

OPWDD Guidance Documents with Payment Standards

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Appendix B: Service Documentation Requirements for OPTS Monthly Supported Employment

Purpose

This Appendix describes the documentation requirements for Monthly Supported Employment services within Options for People Through Services (OPTS) pilots. The service documentation requirements set forth in this Appendix are based on the fiscal audit service documentation requirements addressed in Administrative Memorandum 2007-01, but include specific requirements for services delivered through OPTS.

Quality service standards for OPTS Monthly Supported Employment continue to be described in the Key to Individualized Services, OMRDD's Policy Manual. Quality service standards remain the same. The requirements for Habilitation Plans described in Administrative Memorandum 2003-03 also remain in effect.

Service Definition for OPTS Monthly Supported Employment

The unit of service for OPTS Monthly Supported Employment is a month. There are different documentation requirements for OPTS Monthly Supported Employment provided to consumers who are employed and consumers who are not employed. For a given month, a consumer is considered employed if he or she is competitively employed in an integrated setting for at least two days during the month.

In order to be paid for a unit of OPTS Monthly Supported Employment provided to a **consumer employed for the full calendar month, your agency must document the provision of two face-to-face services/staff actions that are provided at the job site on separate days during the month.** These services/staff actions must be drawn from the consumer's OPTS Monthly Supported Employment Habilitation Plan.

In order to be paid for a unit of OPTS Monthly Supported Employment provided to a **consumer who is not employed at any time during the month, your agency must document the provision of four services/staff actions that are provided during the month on separate days. Two of these services must be face-to-face services.** These services/staff actions must be drawn from the consumer's OPTS Monthly Supported Employment Habilitation Plan.

In order to be paid for a unit of OPTS Monthly Supported Employment provided to a **consumer who is employed during a portion of the month** (that is, employed for less than the full calendar month), **your agency must document the provision of two face-to-face services/staff actions that are provided at the job site on separate days during the month OR four services/staff actions provided during the month on separate days, two of which must be face-to-face services but do not need to be at the job sight.** These services/staff actions must be drawn from the consumer's OPTS Monthly Supported Employment Habilitation Plan.

Format for Documenting OPTS Monthly Supported Employment Services

Your agency must use the OMRDD-developed narrative note format for documenting OPTS Monthly Supported Employment services. A copy of this narrative note format is included with this Appendix. In addition to the narrative note, there are other documents that support your agency's payment for OPTS Monthly Supported Employment. See the section titled "Required Documentation" for further information (page 2).

Enrollment in OPTS Monthly Supported Employment Services in TABS

In order for your agency to be eligible for payment for OPTS Monthly Supported Employment services, the consumer must have completed VESID intensive supported employment services or VESID must have declined to provide services to the consumer. Consumers can only be enrolled in your agency's OPTS Monthly Supported Employment program in TABS if they meet this requirement.

Reporting OPTS Monthly Supported Employment Services

The OPTS Monthly Supported Employment payment will be issued automatically to the provider based on service information the provider submits to OMRDD via a secure web application. For each month, your agency must answer two questions for each consumer enrolled in OPTS Monthly Supported Employment.

- **Consumer Employed?**
Your agency enters "Y" (for yes) if the consumer is employed for at least 2 days during the month. If that condition is not met, your agency enters "N" (for no).
- **Required Services Delivered?**
Your agency enters "Y" (for yes) if two face-to-face OPTS Monthly Supported Employment services are delivered on separate days during the month at the employed consumer's work site. Your agency also enters "Y" if four OPTS Monthly Supported Employment services were delivered on separate days during the month to an unemployed consumer, and at least two of these were face-to-face services.

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 payment for OPTS Monthly Supported Employment:

- **OPTS Monthly Supported Employment Narrative Notes** showing the contemporaneous documentation of at least the required number of services provided during the month. Also, at least one note should summarize the implementation of the person's OPTS Monthly Supported Employment Habilitation Plan, address the consumer's response to services and discuss any issues or concerns.
- A **copy of the consumer's ISP** covering the time period of the claim developed by the consumer's Medicaid Service Coordination (MSC) or Plan of Care Support Services (PCSS) coordinator. The OPTS Monthly Supported Employment service must be identified in the "HCB Service Summary" section of the ISP and the required information must be completed as follows:

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

- The **OPTS Monthly Supported Employment Plan** covering the time period of the reported services. This Habilitation Plan should be entitled, "OPTS Monthly Supported Employment Plan," and is attached to the ISP. A copy of the Administrative Memorandum (ADM 2003-03) describing the requirements for Habilitation Plans is included as part of this Appendix. In addition to the general Habilitation Plan requirements described in ADM 2003-03, the following additional requirements must be included in an OPTS Monthly Supported Employment Habilitation Plan:
 - Range of service frequency (e.g., for an employed consumer OPTS Monthly Supported Employment staff will provide between 2 and 8 services during the month.)
 - Locations where services will be provided.

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.

Narrative Note: OPTS Monthly Supported Employment

Agency Name: _____ Service Month/Year _____

Consumer Name: _____ TABS ID: _____ Medicaid ID: _____

OPTS Contract # _____ OPTS TABS Prgm Code: _____

Primary Service Location: _____

Was Consumer Employed for at least 2 days during Month? Yes No:

Date of Service: _____ Face-to-Face Contact? Yes: No:
Was Contact @ Job Site? Yes: No:

Staff Signature: _____ Date Note Written: _____ (attach additional sheets if needed)

Date of Service: _____ Face-to-Face Contact? Yes: No:
Was Contact @ Job Site? Yes: No:

Staff Signature: _____ Date Note Written: _____ (attach additional sheets if needed)

At least one note should summarize the implementation of the person's OPTS Monthly Supported Employment Habilitation Plan, address the consumer's response to services and discuss any issues or concerns. Note: if consumer is not employed, at least 4 narrative notes must be completed during the month (at least 2 of these notes documenting face-to-face services). This means at least two of these sheets must be completed to support the payment of OPTS Monthly SEMP provided to a consumer who is not employed.