eligibility Criteria/Access Requirements/Authorization Procedures:

- a. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- b. Waiver eligibility requires verification of no change in waiver status.

- c. The [Lakeshore Regional Entity Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.