Frequently Asked Questions and Answers

Payment System Methodology and Service Changes Effective 4/1/18

Payment, Rates and Assessment Score Hours

1. **Q: What services would the rate methodology change affect?**
   A: The following services will require the SIS or ICAP assessment and follow the rate matrix:
   - Day Supports will change to Day Habilitation.
   - Extended Services will be discontinued and three new employment services are being created—Prevocational Services, Small Group Employment Supports, and Individual Employment Supports.
   - Two new services called Residential Habilitation and Independent Habilitation are being created to replace MSLA, TCLF, Congregate Care, ISLA, SLA, FCO III.
   - ICF/IID will remain the same title, but the rate methodology change will be applied to this service.

   The following services will follow the rate matrix but not require the SIS or ICAP assessment:
   - Provider managed IHS and Parenting Supports

2. **Q: How will the billing look in MMIS?**
   A: The process for submitting claims will be the same, but will be a 15 minute unit versus a one hour unit for the following services of Independent Habilitation, Day Habilitation, Prevocational Services, Small Group Employment Support, and Individual Employment Support. For Residential Habilitation and ICF/IID the unit will remain daily.

   The Division is working with HE MMIS staff to make the necessary updates to all the rate tables, establishing new procedure codes for Independent Habilitation, Residential Habilitation, Prevocational Services, Small Group Employment Support, and Individual Employment Support. The Extended Services, TCLF, MSLA, Congregate Care, ISLA, SLA, and FCO III procedure codes will be discontinued. Once the DD Waiver has been approved the Division will share the new procedure codes when it has been updated into the system for providers to submit claims.
   Service authorizations within HE MMIS will be required for all services and be the source for the individual's rate for payment.

3. **Q: What documentation is needed for the 15 minute billing periods?**
   A: Providers will need to keep census reports supporting the units for each person. Documentation of the habilitative activity may occur through t-logs, goal/objective tracking, etc. but is not required for each 15 minute unit.

4. **Q: When will cost reports be completed?**
   A: Provider Agencies will be mailed cost report instructions on April 1, 2018 to complete a period end cost report for the retrospective payment system. The period ending March 31, 2018 cost report will be due June 30, 2018. Moving forward the cost report will become a statement of cost and the period end will be June 30th for all providers each year, with a due date of October 1st each year.
5. **Q:** How will transportation time be accounted for? If they are using public transportation and it takes time in between jobs/sites?

**A:** Similar to how it was handled previously in Extended Services, a provider may only bill for actual time with people.

The service definition for Small Group Employment and Individual Employment states “It is not allowed as a substitute for personal, public, or generic transportation, is not billable as a discrete service, and cannot duplicate any transportation through the Medicaid State Plan.” If transportation is to be allowed, the RDDPA must certify if a participant qualifies for transportation as a necessary part of intervention to successfully support continued employment.

The rate does not change if transportation is certified as necessary. The hours identified in the ISP should still equal what the individual is actually working at their job, this agreement to allow transportation is only making the cost of the transportation allowable in the established rate.

*Ex. An individual works the night shift at a gas station. The shift begins at 11pm and public transit is no longer available at 11pm. The RDDPA may approve transportation if the individual would lose their job because there is no transportation option available.*

For Day Habilitation, rates may include transportation costs to access program-related activities in the community. This is similar to how it was handled previously in Day Supports. Transportation does not include travel between the individual’s home and the day program site. The day habilitation provider should not be starting the person’s day hab/support hours when they are picking them up from their home. It should start when they reach the destination of the first activity. However, that could change if the day hab/support is starting at the home, (i.e. there are supports in the home that must be done prior to leaving for the first activity).

6. **Q:** If a person is authorized for Prevocational Services, Small Group Employment Support, or Individual Employment Support—can the provider continue to bill under those services if alternative habilitative activities are provided (e.g. down time, rec/leisure activities, etc.)?

**A:** Services can only be billed for activities included in the scope (definition) of the services approved in the DD Traditional 1915(c) waiver. Therefore activities that do not support employment, such as playing cards and completing cross word puzzles, cannot be billable activities under Prevocational Services, Small Group Employment Support, or Individual Employment Support as those activities are not within the scope of the service definition.

7. **Q:** If a person is refusing to work, can Small Group Employment Support or Individual Employment Support continue to be billed?

**A:** Yes, if the person is still being encouraged and directed to work. After attempts have been unsuccessful and the person is unable to be redirected back to work, the activities being completed must continue to be within the scope of the service definition to be billed. The team should monitor for any patterns with a person’s refusal to work and address accordingly.

8. **Q:** Can a provider bill for activities that support individual’s needs such as personal care/assistance, meal support, etc.?
A: Yes it may be a component part of Prevocational Services, Small Group Employment Support or Individual Employment Support, but may not comprise the entirety of the service.

9. Q: How does a provider account for an individual’s vacation, snow, or sick days?
A: If no services are provided to the individual, the provider cannot bill. Per CMS, billing for services cannot occur if the service is not provided and in accordance with the service definition.

   Example: If an individual is authorized for Small Group Employment and they are staying home due to illness, the service of Small Group Employment cannot be billed.

ISP hours are based on averages for the ISP period. There may be some weeks where a person’s hours may vary, but at the end of the ISP period, the total amount authorized should not be exceeded. Providers may have to track the hours in the service and if it appears the person may exceed the authorized hours, additional hours could be requested. However, this would need to be completed prior to the authorization end period and cannot be backdated.

10. Q: Is a provider able to be paid if the individual is not at the setting by midnight? Can the daily rate be prorated?
A: The Absence Policy does refer to midnight, however it has never been a hard and fast rule. An individual present in a group facility at midnight will be considered as present for the day just ended.

   Example: An individual leaves at 5:30 p.m. on January 20 to spend a weekend with family. The individual returns to the residential facility at 8:30 p.m. on January 23. The person would be considered present on January 19, absent on January 20, 21, and 22 and present on the 23rd.

   Example: On January 25, John and a friend leave in early evening for a dinner out and late movie. He returns at 12:45 a.m. on the 26th. John is considered present for the 25th. Although he was not present at midnight, he was not residing elsewhere at the time and remained in the provider agency's direct responsibility for care and programming.

The rate cannot be prorated if it is a daily rate. If the person is in the facility, the provider gets the daily rate. If the person is only absent for a period of the day, the provider gets paid the full daily rate. If no service is rendered for the whole day, the provider does not get paid.

Individuals residing in ICF/IID facilities are allowed to claim up to 30 therapeutic absence per calendar year and 15 hospitalization absences per occurrence. Residential habilitation rates include a 4% rate inflation to account for absent days. This amount is added each residential habilitation rate, even if the individual is never absent from services.

11. Q: If a person does not have an initial assessment how will providers be reimbursed for services delivered?
A: Until the initial assessment is completed, the rate is not established and the provider will not be reimbursed for the services delivered. Once the initial assessment has been completed and a rate has been established, the provider can submit claims to be reimbursed for services delivered prior to the assessment. This would also apply to an individual who has left services and the assessment dates have ended.

The team will determine the estimated number of hours the person may need. The team should use their knowledge of the person and others with similar disability related supports to
determine the estimated service hours. This determination will be discussed at the Admission meeting and revisited at the 30 Day Comprehensive meeting. The DDPM will document the discussion and the planned staffing hours (FTE not necessarily the authorized service hours) in both of these OSP types.

A service that utilizes the SIS or ICAP Assessment must be authorized in the active or approved ISP in order for the third party assessor to be notified that a person is in need of an assessment.

12. **Q:** If a person is in need of a re-assessment completed how will providers be reimbursed for services delivered?
   **A:** If a re-assessment needs to be completed, the most recent assessment will remain valid. The individual’s rate will continue at that assessment level until a re-assessment is completed. If an individual leaves and then returns to services with the assessment period, that assessment will remain valid. An Out of Sequence Assessment may be requested if the person’s needs may have changed within that time.

13. **Q:** If there are errors in the assessment score hours, provider reports, or if there is an overdue assessment, what should we do?
   **A:** Contact Wendy Schumacher at the DD Division via Scomm. Include the name, Therap ID and the date of the last assessment

14. **Q:** What do the assessment score hours from the multiplier calculation mean?
   **A:** The assessment score hours include direct and in-direct hours. Direct hours may include when the staff are providing prompting or physical assistance. In-direct hours may include when staff are still available in the environment but completing other tasks.

15. **Q:** What is the best way to explain what the assessment hours are?
   **A:** The SIS is an assessment tool used to measure the type of support, frequency of support, and daily support time resulting in a client’s need of habilitation time per day. Habilitation time includes both direct and in-direct hours. Direct hours may include when the staff are providing prompting or physical assistance. In-direct hours may include when staff are still available in the environment but completing other tasks. The multiplier calculation represents the number of habilitative hours assigned to each client.

For additional information and resources, refer to the SIS and ICAP Assessment Policy and various fact sheets located at [http://www.nd.gov/dhs/services/disabilities/dd-rate-methodology.html](http://www.nd.gov/dhs/services/disabilities/dd-rate-methodology.html).

16. **Q:** If a person receives more assessment score hours than the team determines is necessary to meet their needs, can the extra hours be allotted to other people or used to meet someone else’s needs?
   **A:** The rate paid to the provider will be determined by the person’s assessment score.
   However, if it is documented in the person’s plan that they do not need that level of staffing, the additional funds from their rate could be used to meet the needs of someone else. (This does not apply to Independent Habilitation and Individual Employment Support).
It’s up to the provider, team discussion and what is contained in the individual’s plan, and still meeting the person’s health and safety.

Example: Person has 15 hours assigned but typically uses 12 hours. If hours are going to be shared, this needs to be discussed in team meetings, etc. The providers have the flexibility to utilize excess hours in areas that need additional hours. It is expected that the providers take into consideration the health and safety needs as discussed by the teams.

17. Q: What happens if the assessment score hours are below the person’s actual hours currently being provided?
   A: Teams should look at the person’s current daily schedule and how supports are being provided throughout the day. Other supports to meet the person’s needs should also be discussed (e.g. natural supports, sharing supports, assistive technology, etc.). If the team determines that a person requires more support and other options have been explored, the team can review the outlier criteria to determine if submission of an outlier request is appropriate.

18. Q: If a team approves Day Habilitation and it is needed to occur in the home, will there be additional funds to cover the cost of staff to provide support?
   A: If the team determines that the assessment hours are not sufficient to meet the person’s needs, an outlier request may be submitted if the person meets the outlier criteria.

19. Q: For people who were previously receiving ISLA and not receiving Day Supports, can the assessment score hours calculated from Day Habilitation be added to their Residential Habilitation hours?
   A: No, this cannot occur in the new payment methodology. The Residential Habilitation assessment score hours are the same whether a person chooses to participate in a day program or not.

20. Q: Does the assessment score hours include night hours?
   A: The assessment score hours indicates the level of habilitative hours a person needs, including awake night hours. Sleep night hours are not considered habilitative and therefore a percentage was included in the program support component of the rate to account for sleep night hours.

21. Q: How are intervention hours calculated for Individual Employment Supports?
   A: The SIS assessment score hours are the intervention hours.

22. Q: How is the provider reimbursed for program coordination activities?
   A: All services relating to the rate methodology change includes program coordination in the brick rate.

23. Q: Who is responsible for scheduling the assessment?
   A: The third party vendor will notify the provider when an assessment is to be completed. The provider is responsible to work with the individual and/or legal decision maker to find a convenient time and location for the assessment. The provider will schedule the assessment and
notify the individual, legal decision maker, qualified respondents, DDPM, and the third party vendor. The provider will complete the “SIS and ICAP Assessment Provider Checklist” according to their identified responsibilities.

24. Q: When the DDPM receives a new SIS notification, what is the process?
A: Every time there is an assessment completed, the DDPM will complete and send out the Assessment Results Form to the individual and/or legal decision maker within 10 business days of the assessment results being available in Therap.

The effective start date for the assessment results is 30 calendar days from the date of the Assessment Results Form. For initial assessments, the assessment effective date is the first date the person began receiving services (ISP service date).

The DDPM should follow up with the person and/or legal decision maker to determine if a team meeting is necessary. The DDPM will attach the Assessment Results Form to the individual’s Overall Service Plan (OSP). The Assessment Results Form will remain in any future OSP’s until a new Assessment Result’s form is completed.

25. Q: If a person’s service or hours change, does the Assessment Results Form need to be completed again and sent out?
A: The Assessment Results Form (beginning 4.1.18) will provide the assessment score hours for the services the person is currently receiving and for all available services in the event the person makes any changes to their services prior to another assessment being completed.

26. Q: What forms are used to submit an Outlier Request, Out of Sequence Request, Vacancy, and ICF/IID Medically Intensive Rate?
A: The forms are all available on the ND.Gov website as a State Form Number (SFN). The forms can be accessed by using the search for forms function. You may search by the form number or key words. The links to all the SFN’s are also provided in the applicable policies.

27. Q: How will we know the approval dates for an Outlier Request?
A: The approval date will be identified in the letter that is sent out to individuals, legal decision makers, and the provider. The end date will align with the person’s plan or another date prior to the end of the person’s plan depending on appropriate length of the approval.

It is the responsibility of the team to meet prior to the end date to determine if the Outlier Request continues to be appropriate and to submit another request according to timelines.

28. Q: If an individual is attending school and is refusing to go to school, would this be part of the non-school day rate?
A: The team would need to address the situation and reasons through the team process. The provider does not get those days covered with the non-school day rate.
29. Q: Can a provider be an employer of people with intellectual disabilities?  
A: Yes, as long people are compensated in accordance with applicable federal and state laws and regulations and the work situation is integrated into the community. The employer may be the provider or a community business.

30. Q: What happens if a person works on a contract that is a paid contract? Would that be a problem with the wage and hour requirements?  
A: If an employer is getting paid through a contract and the person is receiving Prevocational Services or Small Group Employment, the person must continue to get paid according to the applicable federal and state laws, which include sub-minimum wages. The employer, who is paying, must be the one holding the sub-minimum wage certificate. The provider will need to look at the tasks that are being completed along with the locations of the work to determine the appropriate service category.

31. Q: Can the person receiving Individual Employment Supports be paid less than minimum wage?  
A: No, per CMS federal guidance.

32. Q: If a provider owns a business and it is community based, is that considered “facility based”?  
A: Federal regulations do not allow Small Group Employment Support and Individual Employment Support to occur in a facility based work setting or in specialized facilities that are not part of the general community workplace. Facility based is meant to describe a provider building that is licensed by the DD Division where people with ID attend. If a provider business, such as a Thrift Store, is separate from the provider building, is among other businesses, and open to the community this would not be considered facility based.

33. Q: Explain what facility based services are.  
A: “Facility-based" means a facility for individuals with developmental disabilities licensed by the department to provide day services. This definition is not to be construed to include areas of the building determined by the department to exist primarily for non-training (e.g. administrative offices) or for production purposes.

34. Q: Some small groups are work crews that clean at the provider’s setting (their facility and/or administrative office) as well as going out into the community to clean other offices. Will this be allowed under Small Group Employment or Individual Employment as the service definition states it does not include facility-based, specialized facilities that are not part of the general workplace? Some providers have contract work and paid individuals that fit this scenario.  
A: Any building location that is licensed by the DD Division cannot be a location where Small Group Employment or Individual Employment occur.

35. Q: If a person is currently getting paid with Day Supports and will want to enroll in Day Habilitation only, can they continue to complete the same daily schedule, which includes their previously paid activity, and not get paid?  
A: No this cannot occur. Per NDCC 25-01.2-06, an individual who performs labor which is of any consequential economic benefit to a provider shall receive wages which are adequate to the
value of the work performed. For example—if an individual is currently getting paid shredding paper at the Day Supports, they cannot shred paper at the Day Habilitation and not get paid as this is considered an economic benefit to the provider. Additionally, the activity of shredding paper does not meet the definition of Day Habilitation.

If the above scenario does occur, the team should meet as the individual’s activities will be changing. The team should consider if there is an opportunity for the person to shred paper or complete a similar activity in the community and be compensated accordingly.

36. Q: How should providers handle doing personal cares in the person’s home during Day Habilitation hours to get them ready for the day? Currently some teams have said it’s okay/allowed and some said no. Sometimes teams have allowed due to personal choice.
   A: Day Habilitation consists of scheduled activities, formalized training, and staff supports to promote skill development for the acquisition, retention, or improvement in self-help, socialization, and adaptive skills. A Day Habilitation provider may provide personal cares in the home if there is a supported medical or behavior need for this. It should not be provided on a consistent basis or for a long period of time if there is not a medical or behavioral need.

37. Q: Will a person having lunch at their home, no longer be allowed?
   A: The current waiver description allows this to occur as it is an activity similar to anyone else.

38. Q: If people participate in a Cooking Club, can they hold that in a consumer’s home or does it have to be somewhere out in the community in an integrative setting?
   A: A cooking club may be held in a person’s home. However, the team/provider should explore clubs that are integrated and part of the community. Having a club in a home can be an option that is provided among those that are offered in the community. The location should be based more on the person’s choice and preferences versus lack of opportunities.

   People will often change preferences frequently, so specific locations do not need to be the plan. However, the plan could reflect a person’s desire to attend a club and that team will explore options.

39. Q: Can medical appointments occur in Day Habilitation?
   A: Day Habilitation does allow for assisting individuals to medical appointments. Generally, this should not be the bulk of activities happening in the service. If it is a regularly occurring activity, the plan should document the reasons why it is needed and appropriate.

40. Q: Can a person receive Day Habilitation in their home?
   A: Day Habilitation may occur in a person’s home if there is an identified need (e.g. medical, behavioral, etc.) and other options attempted have not been successful. The situation must be discussed with the team to justify the individuals’ need and documented in the individual’s plan. The team must discuss and document these attempts in the individuals’ plan at least annually.

   Day Habilitation for an ICF/IID can occur as is funded through the Medicaid State Plan and not through the waiver. If a person receives day services in their ICF/IID home, it should still be based on their special circumstances with health and behavior needs.
41. Q: Do people have to be in a Day Program during day hours, instead of receiving residential services?
   A: The team should be considering what best meets the person’s needs, the resources that are available, and opportunities for community integration.

42. Q: If a person is considered retired and no longer wants to work, will they fit into Day Habilitation?
   A: Yes.

43. Q: Is volunteer work considered Day Habilitation or Prevocational Service?
   A: It depends if the person gets any type of payment. If the person receives no payment, it could be either Day Habilitation or Prevocational Service, however it should also be considered if the volunteer work is more for recreation/leisure or to gain a specific job skill. If the person is receiving payment, it must be considered Prevocational Service.

44. Q: In Day Habilitation, can a person have a paid job?
   A: No, they cannot be paid, but they can volunteer.

45. Q: Can Day Habilitation and Prevocational Services be provided to a person in the same day?
   A: Yes

46. Q: Can Prevocational Services occur in the current Day Support settings?
   A: Yes. The provider would need to be licensed accordingly. Prevocational Services can also be paid and can occur in the community (e.g. volunteer work, community businesses, etc.).

47. Q: Can a person who is enrolled in Prevocational Service be working on a crew as part of their work experience?
   A: Providers will need to look at the task that is being completed. If a person is on a crew and completing job specific tasks this would be considered Small Group Employment (e.g. if the crew is cleaning hotel rooms-those duties of making beds, cleaning rooms, etc. are job specific to that job). Prevocational Services is providing those general skills and abilities to support a person to becoming employed. Prevocational Services does not include job specific tasks.

48. Q: What is the definition of paid work under Prevocational Service and can contract work occur in the community for this service?
   A: Yes contract work in the community can be provided with Prevocational Service and paid in accordance with applicable federal and state laws. However, it will be based on the task a person is doing and the purpose of the task. Paid work in prevocational service should be based on learning/obtaining job skills and not on a job specific task. For example—a person may be in prevocational service rolling silverware in a restaurant IF the purpose of this task is to learn how to show up to work on time, stay on task, etc. If the person already has these job skills and rolling silverware is a true job specific task then it is not prevocational service.

49. Q: At what point would a person have to officially transfer to the category of Small Group Employment Support or Individual Employment Support from Prevocational Service?
   A: It would be based on the tasks that are being completed. Additionally, if a person is in Prevocational Services and has reached their goal/outcome on those job preparedness activities
in order to be employed, Prevocational Services can be ended and Small Group Employment and/or Individual Employment can be started.

50. **Q:** Whose role will it be to track Prevocational Services for the annual review to determine if the service will continue?

**A:** The team will discuss this at the person’s annual review meeting. The determination to continue the service or not will be based on the review and discussion of the person’s progress toward their goals/objectives related to prevocational training (e.g. work skills, time on tasks, etc.). Ultimately, the DDPM will be the person tracking if the service continues as they are the ones responsible for authorizing the service. The DDPA may then approve up to an additional (2) 12 months of prevocational training. Anything beyond 36 months must receive approval from the DD Division.

51. **Q:** What happens after 3 years of Prevocational Services and if a person still needs it?

**A:** A process will be developed where the DDPA/DDPM will submit a request for approval from the DD Division.

52. **Q:** In the small group setting (working with a group of 2-8), a person is receiving 1:1 staff support will they still be considered small group?

**A:** Yes, if they are working on the same tasks. The level of staffing does not impact the service.

53. **Q:** Can there be more than 1 group in a setting for Small Group Employment?

**A:** The definition of Small Group Employment limits a group of 2-8 people. Examples include mobile crews and other business based work groups employing small groups of workers employing people with disabilities in the community. In most situations there should not be more than 1 group (crew) working on the tasks at the same time. An example where there could be multiple crews in the same location would be where there is a laundry crew inside the building and a lawn crew comes to complete yard tasks, but this should not occur on a regular basis.

54. **Q:** Can a Small Group Employment setting consist of people receiving services from multiple funding sources (e.g. VR, MH, private pay, etc.)?

**A:** Yes, however the Small Group Employment setting should meet the waiver description.

55. **Q:** Can a person be authorized for Prevocational Service, Small Group Employment and Individual Employment Supports at the same time?

**A:** Yes.

56. **Q:** Can there be people working at the same setting while being enrolled in two different programs?

**A:** It would be possible, for example, to have somebody enrolled in Small Group Employment working in the same setting as someone enrolled in Individual Employment Support as it will depend on the situations, people, purpose/goal of the service for the person.

57. **Q:** Sometimes it is difficult to determine what service category applies to what the person is currently receiving for Prevocational Services, Small Group Employment Support, and Individual Employment Support. How can teams know for sure what service category the person should be transitioning to?
A: Teams and agencies need to make the determination based on the service definitions and each situation using their professional judgement, as every situation and location will be different. It is important to look at the purpose of the service for the person. The purpose Prevocational Services is to develop general workplace skills to obtain employment. The purpose of Small Group Employment Support or Individual Employment Support is to maintain the current job or help develop job task specific skills for a new job and the person already has general workplace skills.

Refer to the appendixes “How the previous services will be changed to the new services” and waiver service descriptions found in the document PC and DDPM Guidance for Team Meetings.

58. Q: Will re-employment hours still exist?
   A: Yes. Off the job support can be provided in both Small Group Employment Support and Individual Employment Support, which includes the activities of assisting a person to complete job applications, searching for another job, etc.

59. Q: If a person has a self-employed business, but only does it for 10 hours a week, are they Individual Employment Support for all 40 or do we choose another service for the other 30 hours?
   A: The hours for Individual Employment Support are based on the number of intervention hours needed to support the person. This may not include all the hours they are working. However, the combination of hours between services must look at actual hours worked not intervention hours for Individual Employment Support.

60. Q: Can a person be enrolled in VR (e.g. SEP, Expanded Supported Employment Program) and also be enrolled in Prevocational Service, Small Group Employment Support, or Individual Employment Support?
   A: If the services or activities (e.g. job discovery, development) are similar in nature, then this would be considered a duplication and cannot occur together.

61. Q: When should people be utilizing VR services?
   A: Based on WIOA and Section 511, people should be accessing VR services first. VR services are designed for job exploration and discovery. DD employment services are designed to maintain an person’s employment.

62. Q: What requirements are there to trigger movement from VR to Individual Employment Supports, AND to transfer responsibility from paid staff to co-workers and supervisors?
   A: The requirements will be according to VR policy.

63. Q: How are these service changes going to affect people who are on Worker’s with Disabilities Insurance.?
   A: This is going to be a case by case situation where the county eligibility worker will need to be involved and the DD Division to inform Medicaid offices about the service changes. Each job or situation will need to be looked at individually.

64. Q: Previously, people in Extended Services can only attend Day Supports ½ the hours they are working. Will that rule still hold with the service changes or will they be able to attend Day Habilitation for a combination up to 40 hours? If they can increase to attend up to 40 hours
do we need to request those additional hours through the Division or can teams make that decision when they meet?
A: This rule will no longer apply. People will be able to attend Individual Employment Support in combination with Day Habilitation, Prevocational Services, and/or Small Group Employment Support up to 40 hours per week based on the team recommendations. The team is encouraged to look at the person’s abilities, preferences, and needs.

65. Q: If a person previously did not qualify for Extended Services based on their intervention level, but had a direct paying job what will they be under now?
A: There will be no intervention level limitation under Individual Employment Support. The intervention hours will be determined by the SIS assessment score hours.

66. Q: For Individual Employment Supports, what is meant by “Direct intervention time” for this service shall only be provided to one participant at a time”?
A: Direct intervention time is the time a job coach spends coaching one individual. Job coaching in Individual Employment cannot be provided to a group of individuals.

67. Q: How will the service changes affect the intervention rate for VR services?
A: This is a VR policy and will need to be addressed with VR.

68. Q: A person works in the community with no paid supports and is not enrolled in any services during this time. Would this employment be considered Individual Employment Support and can the person be enrolled in Prevocational Services or Small Group Employment Support?
A: A job that does not have any paid supports or service will not need to be classified as Individual Employment. Because there is no type of funding being claimed for the employment, the person can still be enrolled in either Prevocational Services or Small Group Employment Supports, however the team should consider the person’s skills and abilities through the person centered planning process.

69. Q: How do teams determine if a person would be Independent Habilitation or Residential Habilitation?
A: The team should look at if the person needs daily supports or not. The daily need for supports is determined regardless of who provides the supports. If natural supports are not there, would the person still need supports those days? A contact from the provider via a phone call does not count as support, as it has to be in person support. If a service is not being provided, the provider cannot bill.

70. Q: Are there any age requirements for a person entering residential service?
A: With Residential Habilitation and Independent Habilitation, the age criteria or requirement to receive an IEP, no longer applies but the team still needs to ensure the appropriateness of the placement.

Team Meetings and the OSP

71. Q: If the changes are effective and to start on the ISP on 4/1/18, will people stay in their current programs and transition after 4/1/18?
A: Yes
72. Q: How will the hours on the ISP be listed and will there be flexibility in the ISP services between the different services?
   A: The hours attended in Day Habilitation, Prevocational Services, or worked in Small Group Employment Supports, and Individual Employment Supports cannot exceed 40 hours per week. For Individual Employment Support the hours that count towards the 40 hours maximum is the individual hours worked, not intervention hours.

   The number of hours for each service can be listed based on the estimated time. There may be some weeks where a person’s hours may vary, but at the end of the ISP period, the total amount authorized should not be exceeded. Providers may have to track the hours in the service and if it appears the person may exceed the authorized hours, additional hours could be requested. However, this would need to be completed prior to the authorization end period.

73. Q: Is everyone required to have a team meeting for the payment system implementation and service changes?
   A: Yes. All team meetings need to occur before 12/1/17. These team meetings may occur either in-person, conference call, or other methods (e.g. email). The DDPM and Program Coordinator may use their professional judgement to determine which method would be most appropriate to achieve the best outcome. Even if nothing is changing for the person, this personalized contact, such as a phone call, will inform them of that.

   The purpose of the meetings is to personally explain to the person and/or legal decision maker the system changes that are occurring and how the transition will take place. This will provide the opportunity for the person and/or legal decision maker to be educated and understand on an individualized level.

74. Q: Does the team need to meet for outlier requests and does it have to be face to face?
   A: Yes, the team is required to meet for the outlier request. It can be up to the team if that is in person or via phone. The team should consider what method is most appropriate for them and this decision should individualized.

75. Q: For the team reviews, where should the documentation of the discussion be completed within the OSP?
   A: The documentation of the discussion and changes will be reflected in the DDPM Final Review section of the OSP. Refer to the PC and DDPM Team Meeting Guidance for further instructions.

76. Q: Can changes be made if it is later determined there needs to be change in service hours or service category? (e.g. the person should be in 5 hours of Prevocational Services, not Day Habilitation). Does a meeting have to happen for every change?
   A: Since the initial team meetings, it has been realized that some people were authorized in the incorrect service name or adjustment to hours are needed. Those changes cannot occur without first having a discussion with the provider, DDPM, guardian, individual, and other applicable team members. This is a client right and those changes and discussion would need to be documented in the plan. The discussion can occur through another meeting, phone call, email, etc.

77. Q: Does the Assessment Results Form (used prior to 4.1.18) still get signed if there are concerns or disagreement?
A: Yes, the Assessment Results Form should be signed. The form states “My Signature indicates that the following has been explained to me.” A person is not signing the form to indicate agreement or disagreement with the outcome, but is signing to acknowledge that specific items were explained to them.

The DDPM documents in the OSP Update any discussion and outcomes, including if there is a disagreement. The discussion should have also included and documented what any next steps would be and may result in another meeting or other options.

78. Q: Who is responsible for scheduling and conducting the OSP for Individual Employment Support?
A: If a person receives only Individual Employment Support, the provider Program Coordinator will need to complete the OSP in accordance with the OSP Instructions. After 4/1/18, the Program Coordinator will complete the full OSP as plans come due. Prior to 4/1/18 the DDPM will need to update the ISP per DD Division instructions.

79. Q: What are the plan and documentation requirements for Individual Employment Support only?
A: The DD licensed provider will now be completing the OSP in Therap. Beginning 4/4/18, the annual no-pscp type will no longer be used. This plan transition will need to be completed once the person’s plans come due or as updates are needed after 4/1/18. The plan and documentation requirements are found in the OSP Instructions.

80. Q: Do learning objectives need to be re-written or added for each of the new service categories?
A: Teams should continue to follow the requirements for goals and learning objectives in the OSP Instructions. Goals/objectives should reflect the purpose of that service (e.g. Prevocational Services-to provide learning, skills and work experiences which teach those general skills that would contribute to employability). The team should review how that goal/objective are written-what is the purpose of the objective and if the way it is worded measures what it’s intended for (purpose). Additionally, the team should evaluate the person’s skills/behaviors in order to determine the goal/objective, which drives how that goal/objective is written. If the team decides more time is needed to determine a goal/objective for the upcoming implementation, the plan should state this with the anticipated date of completion.

81. Q: Are there going to be changes to documentation requirements? Does a provider document based on assessment hours only?
A: No, there has been no change to the provider documentation requirements. Documentation may include t-logs, objective data, nurse notes, Program Coordinator summaries, etc.