

- 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.

Providers

Employment Services funded by HASCI Waiver must be provided by a SCDDSN-contracted provider of Employment Services that operates a facility or program licensed by SCDDSN or its contracted QIO. The provider's current policies and procedures for admission and enrollment must be followed.

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 entered 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 Board-billed to the participant's SCDDSN Financial Manager agency. This must be indicated on the authorization. .

The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN.

This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10, Section 10-14.

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. Information concerning SCDDSN Reconsideration and SCDHHS Appeal 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. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

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, which are also used to notify each affected service provider of the action:

- *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.