

1037 Service Definitions

1037 Supports for Community Working and Living Waiver

Effective 10/1013

1. Job Discovery/Job Preparation

Job Discovery

Job discovery is support and individual assistance in the development of a career profile and employment goal or career plan of which Job Preparation or Supported Employment may be an identified need. Job discovery services include but are not limited to the following activities with the person supported.

- Person centered employment planning (assisting an individual in identifying wants and needs for supports and in developing a plan for achieving integrated employment),
- Job exploration,
- Job shadowing,
- Informational interviewing,
- Job and task analysis activities,
- Employment preparation (i.e. resume development, work procedures),
- Business plan development for self-employment,
- Volunteerism to assist the person in identifying job or career interests.

Job Preparation

Job preparation services provide formalized training and work experiences intended to teach a person the skills necessary to succeed in a paid competitive, customized, or self-employment setting. Job preparation activities are based on goals identified during job discovery. Supports and skill training may include:

- Following directions,
- Focusing on tasks,
- Completing tasks,
- Achieving productivity standards and quality results,
- Responding appropriately to supervisors/co-workers,
- Attendance and punctuality,
- Problem solving,

- Safety,
- Mobility,
- Skills such as accessing transportation and connecting to community resources as it relates to obtaining employment,
- Short term work trials,
- Volunteerism to assist the person in learning aspects of job or career interest.

Training may also address workplace social skills necessary for successful competitive, customized, or self-employment such as:

- Appropriate work place attire,
- Hygiene,
- Appropriate interactions with supervisors/co-workers,
- Acceptable work behaviors.

The need for services must be documented in the plan of care and must be primarily habilitation in nature. This service should be a pathway towards individualized employment and is dependent on individuals demonstrating progress towards employment over time.

If, after **one** year of receiving Job Preparation with no employment, the Job Discovery process is repeated and a community work experience completed. Refusal by the person to participate in the Job Discovery process must be clearly documented in the plan of care.

For self-directed common law employer authority and self-directed agency with choice employer authority - Services may only be provided in a community setting with 1:1 staff.

People may utilize Individual and Small Group Employment Support, Follow Along Support, and Co Worker Support in conjunction with Job Discovery/Job Preparation.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Job Discovery is limited to 40 hours of service per year, except with DDP prior approval.
- Total hours for a person's attendance at Job Preparation services shall not include time spent during transporting to/from the person's residence.

2. Respite

Respite care includes any services (e.g., traditional respite hours, recreation or leisure activities for the individual to enable the caregiver to remain at home for a break; summer camp) designed to meet the safety and daily care needs of the individual and the needs of the individual's care giver in relation to reducing stress generated by the provision of constant care to the individual receiving waiver services. These services are selected in collaboration with the parents and are provided by persons chosen and trained by the family. Persons providing respite services will be in compliance with all state and federal respite standards. Respite services are delivered in conformity with an individualized plan of care.

The amount and frequency of respite care (with the exception of emergencies) is included in each individual's plan of care.

FFP (Federal Financial Participation) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Age appropriate licensed day care is a respite care option for persons of all ages. Licensed day care is a subcomponent of respite and is treated as a discrete service in the plan of care, the individual cost plan and in the Department's billing and payment system. Day care is reported as respite in federal reports.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Limitations-

- Respite (including day care) is only available as relief for the primary caregivers in family settings, including adult foster homes. Respite is available when a primary caregiver is not compensated for providing some or all of the supervision and support needed by the individual. Reimbursement for respite in any setting may not exceed the Department's currently approved hourly respite reimbursement rate.
- Individuals aged 16 and older may receive support and supervision services in licensed adult day centers. Under no circumstances will adults be served in settings licensed to serve children.
- Only employees ages 18 and over are permitted to provide respite services when the person requires the provision of services that are medical in nature.
- The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

3. Supported Employment - Follow Along Support

Supported Employment - Follow Along Support consists of services and supports that enable a person who is paid at or above the state's minimum wage, with a goal of not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities to maintain employment in a competitive, customized, or self-employment setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

A person who is unable to sustain competitive, customized, or self-employment may be considered inappropriately placed and movement to a better-fit employment setting should be considered or the person may need to be referred to, or back to, Vocational Rehabilitation for services and reimbursement, in which case, reimbursement for Supported Employment - Follow Along Support and Vocational Rehabilitation Services will not be allowed concurrently for the same job placement.

ACTIVITIES NOT REIMBURSABLE for Follow Along Support:

1. Transportation of a person to and from the job site.
2. Any service that is otherwise available under the Rehabilitation Act of 1973.
3. Activities taking place in a group, (i.e., work crews or enclaves).
4. Public relations activities.
5. Staff continuing education - In-service meetings, department meetings, individual staff development.
6. Incentive payments made to an employer to subsidize the employer's participation in a supported employment program.
7. Payments that are passed through to users of supported employment programs.
8. Payments for vocational training that is not directly related to a person's supported employment program.
9. The job coach is working the job instead of the person (i.e. Person is not present, or training is not occurring).
10. Any activities which are not directly related to the person's career plan.
11. Services furnished to a minor by a parent(s), step-parent(s) or legal guardian.
12. Services furnished to a person by the person's spouse.

The waiver will not cover vocational rehabilitation services, which are otherwise available under section 110 of the Rehabilitation Act of 1973. Therefore Documentation is required to ensure that the service is not available or is no longer available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

4. Supports Brokerage

Support Brokerage Service assists the individual (or the individual's family, or representative, as appropriate) in arranging for, directing and managing self-directed services. Serving as the agent of the person or family, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services. Practical skills training is offered to enable families and individuals to independently direct and manage waiver services. Examples of skills training include providing information on recruiting and hiring workers, managing workers and providing information on effective communication and problem-solving. The service includes providing information to ensure that individuals understand the responsibilities involved with directing their services. The extent of the assistance furnished to the individual or family is specified in the plan of care.

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As discussed in the instructions for Appendix E (Participant Direction of Services), the scope and nature of this service hinges on the type and nature of the opportunities for participant direct afforded by the waiver. Through this service, information may be provided to the individual about:

- * Person centered planning and how it is applied;
- * The range and scope of individual choices and options;
- * The process for changing the plan of care and individual budget;
- * The grievance process;
- * Risks and responsibilities of self-direction;
- * Freedom of choice of providers;
- * Individual rights;
- * The reassessment and review schedules; and,

* Such other subjects pertinent to the individual and/or family in managing and directing services.

Assistance may be provided to the individual with:

- * defining goals, needs and preferences, identifying and accessing services, supports and resources;
- * Practical skills training (e.g., hiring, managing and terminating workers, problem solving, conflict resolution)
- * Development of risk management agreements;
- * Development of an emergency back up plan;
- * recognizing and reporting critical events;
- * Independent advocacy, to assist in filing grievances and complaints when necessary; and,
- * Other areas related to managing services and supports.

This service may include the performance of activities that nominally overlap the provision of case management services. Where the possibility of duplicate provision of services exists, the person's plan of care should clearly delineate responsibilities for the performance activities. An example of potential overlap is that the support broker can help the person manage their self-direct budget but the case manager would monitor the overall budget. To assist with these delineations DDP has developed a self-direct with employer authority plan of care that accompanies the person's annual plan of care when they are self-directing their waiver services. It includes content such as a support broker worksheet that specifies the functions of the support broker that will occur with the person and/or the employer. It also includes a table with examples of case manager duties versus support broker duties.

This service is capped annually at \$4,000.00. This value can be exceeded for a limited time period in extraordinary circumstances, with the prior approval of the DDP program director.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.
- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

5. Behavioral Support Services

The Behavioral Support Services include the following:

- Designing behavioral assessments and functional analyses of behavior and interpreting assessment and evaluation results for staff and unpaid caregivers providing services to enrolled individuals.
- Designing, monitoring and modifying written behavior intervention procedures and skill acquisition procedures. Written plans of intervention developed generally require the collection of data by staff or unpaid caregivers providing direct support. Decisions made in designing, monitoring and modifying behavior intervention and skill acquisition procedures are generally based on the review and analysis of collected data.
- Training staff and unpaid caregivers in the implementation of formal and informal procedures designed to reduce problem behaviors and/or to increase appropriate behaviors.
- Attending planning meetings for purpose of providing guidance and information to planning team members in the setting of appropriate goals and objectives for individuals who need Behavioral Support Services.

In general, Behavioral Support Services offer appropriate assessment and intervention methods for use in unfamiliar situations and for a range of cases of all ages. Behavioral Support Services teaches others to carry out ethical and effective behavior interventions based on positive behavior supports. Behavioral Support Services staff may supervise the work of others who implement behavior interventions. All behavior intervention procedures developed by the Behavioral Support Services staff are in compliance with the Administrative Rules of Montana governing the use of Positive Behavioral Supports.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Behavioral Support Services will not supplement or supplant services available to children under IDEA, or otherwise available to a school age child.
- The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

6. Environmental Modifications/Adaptive Equipment

Environmental Modifications:

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual.

In addition to the above, environmental modifications services are measures that provide the individual with accessibility and safety in the environment so as to maintain or improve the ability of the individual to remain in community settings and employment. Environmental modifications may be made to an individual's home or vehicle (wheelchair lift, wheelchair lock down devices, adapted driving controls, etc) for the purpose of increasing independent functioning and safety or to enable family members or other care givers to provide the care required by the individual. An environmental modification provided to an individual must:

- relate specifically to and be primarily for the individual's disability;
- have utility primarily for a person who has a disability;
- not be an item or modification that a family would normally be expected to provide for a non-disabled family member;
- not be in the form of room and board or general maintenance;
- meet the specifications, if applicable, for the modification set by the American National Standards Institute (ANSI);
- be prior authorized by the DDP if the cost of the project may exceed \$4,000.

Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

Adaptive Equipment:

Adaptive equipment necessary to obtain and retain employment or to increase independent functioning in completing activities of daily living when such equipment is

not available through other sources may be provided. Adaptive equipment as needed to enable family members or other care givers to provide the care needed by the individual.

A comprehensive list is not possible because items may be created (invented) to meet the unique adaptive needs of the individual, for example, an adult-sized "changing table" to enable a care giver to diaper and dress a person who has severe physical limitations; or specially designed switches that an individual with physical limitations can use to accomplish other tasks. Adaptive equipment will conform to the following criteria:

- relate specifically to and be primarily for the individual's disability;
- have utility primarily for a person who has a disability;
- not be an item or modification that a family would normally be expected to provide for a non-disabled family member;
- not be in the form of room and board or general maintenance;
- meet the specifications, if applicable, for the modification set by the American National Standards Institute (ANSI);
- be prior authorized by the DDP if the cost of the project may exceed \$4,000.

Persons choosing to self-direct their services with employer authority may purchase adaptive equipment or environmental modifications in accordance with the service definition, when the specific adaptive equipment or environmental modifications have been prior approved in the plan of care and the annual cost is specified in the individual cost plan. Reimbursement from the FMS is contingent upon all documentation requirements being met.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- All requests over \$4000 require DDP prior approval.
- The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.
- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

7. Individual Goods and Services

Individual Goods and Services are services, equipment or supplies that enhance opportunities for the person to achieve outcomes for full membership in the community

as clearly identified in the plan of care. Individual goods and services fall into the following categories:

*Memberships and Fees including but not limited to:

- Fees associated with classes for the person supported
- Social club memberships
- Fees associated with Special Olympics
- Health memberships as prescribed by a licensed health care provider
- Recreational activities specific to a Personal Supports Services goal identified in the plan of care; Recreational activities provided under Individual Goods and Services may be covered only when they are included in a planning outcome related to a specific residential habilitation goal.

*Equipment and Supplies including but not limited to:

- Assistive technology devices, controls, appliances or other items that enable persons to increase their abilities to perform activities of daily living, or to recognize, control or communicate with the environment, thus decreasing the need for assistance from others.
- Accessories essential to prolong life of assistive technology devices such as batteries, protective cases, screen protectors.
- Nutritional supplements,
- Non-reusable medical supplies related to the person's disability and
- Instructional supplies.

Individual Goods and Services can pay for repair of equipment when the equipment meets the authorization criteria and the repair is a cost-effective alternative (e.g., is expected to last and without repair the equipment would have to be purchased new at a great cost). A maintenance or insurance agreement may be purchased for items that meet authorization criteria when the maintenance agreement is expected to be cost-effective.

Shipping and handling costs may be paid if the shipping cost is included in the price of the item, and the waiver is purchasing the item.

Reconditioned equipment may be purchased if all authorization criteria are met and the item is considered of adequate quality, expected to be durable, and the cost is

commissariat with the age and condition of the item (e.g., if a new item could be purchased at the similar cost, it may be worthwhile to purchase the new item).

Nutritional supplements, vitamins, and the like may be reimbursed when there is no other source for reimbursement, and the specific items have been reviewed and approved, in writing, by the person's licensed health care provider.

Individual goods and services must be directed exclusively toward the benefit of the individual, are the least costly alternative that reasonably meets the individual's assessed need, and meet the following requirements A-D:

A. One or more of the following criteria are met:

- The service, equipment or supply promotes inclusion in the community; and/or
- The service, equipment or supply increases the person's safety in the home environment; and/or
- The service, equipment or supply decreases the need for other Medicaid services.

B. The service, equipment or supply is designed to meet the person's functional (remedially necessary: appropriate to assist a person in increased independence and integration in their environment/community), medical (Medically necessary: appropriate and effective for the medical needs and health and safety of the person) by advancing the outcomes in the plan of care;

C. The service, equipment or supply is not available through another source; and can be accommodated within the person's individual cost plan without compromising the health and safety.

D. The service, equipment or supply is not experimental or prohibited.

Individual goods and services must be approved prior to purchase and reimbursement. In addition, individual goods and services purchased on behalf of the person by legal guardians, legally responsible persons, or other non-employees acting on behalf of the recipient are reimbursable only if receipts for such purchases are submitted to the agency with a DDP contract. The receipts are reimbursable only if all the requirements listed above have been met.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Individual goods and services projected to exceed \$2,000 (annual aggregate) require prior approval by the DDP Regional Manager.

- Equipment purchases are expected to be a one-time only purchase. Replacements, upgrades or enhancements made to existing equipment will be paid if documented as a necessity and approved by DDP Regional Manager.
- The following represents a non-inclusive list of non-permissible Goods and Services:

1. Individual goods and services provided under this definition are not covered under the Individuals with Disabilities Education Act (IDEA), home-based schooling, or Section 110 of the Rehabilitation Act or available through any other public funding mechanism.
2. Goods, services or supports benefiting persons other than the individual.
3. Room and board.
4. Personal items and services not related to the disability.
5. Gifts, gift certificates, or gift cards for any purpose.
6. Items used solely for entertainment or recreational purposes.
7. Personal hygiene items.
8. Discretionary cash.
9. General clothing, food, or beverages (not specialized diet or clothing).
10. Household furnishings.
11. Household cleaning supplies.
12. Home maintenance.

- The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.
- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

8. Meals

This service provides hot or other appropriate meals once a day, up to seven days a week to a person in their own private residence. A full nutritional regimen (three meals per day) will not be provided, in keeping with the exclusion of room and board as covered services.

Some individuals need special assistance with their diets and the special meals service can help ensure that these individuals would receive adequate nourishment. This service will only be provided to individuals who are not eligible for these services under any other source, or need different or more extensive services than are otherwise available. This service must be cost effective and necessary to prevent institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

9. Personal Emergency Response System (PERS)

PERS is an electronic device that enables individuals to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the individual's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals.

PERS services may be appropriate for individuals who live alone, or who are alone for parts of the day, and have no regular caregiver for periods of time.

Because of the limitations of the PERS service, a cell phone may be a more flexible, cost effective solution in ensuring health and safety for some individuals. Cell phones are not for convenience or general purpose use.

Guidelines for the use of cell phones include:

1. The individual requires access to assistance or supports and is frequently beyond the range of coverage of a PERS system.
2. Cell phone plans will be basic plans and will not include features unrelated to health and safety issues, such as web access or music services.
3. Individuals may elect to add a usage control feature to their basic plan to eliminate the potential for fee overage.
4. Individuals who do not elect to add a usage control feature and who exceed the fees associated with their plan may require the implementation of a usage control feature to prevent future overages. In all cases of an overage the case manager will be notified. If an individual goes over their usage limit they are responsible for those charges and the team will evaluate the needs of the person and look at the most cost effective options.
5. Individuals may elect to add an insurance feature to prevent health and safety concerns should the phone need to be replaced. If the person elected to decline this feature the waiver will not pay for a replacement phone.
6. These cell phone guidelines will be reviewed with the individual prior to or at the annual planning meeting.

Installation, maintenance and monthly fees associated with PERS services and cell phone services may be reimbursed with waiver funds as outlined in the plan of care.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.
- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

10. Personal Supports

The personal supports worker assists the individual in carrying out daily living tasks and other activities essential for living in the community. Services may include assistance with homemaking, personal care, general supervision and community integration. Personal Supports may also provide the necessary assistance and supports to maintain employment in a competitive, customized, or self-employment setting and/or day service needs of the person in integrated, community settings. Personal supports activities are generally defined in the plan of care and are flexible in meeting the changing needs of the person. Workers may be assigned activities that involve mentorship, and activities designed to develop or maintain skills. Personal supports workers may be required to provide non-medical transportation to a person for activities as outlined in the plan of care, including community integration activities, work or school and other community activities. A person receiving personal supports is self-directing this service with employer authority (either common law or agency with choice). Other waiver services that may overlap with the activities of the personal supports worker are prohibited.

REIMBURSABLE ACTIVITIES:

- Providing supervision and monitoring for the purpose of ensuring the individual's health and safety.
- Assisting the individual with hygiene, bathing, eating, dressing, grooming, toileting, transferring, or basic first aid.
- Assisting the individual to access the community. This may include someone hired to accompany and support the individual in all types of community settings. Personal supports is available to a person only when the planning team has

approved a back-up plan, serving to ensure the health and safety of the person in the event of a service disruption.

- Assisting the individual to develop self-advocacy skills, exercise rights as a citizen, and acquire skills needed to exercise control and responsibility over other support services, including managing generic community resources and informal supports.
- Assisting the individual in identifying and sustaining a personal support network of family, friends, and associates.
- Assisting the individual with household activities necessary to maintain a home living environment on a day-to-day basis, such as meal preparation, shopping, cleaning, and laundry.
- Assisting the individual with home maintenance activities needed to maintain the home in a clean, sanitary, and safe environment.
- Assisting the individual to maintain employment. This may include someone to accompany and support the individual in a competitive, customized, or self-employment setting. The employment supports are delivered informally.
- Assisting the individual to access services and opportunities available in community settings. This may include accompanying the individual to and facilitating participation in general community activities and community volunteer work.

A person receiving Personal Supports may also receive Respite, but not during overlapping times.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.
- The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

11. Supported Employment - Co-Worker Support

Co-Worker Support allows the DD Program and DD provider agencies to contract with a business to provide co-worker provided job supports as a part of the natural workplace. The supports will be provided directly to the person and may include:

- The development of positive work-related habits, attitudes, skills,
- Work etiquette directly related to their specific employment,
- Health and safety aspects/requirements of their particular job,

- Assisting the individual to become a part of the informal culture of the workplace,
- Job skill maintenance or assistance with incorporating new tasks,
- Facilitation of other supports at the work site.
- Employer sponsored employee activities beyond job tasks.
- Assistance during breaks and/or lunch.

Individuals participating in this service are employed by a business and are paid at or above the state's minimum wage, with a goal of not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. This service differs from Supported Employment – Follow Along Support in that it creates opportunity for services/supports to be provided by the local business' employee where the person is employed. Receiving mentoring from a fellow employee increases opportunities for acceptance into and thus success in the workplace community. This service is intended to provide ongoing Co-Worker Support allowing Follow Along Support to be decreased.

People may utilize Job Discovery/Job Preparation, Individual Employment Support, Small Group Employment Support and Follow Along Support in conjunction with Co-Worker Support.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- The activities of this service are over and above the obligations an employer has for an employee without a disability, and does not duplicate nor supplant those provided under the provisions of the Individuals with Disabilities Education Improvement Act, or Section 110 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act.
- The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.
- This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

12. Supported Employment - Individual Employment Support

Individual Employment Support consists of habilitation services and staff supports needed by a person to acquire a job/position or career advancement in the general workforce at or above the state's minimum wage, with a goal of not less than the

customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Supported Employment - Individual Employment Support is delivered in a competitive, customized, or self-employment setting.

The outcome of this service is paid employment in a competitive, customized, or self-employment setting within the general workforce that meets personal and career goals, as documented in the plan of care. Supported Employment – Individual Employment Support services are person-centered to address the person's employment needs and interests.

REIMBURSABLE ACTIVITIES for Individual Employment Support:

1. Person-centered employment planning (assisting an individual in identifying wants and needs for supports and in developing a plan for achieving integrated employment),
2. Job development,
3. Negotiation with prospective employers,
4. Job carving,
5. Job placement,
6. Career advancement activities,
7. Job analysis,
8. Training, support, coordination and communication in related skills needed to obtain and retain employment such as using community resources and public transportation,
9. Job coaching,
10. Job loss - the person may need to be referred to, or back to, Vocational Rehabilitation for services and reimbursement, in which case, concurrent reimbursement for Supported Employment – Individual Employment Support and Vocational Rehabilitation Services will not be allowed, and
11. Benefits planning support.

People may utilize Job Discovery/Job Preparation, Small Group Employment Support, Follow Along Support, and Co Worker Support in conjunction with Individual Employment Support.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

ACTIVITIES NOT REIMBURSABLE for Individual Employment Support:

1. Ongoing transportation of a person to and from the job site once the person has been hired.
2. Any service that is otherwise available under the Rehabilitation Act of 1973.
3. Employment activities taking place in a group, i.e., work crews or enclaves.
4. Public relations activities.
5. Staff continuing education - In-service meetings, department meetings, individual staff development.
6. Incentive payments made to an employer to subsidize the employer's participation in a supported employment program.
7. Payments that are passed through to users of supported employment programs.
8. Payments for vocational training that is not directly related to a person's supported employment program.
9. Any other activities that are non-participant specific, i.e., the person has the job and can't work their scheduled hours so the job coach is working the job instead of the person.
10. Any activities which are not directly related to the person's career plan.
11. Services furnished to a minor by a parent(s), step-parent(s) or legal guardian.
12. Services furnished to a person by the person's spouse.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

The waiver will not cover vocational rehabilitation services, which are otherwise available under section 110 of the Rehabilitation Act of 1973. Therefore Documentation is required to ensure that the service is not available or is no longer available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

Income from customized home-based businesses may not be commensurate with minimum wage requirements with other employment.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
2. Payments that are passed through to users of supported employment services.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

13. Supported Employment - Small Group Employment Support

Supported Employment - Small Group Employment Support consists of habilitation services and staff supports needed for groups of two (2) to eight (8) workers with disabilities to maintain a job/position in the general workforce at or above the state's minimum wage, with a goal of not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Small Group Employment examples include enclaves, mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Small Group Employment Support must be provided in a manner that promotes integration into the workplace and interaction between people with and without disabilities in those workplaces. Work occurs in business settings and hours typical for the industry.

REIMBURSABLE ACTIVITIES for Small Group Employment Support:

1. Person-centered employment planning with or on behalf of the person supported,
2. Job development,
3. Negotiation with prospective employers,
4. Job carving,
5. Job placement,
6. Job analysis,
7. Training and support in related skills needed to obtain and retain employment such as using community resources and public transportation,
8. Job coaching,
9. Benefits planning support,
10. Assistance with financial paperwork and management related to the person's employment and/or maintaining Medicaid eligibility,
11. Job promotion support, and
12. Career advancement support.

People may utilize Job Discovery/Job Preparation, Individual Employment Support, Co Worker Support and Day Supports & Activities in conjunction with Small Group Employment Support.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

ACTIVITIES NOT REIMBURSABLE for Small Group Employment Support

1. Transportation of a person to and from the job site.
2. Any service that is otherwise available under the Rehabilitation Act of 1973.
3. Public relations activities.
4. Staff continuing education - In-service meetings, department meetings, individual staff development.
5. Incentive payments made to an employer to subsidize the employer's participation in a supported employment program.
6. Payments that are passed through to users of supported employment programs.
7. Payments for vocational training that is not directly related to a person's supported employment program.
8. Any activities which are not directly related to the person's career plan.
9. Services furnished to a minor by a parent(s), step-parent(s) or legal guardian.
10. Services furnished to a person by the person's spouse.

Total hours for a person's attendance shall not include time spent during transporting to/from the person's residence.

The waiver will not cover vocational rehabilitation services, which are otherwise available under section 110 of the Rehabilitation Act of 1973. Therefore Documentation is required to ensure that the service is not available or is no longer available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

14. Transportation

Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the plan of care. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized.

Legally responsible persons, relatives, legal guardians and other persons who are not employees of agencies with a DDP contract may be reimbursed for the provision of rides. In these cases, reimbursement will be less than or equal to the mileage rate set by the Department for a State employee operating a personal vehicle. The mileage rate is based on the operational expense of a motor vehicle and does not include reimbursement for work performed, or the driver's time. Reimbursement for rides provided by legally responsible persons or others must be related to the specific disability needs of a person, as outlined in the plan of care. Persons providing transportation must be licensed, insured and drive a registered vehicle, in accordance with the motor vehicle laws of the State of Montana.

Transportation as a self-directed service with employer authority (either common law or agency with choice):

Mileage reimbursement at the lowest current state plan rate is available when the person is transported to approved community functions, in accordance with the plan of care and the individual cost plan. Mileage reimbursement paid by the FMS is contingent upon the FMS receiving documentation that transportation was provided in accordance with Montana state requirements for operating a motor vehicle. Reimbursement is contingent upon vehicles being registered and insured, and the operator of the vehicle must have a valid driver's license. Mileage reimbursement does not pay for a person's time, rather, the mileage reimbursement partially offsets the cost of operating a motor vehicle. Mileage reimbursement may also be available to the owner of the vehicle when friends and non-employees provide transportation services to the person for approved community functions, when all the requirements for operating a motor vehicle have been met, and the mileage reimbursement provision is approved in the plan of care. Mileage reimbursement is not available for medically necessary transportation reimbursable under the state plan.

Transportation Other - Reimbursable transportation expenses may also include assistance with reasonable (as determined by the department) costs related to one or more of the following areas: operator training and licensure, insurance, registration or other costs associated with an individual's dependence on the use of a personal vehicle owned by the person in accessing work or other community integration activities as outlined in the plan of care.

Rates for services in work/day settings in which paid, on-site primary care givers provide routine, non-medically necessary transportation (community outings, picnics, etc) may include cost of these integrated transportation services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The following are excluded:

1. Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual;
2. Purchase or lease of a vehicle; and
3. Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of any modifications.

Transportation services are not reimbursable in residential and work/day settings, if the transportation service is folded into the rates for these residential and/or work/day settings. Under no circumstances will medically necessary transportation (transportation to medical services reimbursed under the State Plan) be reimbursed under the waiver if the service is reimbursable under State Plan transportation.

The waiver will not cover activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.