

## **OPWDD Guidance Documents with Payment Standards**

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## **Appendix B: Service Documentation Requirements for OPTS Blended Prevocational and Supported Employment Services (Blended PS)**

### **Purpose**

This Appendix describes the documentation requirements for Blended Prevocational and Supported Employment Services (Blended PS) within Options for People Through Services (OPTS) Pilots. The service documentation requirements set forth in this Appendix are based on the service documentation requirements addressed in The Key to Individualized Services, OMRDD's Policy Manual and various OMRDD Administrative Memoranda, but include specific requirements for services delivered through OPTS. Quality service standards remain the same. The requirements for habilitation plans described in Administrative Memorandum 2003-03 also remain in effect. A copy of Administrative Memorandum 2003-03 is attached to this Appendix.

### **Background**

To address a need to provide services that, on any given day, transition seamlessly between some combination of Prevocational Services and Supported Employment, OMRDD and the contracting agency have entered into an agreement for the delivery of "Blended PS." The documentation requirements described herein are designed to meet the requirements set forth by the federal Centers for Medicare and Medicaid Services (CMS). CMS allows states to provide "blended" HCBS services, with the stipulation that all reporting to CMS continue to separately identify the distinct service components.

In practical terms, this means that OMRDD can allow blended service provisions within OPTS, but the breakdown between Prevocational Services and daily Supported Employment Services must be reported by the contracting agency.

### **Consumer Enrollment in OPTS Blended PS**

We will use the term "Blended PS" to refer to OPTS services which combine Prevocational Services, and daily Supported Employment.

In order to report and be paid for Blended PS provided to a consumer, the consumer must be enrolled in the appropriate TABS program. When enrolling the consumer in the Blended PS TABS program, the OPTS provider must answer questions regarding the consumer's eligibility for both HCBS-funded Prevocational Services and Supported Employment services.

Each consumer who receives OPTS Blended PS will be enrolled in the appropriate TABS program. At the time of enrollment, the OPTS provider must inform OMRDD whether the consumer is/is not eligible for HCBS-funded Prevocational Services. (To be eligible for HCBS Waiver Prevocational Services the consumer must

have demonstrated an earning capacity relative to the prevocational task(s) of less than 50% of the federal minimum wage or the prevailing wage, whichever is higher.) This information must be updated if the person's eligibility for HCBS-funded Prevocational Services changes.

The OPTS provider must also inform the DDSO whether or not there is documented evidence that the consumer has completed VESID Intensive Supported Employment services or that VESID has declined to provide services to this individual. NOTE: in order to be eligible for payment for Supported Employment services through OMRDD, a consumer must have completed VESID Intensive Supported Employment services or VESID must have declined to provide services to the consumer.

Each enrolled consumer will have one Habilitation Plan for the OPTS Blended PS, known as the "OPTS Prevocational Services/Supported Employment Habilitation Plan." In the plan, there will be separate sections clearly delineating the supports and services associated with Prevocational Services and those associated with the daily Supported Employment service. Direct care staff will deliver and document individualized habilitation services using a single "checklist" form for all Blended PS services. Space is provided on the checklist to identify services as either "Prevocational Services" ("P" services) or "Supported Employment" services ("S" services).

The OPTS provider will have one price which is used to reimburse the Blended PS. The price will be based on a single "blended" budget that reflects the costs of providing the Blended PS. Payment for Blended PS will be issued for a "Full Unit" or a "Half Unit" of service per day. In order to receive payment for a Full Unit of OPTS Blended PS, the total program day duration must be at least four hours and staff must deliver and document at least two OPTS Blended PS services. Payment for a Half Unit of OPTS Blended PS requires a program day duration of at least two hours, and the delivery of at least one documented OPTS Blended PS services.

### **Determining the "Program Day" Duration**

The "program day" duration for OPTS Blended PS service is the length of time the consumer is attending services on a given day. Time spent in the following activities may not be counted toward the minimum "billable service time" requirement for either a Full or Half Unit of Blended PS:

- Mealtime,
- The time the consumer spends being transported to the first Blended PS activity of the day and the time spent being transported home or to the next activity after the conclusion of Blended PS services, and
- Time the consumer spends at a separate service and the time being transported to and from the separate service (e.g., a clinic service) cannot be counted as part of the Blended PS program day. Where a person receives another Medicaid

service during his or her OPTS Blended PS program day, the Blended PS provider must document the time the person leaves the Blended PS program to receive the other Medicaid service, and the time the person returns to the Blended PS program.

Time the consumer spends with his/her MSC Service Coordinator can be counted toward the program day as long as the visit occurs at the Blended PS service location. Also, the consumer's time at the ISP review conducted by the MSC Service Coordinator may count toward the program day duration as long as the Blended PS staff accompany the consumer to the meeting.

### **Format for Documenting OPTS Blended PS**

OPTS providers must use the OMRDD-developed checklist to document Blended PS. A copy of the checklist is included in this Appendix. While professional program staff may prepare the checklist by drawing individualized services and staff actions from the individual's OPTS Prevocational Services/Supported Employment Habilitation Plan, staff who actually deliver the services must initial the checklist. By initialing the checklist, the staff who deliver the service are documenting the provision of face-to-face OPTS Blended PS. That is, they are attesting to the fact that a face-to-face OPTS Blended PS service was delivered. Each service/staff action is identified as either Prevocational Services ("P" designation) or a Supported Employment service ("S" designation).

In addition to the checklist, there are other documents that support your agency's payment for OPTS Blended PS. See the section titled "Required Documentation" for further information (page 5).

### **Reporting Blended PS**

Once the Blended PS services are documented using the required checklist, the provider must report OPTS Blended PS service information to OMRDD via a secure web application. For each day a consumer receives Blended PS, the provider will report the number of face-to-face services/staff actions that are provided during the program day in each of the two service categories (Prevocational Services and daily Supported Employment).

The agency must also report the total "program day" duration (with no need to distinguish the number of hours spent in Prevocational Services or daily Supported Employment). The program day duration includes all time when staff are present with consumers (i.e., at the program site, in the community or on the job). The program day does not include time when the person is on his or her own at the integrated job and the Blended PS staff person is not present. Travel time to and from the consumer's home and time at lunch also do not count toward the program day duration. Time spent at another Medicaid service, for example a clinic service, must also be excluded.

On a monthly basis via the OPTS Services Recording Application, the agency must answer 'yes' or 'no' to the following question: "On at least one day during the month, was the consumer employed in an integrated setting?"

### Payment of Blended PS

The Blended PS payment will be issued automatically to the provider based on service information the provider submits to OMRDD via the OPTS Services Recording Application.

Payment for a Full Unit of Blended PS will be issued, when the provider:

- Provides and documents a minimum of **two services** delivered during the program day (i.e., the Blended PS Checklist, has at least two staff actions initialed on a given date of service). These services can be any combination of Prevocational Services ("P" services on the checklist), and/or Supported Employment services ("S" services on the checklist), and
- The consumer participates in Blended PS for at least **four hours when Blended PS staff are present** and the provider documents that the four-hour minimum duration has been met. (Note that travel time to and from the consumer's home, time at another service, travel to and from that service, and mealtime do not count toward the minimum four hour duration.)

Payment for a Half Unit of Blended PS will be issued, when the provider:

- Provides and documents a minimum of **one service** delivered during the program day (i.e., the Blended PS Checklist, has one service/staff action initialed on a given date of service). The service may be either Prevocational Services ("P" service on the checklist) or a Supported Employment service ("S" service on the checklist), and
- The consumer participates in Blended PS for at least **two hours when Blended PS staff are present** and the provider documents that the two-hour minimum duration has been met. Travel time to and from the consumer's home, time at another service, travel to and from that service, and mealtime do not count toward the two hour minimum duration.

### Payment of Blended PS for Consumers who are not Eligible for OMRDD-funded Supported Employment Services

In order to be eligible for OMRDD-funded Supported Employment, a consumer must have completed VESID Intensive Supported Employment services or VESID must have declined to provide services to the consumer. When OMRDD is determining the Blended PS payment amount for a consumer who is not eligible for OMRDD-funded Supported Employment, any daily Supported Employment services that the OPTS

Blended PS provider reports via the OPTS Services Recording Application will not be counted toward the minimum service requirement of two services (for a Full Unit) or one service (for a Half Unit).

For example, the minimum requirement for payment of a Full Unit of Blended PS is two services and a four-hour program day. The OPTS agency reports via the OPTS Services Recording Application that a consumer who is eligible for OMRDD-funded Supported Employment received two daily Supported Employment services as part of the Blended PS service and had a program day duration of four hours. Based on this information, OMRDD pays the provider for a Full Unit of Blended PS. In another case, the OPTS agency reports via the OPTS Services Recording Application that a consumer who is not eligible for OMRDD-funded Supported Employment received two daily Supported Employment services as part of the Blended PS service and had a program day duration of four hours. In this case OMRDD would issue no payment for this day because the two Supported Employment services are not “countable.”

### **Agency Supplemental Payment for Developing and Maintaining Integrated Employment Opportunities**

Each month, OMRDD will issue an employment supplemental payment to eligible OPTS Blended PS providers. The purpose of this payment is to encourage providers to develop and maintain paid employment opportunities for consumers. For each month where the provider reports that a consumer who is eligible for Supported Employment is employed, the provider will be paid a supplemental payment. The value of the supplemental payment will be determined by OMRDD and will be the same for all OPTS providers. In order to be eligible for Supported Employment services, the consumer must have completed VESID Intensive Supported Employment services or VESID must have declined to provide services to the consumer.

### **Required Documentation**

Your agency must maintain the following documentation to support the provision of OPTS Blended PS:

- **The OPTS Prevocational Services/Supported Employment Documentation Record** (also known as a “checklist”) showing:
  - Contemporaneous documentation of face-to-face OPTS Blended PS services that staff provide during the “program day.”
  - A contemporaneous record of the “program day” duration.
- **A record of the consumer’s response to the OPTS Blended PS service described in a monthly summary note.** This summary note must discuss the consumer’s response to services, summarize the implementation of the person’s OPTS Prevocational Services/Supported Employment Habilitation Plan and

discuss any issues or concerns. A copy of the summary note format is included with this Appendix.

- A **copy of the consumer's ISP** covering the time period of the claim developed by the consumer's Medicaid Service Coordinator (MSC) or Plan of Care Support Services (PCSS) service coordinator. In the April 2005 ISP form there is a separate "block" for each service identified in the "HCB Waiver Service Summary" section. Each "block" includes the following fields: *Name of Provider, Type of Waiver Service, Frequency, Duration, Effective Date, and Person's Valued Outcome or Reason for Receiving the Service.* For OPTS Blended PS, two "blocks" must be completed as follows:
  - For the **Prevocational Services** component of OPTS PS, the "block" in the "HCB Waiver Service Summary" section should be completed as follows:

<b>Name of Provider:</b> <u>    Your Agency's Name Here    </u>
<b>Type of Waiver Service:</b> <u>    OPTS/Prevocational Services    </u>
<b>Frequency:</b> <u>    Day    </u> <b>Duration:</b> <u>    Ongoing    </u> <b>Effective Date:</b> <u>    No later than the 1<sup>st</sup> day of service delivery.    </u>
<b>Person's Valued Outcome or Reason for Receiving the Service:</b> <u>    Is drawn from the list of valued outcomes identified in section 1 of the ISP    </u> _____ _____

- For the **Supported Employment** component of OPTS PS, the "block" in the "HCB Waiver Service Summary" section should be completed as follows:

<b>Name of Provider:</b> <u>    Your Agency's Name Here    </u>
<b>Type of Waiver Service:</b> <u>    OPTS/Supported Employment    </u>
<b>Frequency:</b> <u>    Day    </u> <b>Duration:</b> <u>    Ongoing    </u> <b>Effective Date:</b> <u>    No later than the 1<sup>st</sup> day of service delivery.    </u>
<b>Person's Valued Outcome or Reason for Receiving the Service:</b> <u>    Is drawn from the list of valued outcomes identified in section 1 of the ISP    </u> _____ _____

It is the responsibility of the OPTS Blended PS provider to ensure that all of the above information is included in the consumer's ISP.

- The **OPTS Prevocational Services/Supported Employment Habilitation Plan** covering the time period of the claim submitted by your agency. The Habilitation Plan is titled "OPTS Prevocational Services/Supported Employment Habilitation Plan" and is attached to the person's ISP. The OPTS Prevocational

Services/Supported Employment Habilitation Plan has two separate sections: one describing the supports and services associated with Prevocational Services; and a second describing the supports and services associated with Supported Employment services.

In some cases, a single support/service may be delivered when the consumer is participating in more than one service. For example, the support/service “staff will praise Kate when she does not tease her peers for two consecutive hours at a time,” could be provided as part of Prevocational Services and as part of Supported Employment. In this case, the service/staff action should be identified in “Prevocational Services” and the “Supported Employment” sections of the Habilitation Plan. A copy of the Administrative Memorandum describing the requirements for Habilitation Plans is included as part of this Appendix.

### **Documentation Retention**

All documentation specified above must be kept the balance of the calendar year in which they were made and for six (6) additional years thereafter. See Appendix A for additional requirements regarding record retention.