

Community Pathways Waiver – **Current Services**

Service Type: Statutory Service

Service (Name):

Alternative Service Title: **SUPPORTED EMPLOYMENT**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition:

- A. Supported Employment services are predicated on the belief that all individuals with developmental disabilities can work and that individuals of working age should be provided the supports necessary not only to gain access to and maintain employment in the community but to advance in their chosen fields and explore new employment options as their skills, interests, and needs change. Supported employment is employment in an integrated work setting. This is defined as a work place in the community, where the majority of individuals do not have disabilities, and which provides opportunities to interact with non-disabled individual to the same extent that individuals employed in comparable position would interact. Services shall increase individual independence and reduce level of service need.
- B. Supported Employment services are provided in accordance with the participant's Individual Plan (IP) and developed through a detailed person-centered planning process, which includes annual assessment of the individual's employment goals.
- C. Supported Employment services are for provided to:
 - 1. Participants who, with licensee funded supports, are working in individualized, integrated jobs in community businesses for pay at or above minimum wage that is commensurate with other employees in that businesses performing the same job with comparable experience or who have their own microenterprise or business;
 - 2. Small groups of between two (2) and eight (8) individuals;
 - 3. Large groups of nine (9) or more individuals, working in integrated settings in the community; and
 - 4. Participants who are self-employed and under this service, shall be: a) an equal or majority owner in the business, b) involved in the management or operation of the business, and c) involved with a business that is not facility based and that generates revenue with a goal of earning the federal minimum wage or more.
- D. Supported employment services are individualized and may include:

1. Providing individualized counseling related to obtaining and maintaining employment;
 2. Providing long-term job coaching services to include on-the-job work skills training required to perform the job;
 3. Providing worksite visits as needed by the individual or employer unless the individual requests visits outside the worksite or worksite visits are deemed too disruptive by the employer;
 4. Providing ongoing evaluation of the individual's job performance except for supervisory activities rendered as a normal part of the business setting;
 5. Providing training and supervision that promotes co-worker supporting and networking with each other;
 6. Assessing the need for assistive technology and facilitating acquisition of assistive technology from DORS;
 7. Providing benefits awareness and arranging for benefits planning, management and counseling;
 8. Providing information and training, as appropriate, for employers related to disability awareness, use of tax credits and other incentives, individual disability-specific training, use of assistive technology and accommodations;
 9. Provide support to a person to manage and operate their own business; and/or
 10. Ongoing supports and training to explore/progress to individualized integrated employment at or above minimum wage.
- E. Supported employment services include but are not limited to the following support services as necessary to assure job retention:
1. Training related to acclimating to or acceptance in the workplace environment, such as effective communication with co-workers and supervisors and when and where to take breaks and lunch;
 2. Training in skills to communicate disability-related work support and accommodation needs;
 3. Training in accessing generic community resources needed to achieve integration and employment, such as workforce development services, higher education opportunities, social services, and;
 4. Mobility/travel training to be able to used fixed route and/or paratransit independently.
- F. Transportation to and from the supported employment activities shall be provided or arranged by the licensed provider and funded through the DDA at the licensed administrative rate for this service. The provider shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate

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

- A. A participant's service plan may include a combination of: Employment Discovery Customization, Community Learning Services, Supported Employment or Day Habilitation.
- B. A day is comprised of one unit of service.
- C. Payment may be made for one unit of service per day.
- D. Participant must be engaged in supported employment activities a minimum of four hours per day.
- E. Participants self-directing services may utilize a family member to provide services under the following conditions:
 - 1. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:
 - a. choice of provider truly reflects the individual's wishes and desires;
 - b. the provision of services by the family member are in the best interests of the participant;
 - c. the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;
 - d. the services provided by the family member or guardian will increase the participant's independence and community integration; and
 - e. there are documented steps in the IP that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee no longer be available.
 - 2. A family member of an adult participant may not be paid for more than 40-hours per week of services.
 - 3. Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.
- F. Supported Employment does not include volunteer work.
- G. Supported Employment does not include payment for supervision, training, supports and adaptations typically available to other workers without disabilities filling similar positions.
- H. Medicaid funds may not be used to defray the expenses associated with starting up or operating a business.
- I. To be approved, add on and supplemental services must be the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need.
- J. Payment will not be made for services furnished at the same time when other services that include care and supervision are provided including Medicaid State Plan Personal

Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS).

- K. No services shall be provided to an individual if the service is available to them under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

Service Delivery Method (check each that applies)

Participant Directed as specified in Appendix E

Provider Managed

Specify whether the service may be provided by (check all that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20
Agency	Licensed Supported Employment Providers as per COMAR 10.22.02 and 10.22.07
Individual	Individual - For self-directed services

Provider Specifications for Services

Provider Category: Agency

Provider Type: DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20

Provider Qualifications License (specify):

Licensed Day or Vocational service providers as per COMAR 10.22.02 and 10.22.07

Certificate (specify):

DDA certified Organized Health Care Delivery System Provider as per COMAR 10.22.02 and 10.22.20

Staff must possess current first aid and CPR training and certification.

Other Standard (specify):

Division of Rehabilitation Services (DORS) Deemed Approval required and maintain certification as a DORS vendor.

For self-directed services – Direct Hire Support Staff must:

- a) Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
- b) Possess current first aid and CPR training and certification.
- c) Successfully pass criminal background investigation.
- d) Sign an agreement with DDA verifying qualifications and articulating expectations.
- e) All Direct Hire Support staff qualifications are subject to approval by DDA or its agent.

Participants self-directing services may utilize a family member to provide services under the following conditions:

- a) A family member may be the paid employee of an adult participant, if the participant's IP establishes that:
 - (1) choice of provider truly reflects the individual's wishes and desires;
 - (2) the provision of services by the family member are in the best interests of the participant;
 - (3) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;
 - (4) the services provided by the family member or guardian will increase the participant's independence and community integration; and
 - (5) there are documented steps in the IP that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee no longer be available.
- b) Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

Verification of Provider Qualifications

Entity Responsible for Verification:

- OHCQ for license
- DDA for OHCDs certification
- DORS for Deemed Approval
- FMS for people self directing services
- Coordinators of Community Service for use of family member

Frequency of Verification:

- Annual for license
- Initial OHCDs certification

FMS for self directed services initial and annually for staff requirements
Coordinators of Community Service during annual meeting

Provider Category: Agency

Provider Type: Licensed Supported Employment Providers as per COMAR 10.22.02 and 10.22.07

Provider Qualifications

License (specify):

Licensed Supported Employment as per COMAR 10.22.02 and 10.22.07

Certificate (specify):

Other Standard (specify):

Division of Rehabilitation Services (DORS) Deemed Approval required and maintain certification as a DORS vendor

Verification of Provider Qualifications Entity

Responsible for Verification:

- OHCQ for DDA license
- DORS Deemed Approval
- FMS

Frequency of Verification:

- Annual for license
- FMS for self-directed services initially and annually for staff requirements
Coordinators of Community Service during annual meeting

Provider Category: Individual

Provider Type: Individual for self-directed services

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

1. For self-directed services – Direct Hire Support Staff must:
 - a) Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
 - b) Possess current first aid and CPR training and certification.
 - c) Successfully pass criminal background investigation.
 - d) Sign an agreement with DDA verifying qualifications and articulating expectations.
 - e) All Direct Hire Support staff qualifications are subject to approval by DDA or its agent.

2. Participants self-directing services may utilize a family member to provide services under the following conditions:
 - a) A family member may be the paid employee of an adult participant, if the participant's IP establishes that:
 - (1) choice of provider truly reflects the individual's wishes and desires;
 - (2) the provision of services by the family member are in the best interests of the participant;
 - (3) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;
 - (4) the services provided by the family member or guardian will increase the participant's independence and community integration; and
 - (5) there are documented steps in the IP that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee no longer be available.
 - b) Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

Verification of Provider Qualifications Entity

Responsible for Verification:

Developmental Disabilities Administration and/or Fiscal Management Services providers
Coordinators of Community Service for the use of a family member as a provider

Frequency of Verification:

FMS for initial and annual for staff requirements
Coordinators of Community Service during annual team meeting