



## Supported Employment Documentation Requirements

Presented by  
NYS OPWDD Medicaid Standards

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## Billing Standard vs. Quality Standard

- Billing Standard: Minimum to bill
- Quality Standard: Higher level to document the provision of quality services

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## Individual Authorization

- For all services discussed today, the individual must be authorized for the particular service by the DDSO/SDIS Downstate Office prior to service delivery by your agency.
- Agencies receive a monthly roster of individuals authorized to receive Day Habilitation, Prevocational Services or Community Habilitation from your agency. The roster is distributed by the 15th of every month.

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**Supported Employment**

- Compensated Employment
- Integrated Work Setting



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**Allowable Supported Employment Services**

- Examples of Allowable Supported Employment:
  - Job Development/Job Finding
  - Situational Assessment and Reassessment
  - Job Coaching
  - Skill Training
  - Improving Work Behaviors
  - Mobility Training
  - Employment Related Socialization Skills
  - Employer/Co-worker Training & Support

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**Supported Employment: Special Note**

- Only one provider of supported employment services may claim for a service fee for an eligible person in a given calendar month
- A face-to-face SEMP service cannot be delivered at the same time as another Medicaid service\*

\* A face-to-face SEMP service *can* be delivered at the same time as Medicaid Service Coordination (MSC) services

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**Supported Employment and ACCES - VR**

- Individuals may not receive funding for SEMP services while receiving funding for ACCES - VR services
- Documentation must be kept on file stating that SEMP services are not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142 (i.e., ACCES - VR)

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**Categories for Service Requirements**

- Requirements for Currently Employed Individuals
- Requirements for Currently Unemployed Individuals
- Requirements for Individuals Employed for a Portion of the Month

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**SEMP: For an Employed Individual**

- A minimum of two face-to-face services provided in a calendar month (drawn from the Supported Employment Plan)
- Services must be provided at the individual's work site
- Services must be provided on separate days

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**SEMP: For an Unemployed Individual**

- A minimum of four services provided in a calendar month (drawn from the Supported Employment Plan)
- At least two of the services must be delivered face-to-face
- Services must be provided on separate days

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**SEMP: Employment for a Portion of the Month**

- Billing is allowed if one of the following is true:
  - At least two face-to-face services are provided at the work site on separate days during the month; or
  - At least four services are provided on separate days in the month, with at least two services being face-to-face

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**SEMP Documentation Requirements**

- Documentation Standards
  - Required Medicaid Service Documents
    - ISP
    - Supported Employment Plan
    - Daily Service Documentation
  - Required Documentation Elements
  - Documentation Format

**PLEASE REFER TO YOUR HANDOUTS FOR THESE REQUIREMENTS**

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**EXAMPLES OF  
BILLING DURATION  
AND  
SERVICE DOCUMENTATION**

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**Medicaid Timeframes  
for Service Documentation**

- Contemporaneous Records 
- Maintain records that support claims for Six Years
- Clinical Services Have Different Requirements 

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**Resources-Supported Employment**

- Regulation 14 NYCRR sections 635-10.4 (d) and 635-10.5 (d)
- Administrative Memorandum
  - #2007-01, Supported Employment Service Delivery and Documentation Requirements

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# Supported Employment Documentation Elements

## The ISP Documentation Requirements

- ISP must include
  - Provider = Your DDSO
  - Service = Supported Employment
  - Frequency = Monthly
  - Duration = Ongoing
  - Effective Date = must be either prior to or the same date your DDSO begins Supported Employment Service delivery
  - Valued Outcome = the person's objective for receiving services

## The Habilitation Plan Documentation Requirements

- Each individual must have a habilitation plan for Supported Employment Services
- The plan is entitled, "Supported Employment Plan"
- The Plan must include the individualized range of service frequency
- If necessary, include safeguards to ensure the person's health
- Requirements of ADM 2003-03 "Habilitation Plan Requirements" remain in place

## Required Service Documentation Elements

- Name of Individual
- Medicaid CIN
- Category of Service
- Service Date
- Service Description (from the SEMP Plan)
- Statement as to whether the service was delivered in a "face-to-face" contact
- Individual's Response to Service
- Narrative Note, which must include:
  - Service Location
  - Staff Verification (Note)
  - Signature and Title of Person Writing the Note
  - Date Note Written (mm/dd/yy)
- If Necessary, Include Documentation Showing Waiver of Work-Site Visit Requirement

**Sample for Supported Employment  
Individualized Service Plan**

Name: Darren Ross

ISP Date: 2/26/2010

**Valued Outcomes Section (Section 1 of the ISP)**

**Valued Outcomes:** List the person's Valued Outcomes that derive from the profile. Outcomes are brief, clearly stated and as specific as possible. Please ensure that there is at least one outcome for each HCBS Waiver Service the person will receive.

- To maintain employment in the community

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**HCBS Waiver Service Summary Section (Section 2 of the ISP)**

**HCBS Waiver Services:** Complete a section below for each waiver service. Add more sections as needed. For each service state the **name** of the provider or agency (e.g., Sunshine Co. UCP, Southern DDSO), the **type** of service (e.g., residential habilitation, supported employment, environmental modification) the **frequency** of the service (billing unit of service) the **duration** (e.g., on-going) and **effective date** (e.g., 1/1/99).

<b>Name of Provider:</b> ABC DDSO
<b>Type of Service:</b> Supported Employment
<b>Frequency:</b> Monthly
<b>Duration:</b> Ongoing
<b>Effective Date:</b> 6/1/2006

*Abbreviated Sample*  
ABC DDSO  
Supported Employment Plan

Participant Information

Name: Darren Ross  
DOB: 11/19/1957  
Medicaid ID#: ZY98765Y  
Address: 222 South Street, Buffalo, NY  
Date Plan Reviewed: 2/26/2010  
Range of Service Frequency: 2-4 times per month  
Location of Service Delivery: Homeware & Hardware, 17 Northshore Lane

Valued Outcome

Darren would like to maintain his employment in the community.

Habilitation Services

- Staff will assist Darren in learning new tasks at Homeware & Hardware
- Staff will assist Darren in facilitating positive interactions with his co-workers and supervisors
- Staff will educate Darren's supervisor and co-workers about working with Darren

Staff Supports and Services

If needed, staff will assist Darren with finding a quiet space when he has an anxiety attack.

Safeguards

When necessary, staff will help Darren inform his supervisor of periodic medical appointments and will review all forms of exits from his work site in case of fire.

Signature of Staff writing the plan: <i>Issak Grunewaldt</i>	Date: 2/26/2010
Name and Title of Staff: Issak Grunewaldt, Direct Development Specialist	

**Narrative Note: Monthly Supported Employment**

Agency Name: ABC DDSO Service Month/Year 05/2010

Consumer Name: Darren Ross TABS ID: 01010 Medicaid ID: ZY98765Y

Primary Service Location: Homeware & Hardware, 17 Northshore Lane

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

Date of Service: May 6, 2010 Face-to-Face Contact? Yes:  No:   
Was Contact @ Job Site? Yes:  No:

I met Darren at the store today. Darren took the subway and the bus on his own. Darren showed me the new sheet of rules hanging next to the recycling bin. I asked Darren if there were any new rules or procedures, Darren said yes, so I reviewed the sheet with Darren and asked him to repeat them back. I then watched Darren break down boxes and assisted him in following the new procedures to put the boxes in the recycling bin. I asked Darren if he was having any concerns at work, but Darren stated that he was enjoying his job and that a new person was hired and Darren was the one to give him a tour of the store.

(attach additional sheets if needed)

Staff Signature/Title: Issak Grunewaldt, Direct Development Specialist Date Note Written: May 6, 2010

Date of Service: May 20, 2010 Face-to-Face Contact? Yes:  No:   
Was Contact @ Job Site? Yes:  No:

I met Darren at the store today. Darren was on his break when I arrived so I asked Darren if he had any concerns about work. Darren stated that his annual review was coming up and that he was nervous about it. Darren and I reviewed the areas that Darren is successful and areas that he can improve at work. Darren I and then developed a short list of areas that Darren can improve. These are remembering to return to work on time from breaks, and to remember not to leave partly unpacked boxes in the middle of the floor. I will work with Darren on improving in these areas.

(attach additional sheets if needed)

Staff Signature/Title: Issak Grunewaldt, Direct Development Specialist Date Note Written: May 20, 2010

At least one note should summarize the implementation of the person's 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 Monthly SEMP provided to a consumer who is not employed.

**Narrative Note: Monthly Supported Employment**

Agency Name: \_\_\_\_\_ Service Month/Year \_\_\_\_\_

Consumer Name: \_\_\_\_\_ TABS ID: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

Primary Service Location: \_\_\_\_\_

Was Individual 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:

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Staff Signature/Title: \_\_\_\_\_ Date Note Written: \_\_\_\_\_ (attach additional sheets if needed)

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

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Staff Signature/Title: \_\_\_\_\_ Date Note Written: \_\_\_\_\_ (attach additional sheets if needed)

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## Acronyms used in Habilitation Services PowerPoint

ACCES-VR	NYS Adult Career and Continuing Education Services-Vocational Rehabilitation (formerly VESID)
ADM	Administrative Memorandum (a guidance document issued by OPWDD)
AHRH	At Home Residential Habilitation
BCM	NYS OPWDD Bureau of Compliance Management
CH	Community Habilitation
CIN	Medicaid Client Identification Number
CMS	Federal Centers for Medicare & Medicaid Services
CR	Community Residence
DH	Day Habilitation
DOL	Federal Department of Labor PCA – Walsh-Healy Public Contracts Act SWEP – School Work Exploration Program SCA – McNamara-O’Hara Service Contract Act WHO – Wage Hour Division
DDSO	Developmental Disabilities Services Office (also known as District Offices)
DQM	NYS OPWDD Division of Quality Management
FC	Family Care
FLSA	Fair Labor Standards Act
GDH	Group Day Habilitation
ICF	Intermediate Care Facility
ID	Identification Number
IDEA	Individuals with Disabilities Education Act
IDH	Individual Day Habilitation
IRA	Individualized Residential Alternative
ISP	Individualized Service Plan (also known as “Service Plan”)
MS	NYS OPWDD Medicaid Standards (also known as “MSU” or “Medicaid Standards Unit”)
MSC	Medicaid Service Coordination
NYCRR	New York Codes, Rules and Regulations, a publication of the NYS Department of State
NEW	Non-Waiver Enrolled
OMIG	NYS Office of Medicaid Inspector General
OPWDD	NYS Office for People With Developmental Disabilities (formerly OMRDD)
PV	Prevocational Services
PL	Public Law (Federal)
QMRP	Qualified Mental Retardation Professional
SDIS	NYS OPWDD Service Delivery and Integrated Solutions (Downstate – formerly known as NYCRO/Region 2)
SEMP	Supported Employment
SGDH	Supplemental Group Day Habilitation