

Employment Services

Revised September 2024

Definition

Employment Services (Individual) are the ongoing supports to individuals who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but 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.

Transportation is not included as part of the service or the rate paid for individual job placement.

Employment - Group are the on-going supports to individuals who, because of their disabilities, need intensive ongoing support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above minimum wage, but 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. Employment Services – Group are provided in group settings, such as mobile work crews or enclaves and employees may be paid directly by the employer/business or by the Employment Services – Group provider.

Employment Services – Group is not a prerequisite for Employment Services – Individual.

For Employment Group--Transportation will be provided from the individual's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the individual's habilitation site to their residence when the service start time is after 12:00 Noon.

For participants who live in a DDSN licensed facility and receive Residential Habilitation, transportation must be provided by the Residential provider.

Service Unit

Group - Assessment	one unit equals <u>one half (1/2) day</u> (2-3 hours)
Group - Ongoing Services	one unit equals <u>one half (1/2) day</u> (2-3 hours)
Individual - Assessment	one unit equals <u>15 minutes</u>

Individual- Ongoing Services one unit equals 15 minutes

Service Limit / Restrictions

Employment Services may be provided through three distinct service models:

- Group - Enclave

A small group of people with disabilities (usually 8 or less) work under supervision of the provider agency onsite at a community business or industry. The provider agency contracts with the business or industry, so that the participant is paid by the provider agency. Service Limit is 520 units per year.

- Group - Mobile Work Crew

A group of participants (usually 8 or less) work under supervision of the provider agency as a self-contained business that moves among work sites. The provider agency contracts with purchasers in the community, so that the participant is paid by the provider agency. Service Limit is 520 units per year.

- Individual Job Placement

The provider agency employs an Employment Specialist to assist the participant with vocational assessment, skills training, competitive job development/placement, on the job training, continuing/intermittent supports for job stabilization, and follow-along. While there is no specified limit, the amount of Employment Services authorized must be justified by the participant's level of functioning and assessed need for employment supports. Since the goal is to identify and develop ongoing natural supports to replace the Employment Specialist, it is anticipated that Employment Services will be reduced over time.

A closure request must be emailed to the SCVRD state office and confirmed prior to authorizing employment services for any participant requesting these services from a DDSN qualified provider under the HASCI Waiver.

- Please send Closure Request form by encrypted email to DDSNreferral@scvrd.net and cc to VRreferrals@ddsn.sc.gov.
- The closure request is required to ensure there is no duplication of services. This should be sent even if the individual believes they have no open case with SCVRD.
- This is a legal document requiring a date and must be signed by the individual/legal guardian requesting employment services.
- The form must be complete and legible.

- This closure request also serves as a release of information between SCDDSN, SCDDSN contracted Case Manager, SCVRD, and USC Center for Disability Resources.
- The Case Manager should monitor to ensure the closure request is processed.
- Typically, SCVRD will contact the individual/ family to verify closure desire and offer other services. If other services from SCVRD are accepted, referral to a DDSN qualified provider cannot be completed.

When the closure request is processed by SCVRD and confirmation is returned to the Case Manager, a copy should be forwarded to the chosen employment provider along with the authorization.

Providers

Providers of Employment Services funded by the HASCI Waiver must be directly enrolled with SCDHHS. The provider is responsible for following current standards, policies and procedures for admission and enrollment.

Conflict Free Case Management (effective June 1, 2021):

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging and Authorizing the Service

If a HASCI Waiver participant requests and is determined to need Employment Services, his or her Support Plan must clearly document the need for intensive or ongoing supports to get and/or maintain competitive employment.

After need for Employment Services is documented, the first step is for a time-limited Employment Services Assessment to be conducted. The participant's Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency, and duration of the service, and the provider type. In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Upon approval, the Waiver Case Manager must enter the service into the Service Tracking System (STS).

Following Support Plan approval, the participant or representative must be

offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in a Case Note.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider.

After the Employment Services Assessment has been completed, it must be reviewed by the Waiver Case Manager. If the assessment justifies ongoing Employment Services, which may be time-limited or continuing, the participant's Support Plan must be updated to clearly reflect the name of the service, the payer, the amount, frequency, and duration of the service, and the provider type. In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider.

Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

Billing

Employment Services must be direct-billed to SCDHHS. The provider is responsible for following SCDHHS billing procedures.

Monitorship

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change in provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider(s).

Some questions to consider during monitorship include:

- Where does the participant work?
- What type of work is the participant doing?
- What are their work hours?
- Do they want more hours or less?
- What is the Employment Specialist doing (specifically) for this individual?
- Is the Employment Specialist effective with assistance and training?
- How often does the participant see the Employment Specialist?
- Do they like where they work or do they wish to make a change?
- What are their job responsibilities? Are they too much for the individual? Do they want more responsibilities?
- How are they doing on the job? Are they accomplishing their job duties? Is the employer pleased with their work performance?
- How much income do they generate?
- Is transportation a problem?
- Are they on time to work?
- Is the participant satisfied with his/her current employment? Has his/her employment status changed since your last contact?
- Does the participant feel that he/she is receiving the amount of support needed at this worksite?
- Is the amount of services being received reviewed and changed, as the participant's needs change?
- Is the participant satisfied with the provider of services? Does the participant feel that the provider shows them courtesy and respect when delivering service?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. The Process for Reconsideration of SCDHHS Decisions must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. The Process for Reconsideration of SCDHHS Decisions must also be provided. The Waiver Case Manager will end the electronic authorization(s), sending notification to the affected service provider.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of

Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal>Business Tools>Forms>HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.