

Texas Department of Aging and Disability Services

DBMD Quarterly Webinar August 3, 2016

Agenda

- Star Kids
- Community First Choice
- Enrollment
- Contract Monitoring
- Orientation and Mobility
- Supported Employment and Employment Assistance

STAR KIDS

Lisa B. Glenn, MD

Center for Policy and Innovation

Department of Aging and Disability Services

August 3, 2016

SENATE BILL 7 (83RD LEGISLATURE)

- Mandated expansion of Medicaid managed care services
- STAR Kids Program
- Other – STAR+PLUS expansion (9/2014), Nursing Facility (3/2015), Community First Choice (CFC) (6/2015), IDD Waivers (2017 and beyond)

WHAT IS MANAGED CARE?

- Healthcare provided through a network of doctors, hospitals and other healthcare providers responsible for managing and delivering quality, cost-effective care
- The State pays a managed care organization (MCO) a capitated (fixed) rate per month for each member enrolled, rather than paying for each unit of service provided

GOALS OF MANAGED CARE

- Emphasize preventive care.
- Improve access to care.
- Ensure appropriate utilization of services.
- Improve client and provider satisfaction.
- Establish a medical home for Medicaid clients through a primary care provider (PCP).
- Improve health outcomes, quality of care, and cost effectiveness.
- Promote care in least restrictive, most appropriate setting.

STAR KIDS POPULATION

- Individuals 20 and younger
 - with SSI
 - in Medically Dependent Children Program (MDCP)
 - reside in most ICF/IID or nursing facility
 - In IDD waiver (Deaf Blind with Multiple Disabilities, Home and Community-based Services, Texas Home Living, Community Living Assistance and Support Services)

STAR KIDS POPULATION

- Dual eligible (Medicare/Medicaid) are mandatory
- All persons 20 and younger in STAR+PLUS will be moved into STAR Kids
- Voluntary – self declared member of federally recognized tribe
- Excluded – STAR Health (foster children), State Supported Living Centers, Truman Smith and State Veterans Nursing Facilities

STAR KIDS SERVICES

- STAR Kids Screening and Assessment Instrument (SAI) for eligibility
- Service coordination
- Individuals with SSI only or in the MDCP waiver will receive all services (state plan and LTSS including CFC) from MCOs.
- Individuals who reside in ICF-IID or receive services (including CFC) through IDD waivers will receive state plan services only through MCO

STATE PLAN SERVICES

- State Plan Services includes services such as:
 - doctor visits,
 - hospital or emergency room services
 - prescription medications
 - therapy for acute condition (rehabilitative vs. habilitative)
 - Private Duty Nursing (through TxHealthSteps-CCP)

VALUE ADDED SERVICES

- Services that an MCO chooses to offer in addition to required state plan Medicaid services
- Examples: Transportation, Dental
- MCO can choose to stop offering benefit at any time
- LTSS provider is responsible for providing all services included in the LTSS provider's reimbursement
- For IDD waiver recipients, value-added services may be accessed if all the units available for the service have been encumbered on the individual plan of care (IPC)

TIMELINE

- Introduction letters mailed to eligible individuals in July
- Enrollment packets to be mailed in August
- Information sessions for providers and families in August and September
- Deadline for enrollment with MCO is October 12.
- If the individual does not choose an MCO, he will be defaulted to an MCO.
- Implementation date – November 1, 2016

APPEALS AND FAIR HEARINGS

- Members may appeal to the MCO and/or file a fair hearing request with the State if services are denied, reduced, or terminated.
- Services may continue during the review if the appeal or fair hearing is requested within the adverse action period and the member requests continued services pending the appeal.

PROVIDER COMPLAINTS

- Providers initially contact the MCO to file a complaint and must exhaust the MCO resolution process before filing a complaint with HHSC.
- Appeals, grievances, or dispute resolution is the responsibility of the MCO.
- Providers may file complaints with HHSC if they did not receive full due process from the MCO.

COMPLAINT CONTACTS

- HHSC
HPM Complaints
P.O. Box 85200, MC H-320
Austin, TX 78758
- HPM_Complaints@hhsc.state.tx.us
- Remember to follow HIPAA guidelines and always send patient information securely

NEXT STEPS

- Find out which STAR Kids MCOs will be in your area
- Attend the STAR Kids information sessions
- Encourage your clients to enroll in their choice of MCO by the deadline

QUESTIONS

- HHSC STAR Kids Webpage

www.hhsc.state.tx.us/starkids

Community First Choice

Desireé Martinez

August 2016

Background

- S.B. 7, 83rd Session, requires the most cost-effective approach to basic attendant and habilitation service delivery.
- The HHSC and DADS met this requirement by implementing Community First Choice, known as CFC, that began on June 1, 2015.

CFC Eligibility

- To be eligible for CFC services a member must:
 - **Meet the institutional level of care for:**
 - Hospital
 - An Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)
 - Nursing Facility (NF)
 - Institution for Mental Disease (IMD)

Three Main Ways for Receiving CFC Services

- Managed Care Organizations
- Personal Care Services
- DADS waiver programs

CFC Services

- Community Living Assistance and Support Services (CLASS)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Deaf Blind with Multiple Disabilities (DBMD)

**Please note: Transportation is still provided for Habilitation services through the waiver*

CFC Services

- Personal Assistance Services (PAS)
- Habilitation (HAB)
- Emergency Response Service (ERS)
- Support Management

PAS/HAB

- Personal assistance services (PAS)
 - Non-skilled assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) provided through hands-on assistance, supervision or cueing, help with household chores, escort services, and assistance with health-related tasks (e.g. delegated nursing, health maintenance activities, extension of therapy)
- Habilitation (HAB)
 - Helps members acquire, maintain, and enhance skills to accomplish ADLs, IADLs, and health-related tasks.

Habilitation

- Self-Care
- Personal Hygiene
- Household Tasks
- Mobility
- Money Management
- Community Integration
- Use of adaptive equipment
- Personal decision-making
- Interpersonal communication
- Socialization
- Leisure activity participation
- Self-administration of medication
- Use of natural supports or community services

CFC Services PAS/HAB

- In DBMD, Personal Assistance Services (PAS) and Habilitation (HAB) are combined into one service called CFC PAS/HAB.
- All of the tasks and activities delivered through DBMD residential habilitation are now delivered through CFC PAS/HAB, except for transportation.

PAS/HAB Attendant Qualifications

- is at least 18 years of age;
- has:
 - a high school diploma or equivalent; or
 - documentation of a proficiency evaluation of experience and competence to perform the job tasks that includes:
 - a written competency-based assessment; and
 - at least three written personal references;
- is not the parent of an individual who is under 18 years of age or the spouse of an individual; and
- meets any other qualifications requested by the individual or legally authorized representative (LAR)

PAS/HAB Attendant Qualifications

- PAS/HAB Attendant-In addition to meeting the personnel requirements outlined in the DBMD Texas Administrative Code, the program provider must, if requested:
 - allow the individual to train a CFC PAS/HAB service provider in the specific assistance needed by the individual and to have the service provider perform CFC PAS/HAB in a manner that comports with the individual's personal, cultural, or religious preferences; and
 - ensure a CFC PAS/HAB service provider attends training provided by or through HHSC or DADS so that the service provider can meet any additional qualifications desired by the individual.

Other CFC Services

- Emergency response services
 - A service for members who would otherwise require extensive routine supervision and who live alone, are alone for significant parts of the day, and do not have regular caregivers for extended periods of time
- Support Management
 - Provides voluntary training on selecting, managing and dismissing attendants
- Individuals in CFC may use the Consumer Directed Services (CDS) option

Additional Information on CFC

- No additional contracting is required
- The MCO is not involved in the provision of CFC services for DBMD
- The reimbursement rate for CFC PAS/HAB is the same as the waiver rate for residential habilitation.
- Program providers and FMSAs continue to bill for services, including CFC, through their usual billing methods and reimbursement continues through DADS.
- EVV does not apply to DBMD
- All forms currently required for the waiver programs continue to be required. These forms are used to justify CFC services as well as all other services an individual may need.

LIDDAs

- Individuals enrolling in DBMD who have been receiving CFC will likely have a relationship with their Local Intellectual and Developmental Disability Authority (LIDDA)
- Under S.B. 7, local authorities provide:
 - For individuals with Intellectual and Developmental Disabilities (IDD) not in the waiver:
 - Assessments for CFC
 - Eligibility
 - Functional needs

Compliance Requirements

- A DBMD Program provider must comply with 40 TAC Chapter 42, as if CFC PAS/HAB and CFC ERS are DBMD Program services.
- Program rules were effective March 20, 2016.

Form Revisions

CLASS and DBMD

- *DADS Form 3596 CLASS/DBMD - Habilitation Plan*
- *DADS Form 3628 Provider Agency Backup Plan*
- *DADS Form 8598 Non-waiver services*
- *DADS Form 8605 Completion of Purchase*
- *DADS Form 3598 Individual Transportation Plan*

DBMD

- *DADS Form 6500– Individual Plan of Care*
- *DADS Form 6500T – Individual Plan of Care Transfer*
- *DADS Form 6501 Individual Program Plan Narrative form*
- *DADS Form 6503 Summary of Services Delivered*

Consumer Rights and Services

- For individuals currently in a waiver program, complaints regarding CFC will be handled in the same manner as they are today.

Provider Base

- Provider Base
 - Licensed by DADS as a home and community support services agency (HCSSA) or certified by DADS as an HCS or TxHmL provider; and
 - Under contract with:
 - DADS as a CLASS, DBMD, HCS, or TxHmL provider; or
 - Health and Human Services Commission (HHSC) as a managed care organization.

Resources

- DADS CFC website:

<https://www.dads.state.tx.us/providers/cfc/>

- FAQ document available on the DADS CFC provider resources page.

<http://www.dads.state.tx.us/providers/CFC/index.cfm>

- Email policy questions:

MCD_CFC@hhsc.state.tx.us

Additional Resources

- HHSC CFC website:
- <http://www.hhsc.state.tx.us/medicaid/managed-care/community-first-choice>
- HHSC CFC Mailbox:
MCD_CFC@hhsc.state.tx.us

Thank you!

Program Enrollment/Utilization Review (PEUR)

- Patrick Koch, Supervisor
- Yvette Thomson, Program Specialist
- Camryn Burner, Program Specialist

DEAF BLIND WITH MULTIPLE DISABILITIES

2016

Program Enrollment/Utilization Review

DBMD – Enrollment Process

Issuance of Enrollment Offer

- DADS issues a DBMD Program enrollment offer to the individual / LAR
- DADS encloses in the written offer:
 - Documentation of Provider Choice (Form 1576)
 - List of DBMD program providers
 - Documentation explaining other currently available community based long term support options that may be appropriate to meet the individual's needs
 - An Applicant Acknowledgement Form

DBMD – Enrollment Process

Acceptance of Enrollment Offer

The individual/LAR accepts the DBMD enrollment offer by:

- Selecting a program provider from the enclosed list and designating the selection on the Documentation of Provider Choice form, and;
- Ensuring the completed Documentation of Provider Choice is submitted to DADS and postmarked or faxed no later than 60 calendar days after the date of the offer letter.

Upon timely receipt of a Documentation of Provider Choice form and Applicant Acknowledgement form, DADS notifies the selected DBMD provider.

DBMD – Enrollment Process

Withdrawal of Enrollment Offer

DADS withdraws an offer of DBMD Program services if:

- The individual or LAR declines the offer of DBMD program services (Provider forwards completed Form 6510 - Decline of Offer for DBMD Enrollment)
- The individual or LAR does not complete the enrollment process as described in TAC §42.212 (Process for Enrollment of an Individual)
- The individual was offered DBMD Program services while residing in a nursing facility, but was discharged from the facility before the effective date of the Enrollment IPC

DBMD – Enrollment Process

DBMD Provider Responsibilities

- After notification by DADS that an individual designated their provider agency on a Documentation of Provider Choice form, the selected provider must assign a case manager to the individual.
- That case manager must contact the individual within 5 business days after the program provider receives DADS notification.

DBMD – Enrollment Process

DBMD Provider Responsibilities

During initial contact, the case manager must:

- Verify the individual resides in a county for which the program provider has a contract.
- Determine if the individual is currently enrolled in Medicaid (and if not, offer to assist in Medicaid enrollment).
- Determine if the individual is currently enrolled in another waiver program or receiving a service that may not be received if the individual is enrolled in the DBMD program, as defined in the Mutually Exclusive Services table in Appendix V of the DBMD provider manual available at the DADS DBMD webpage. Conflicting services must be terminated prior to DBMD effective date.
- Arrange with the individual and LAR for an initial face-to-face, in-home visit to occur as soon as possible but no later than **30 calendar days** after the provider receives DADS notification.

DBMD – Enrollment Process

DBMD Provider Responsibilities

During the home visit, the case manager provides the following information to the individual / LAR:

- DBMD program services (including TAS)
- CFC services
- Eligibility requirements
- Reasons for DBMD Program services and CFC services terminations
- Individual's rights and responsibilities (Right to a Fair Hearing)
- Mandatory participation requirements
- Procedures to file a complaint regarding a DBMD Program provider
- CDS option
- Voter registration process

DBMD – Enrollment Process

DBMD Provider Responsibilities

... continued:

- How to contact the program provider, the case manager, and the RN;
- Request for temporary services outside the contracted service delivery area (60 day limit)
- Procedures for reporting an allegation of abuse, neglect, and exploitation;
- Complete an adaptive behavior screening assessment
- Ensure an RN completes a nursing assessment
- Complete the ID/RC Assessment form
- Complete Verification of Freedom of Choice form
- Complete Release of Information Consent form



DBMD – Enrollment Process

DBMD Provider Responsibilities

Following the home visit, the a program provider must ensure:

- The ID/RC Assessment is submitted to a physician for review
- The DADS Prior Authorization for Dental Services form is sent to a dentist

DBMD – Enrollment Process

DBMD Provider Responsibilities

Enrollment SPT:

- SPT is convened by CM within 10 days after receipt of ID/RC approval
- Completion of DADS Prior Authorization for Dental Services form
- Development of enrollment IPC
- Completion of transportation plan
- Service Backup plan is developed
- IPP is completed within 10 days of the SPT meeting
- Enrollment packet must be submitted to DADS within 10 days of the SPT meeting

DBMD – Enrollment Process

Submission of DBMD Enrollment Packet

- Form 6500, Individual Plan of Care (IPC) – DBMD/CFC
- Form 8578, Intellectual Disability/Related Condition Assessment
- Form 8598, Non-Waiver Services
- Adaptive Behavior Level (ABL) Assessment Summary (e.g. ICAP, SIB-R)
- Form 8662, Related Conditions Eligibility Screening Instrument
- Form 6501, Individual Program Plan
- Form 8601, Verification of Freedom of Choice
- Form 1576, Documentation of Provider Choice
- Form 6515, CLASS/DBMD Nursing Assessment
- Form 6504, Prior Authorization for Dental Services
- Form 6508, Specifications for Minor Home Modifications
- Form 6507, Adaptive Aids, Medical Supplies and Minor Home Modifications
- Form 3598, Individual Transportation Plan
- Form 6503, DBMD Summary of Services Delivered

DBMD – Enrollment Process

Common Remand Reasons for Enrollment Packets (IPC)

- Legibility – include clear copy
- IPP (Form 6501) not matching IPC (Form 6500)
- Forms not signed by case manager AND provider representative
- Error corrections (not as per Chapter 49 TAC)
- Habilitation Plan not justifying requested service amount
- Parental barriers not documented
- Missing or incorrect vendor numbers
- Missing or outdated Nursing Assessment
- Missing or incorrect IPC effective period
- Services not being coded accurately (SVC 17/17v instead of 10CFC/10CFV)
- Submission outside the submission window (10 days)
- Not adhering to established submission standards
- Use of outdated form versions
- Submitter not following form instructions

DBMD – Enrollment Process

Common Remand Reasons for Enrollment Packets (ID/RC)

- Legibility – include clear copy
- Required fields not populated or not coded as per instructions
- Submission outside the submission window (30 days before the end of an IPC period)
- Primary Diagnosis not a Related Condition
- If diagnoses change at reassessment the MD/DO must (re)attest
- Missing or misplaced MD/DO attestation
- Diagnosis not coded exactly as outlined in ICD-10
- Nonsensical onset date of primary diagnosis
- Recommended LOC not in alignment with assessments and findings
- Error corrections (not as per Chapter 49 TAC, involving MD/OD)
- ABL assessment tool expired

DBMD Program Contract Monitoring

Sarah Schmidt, Manager

Update on electronic monitoring tool and
most frequent citations



New DBMD Program Monitoring Tool

Electronic monitoring tool now being used by
DADS Contract Monitoring staff

A copy of the tool is available to all providers via the
DADS website

[http://www.dads.state.tx.us/providers/contractcompliance/
index.html](http://www.dads.state.tx.us/providers/contractcompliance/index.html)

Contract Monitoring

- 5% sample of individuals served will be reviewed with a minimum of 4 individuals reviewed.
- If the DBMD contractor serves over 22 individuals, then the minimum sample size is 5 .
- All documentation must be provided before the Exit Conference. We do not any accept documentation after we leave.
- You will not receive the sample list until the Entrance Conference on the first day of review.

Frequent Citations

1. Mandatory participation requirements of an Individual (§42.252) must be provided at enrollment and annually.
2. The provider must maintain a copy of an ID/RC signed by a physician in the individual's chart, §42.405(a)(3).
3. Goals and objectives in the in the individual's IPP must be:
 - supported by justifications,
 - outcome-based,
 - measurable, and
 - have timelines
4. **Quarterlies**
 - The case manager must meet face-to-face with the individual/LAR at least every 90 days after the effective date of the IPC.
 - The quarterly report should be discussing the progression of the goals as written within the IPP's and the progress/lack of progress of the goals.

Frequent Citations

5. Residential Services (Service Codes 19, 19E, and 19F)

- Provider must have written polices and procedures concerning room and board payment including:
 - how the provider determines the amount of room and board based on the costs of maintaining the residence;
 - due date;
 - credit balances;
 - written notice of late payment to include late fees;
 - return check charges;
 - provision of receipt at time payment is made; and
 - proportional refund when individual moves from the residence.
- Providers must maintain a room and board ledger
- HCSSA homes (Licensed Home Health Assisted Living) must conduct a fire drill within 48 hours after an individual moves into the residence and at least every 90 calendar days thereafter, with at least two drills per year conducted during the individual's normal sleep hours.

Frequent Citations

6. Billing & Service Delivery

- All services billed for must be billable activity as described in rule (§42.621- §42.632). Non-billable activities are listed in §42.641.
- All entries on Form 6503 accompanied by supporting documentation (notes) to account for all activities performed on the shift and document:
 - the date, time, and duration of contact;
 - type of contact (phone or face-to-to face);
 - the person with whom the contact occurred;
 - the description of the service activity; and
 - signature and title of the service provider.

Contacts

Contract Enrollment and Administration

Paul Straka, Manager	(512) 438-3460
Anne Tanner, Lead Contract Specialist	(512) 438-3618
Fax Number	(512) 438-5528
Email	communityservicescontracts@dads.state.tx.us
Unit Voicemail Box	(512) 438-3550

Contract Management and Monitoring

Sarah Schmidt, Manager	(512) 438-5370
Christopher Robinson, Lead Contract Specialist	(512) 438-5432
Letitia Parson, Program Consultant	(512) 438-4607
Tinia Collins, Program Consultant	(512) 438-2232
Angie Campos, Program Consultant	(512) 438-2544
Joseph Cantu, Program Consultant	(512) 438-4300
Fax Number	(512) 438-3639

The Importance of Orientation and Mobility (O&M) for Students who are Deafblind

Toby Anne Penington

COMS

What is O&M?

- **Orientation-** instruction teaches the student to use environmental cues (e.g. sounds, smells, visual or tactile stimuli) to provide information about the environment.
- **Mobility-** involves the actual movement from place to place. The skills incorporate techniques that promote movement through the environment with safety and efficiency.

Who is Deafblind?

- People who are deafblind are a diverse group. This may include people who are deafblind due to a disease or birth defect, an accident or trauma, or age related issues.

Theida from Tennessee



- Age: 61 years old
- Vision: Totally Blind (NLP) due to MVA trauma at 4 years old
- Hearing: Profound hearing loss
- Wheelchair and short distance ambulatory
- Severe and Profound Traumatic Brain Injury and lives in a group home
- Non verbal- Makes simple gestures, smile and claps hands when happy, bites and screams when upset
- Basic tactile sign language-eat, drink, go and stay

Scott, from Austin, Texas via New York



Age: 45 years old

Vision: Cone Rod Dystrophy from birth
(progressive loss)

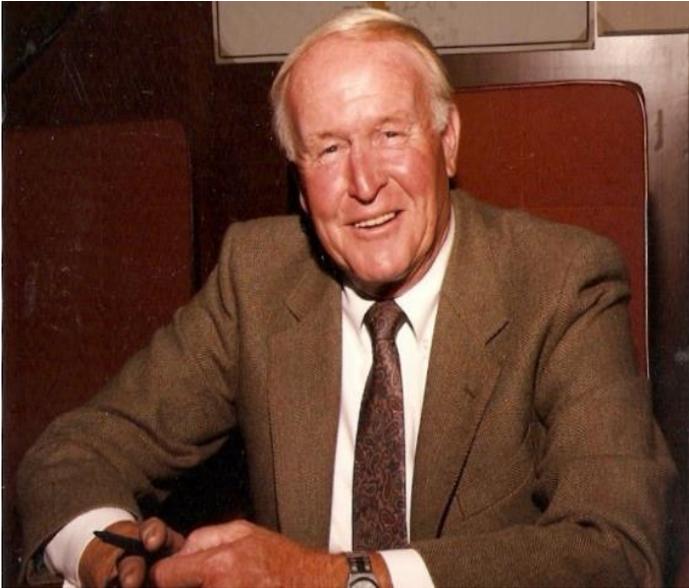
Hearing: Wears hearing aids- moderate
to severe high frequency loss

Communicates verbally

Occupation: Supervisor of the
Orientation and Mobility Department at
CCRC (11 staff report to him)

Background: Master's Degree from
University of Texas, married with 5
children, runs marathons and travels the
world

Bob from Redwood City, CA (just south of San Francisco)



Age: 82 years old

Vision: Macular Degeneration (no longer able to drive, recognize faces or read small print)

Hearing: Impairment due to World War 2-wore hearing aids, constant tinnitus

Occupation: Retired Engineer and Mayor of his town in California.

Army Veteran

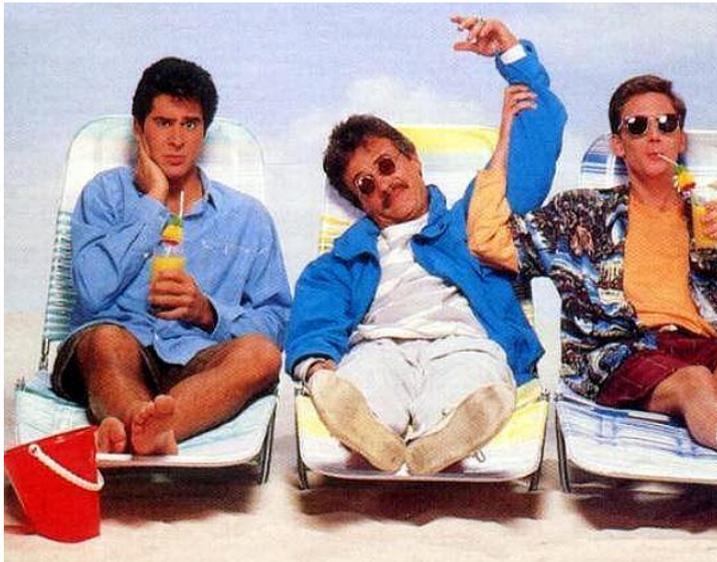
Wife and 4 grown children

Assessments and Goal Setting

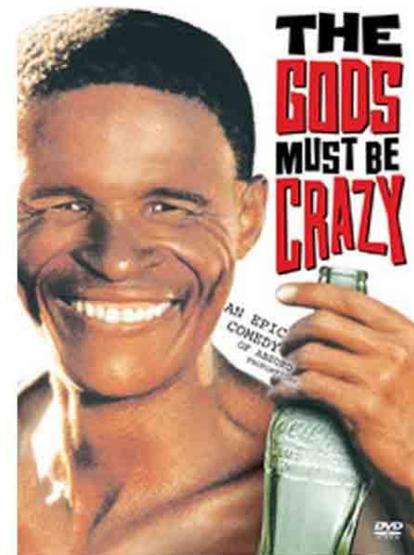


Assessment of skills, expectations and goals

- Weekend at Bernie's



- The Gods Must Be Crazy



Theda's O&M Goals:



- Walk short distances to the kitchen, bathroom bedroom
- Use rollator walker for protection and information and could sit when tired
- Help turn rollator
- O&M goals help with behavior issues

Scott's O&M Goals:



- Uses a long white cane for travel
- Learned address systems, street patterns, monocular telescope
- Public transportation-buses, taxis, para transit, walks and runs everywhere
- Lives in Austin and is very independent

Bob's O&M Goals



- Primarily traveled using guided techniques with family members
- Maintain a level of **interdependence** in unfamiliar areas (Bart system, escalators, stairs, curbs)
- Used a folding cane for information
- Able to identify landmarks for orientation-getting the mail, walking dog

A Team Approach

A team may be composed of a parent, staff or teachers, other related services personnel (OT, PT, SLT) and, where appropriate, the student.

Theda's Team

- O&M Specialist
- Physical Therapist for balance and strength
- Behavioral Analyst
- Family
- Provider Staff



Scott's Team

- O&M Instructor
- Braille Teacher-Labeling medicine
- Technology Teacher-Zoom Text (Large Print with a screen reader)
- iPhone



Bob's Team

- 6 weeks of skills training at the Palo Alto Veterans Rehabilitation Center in Palo Alto, California
- Low Vision training-hats, sunglasses, magnifiers
- Hearing services-better hearing aids
- Technology training-wanted to email kids
- Group therapy-seminars
- Recreation therapy-adaptions for fishing
- Daily Living Skills-basic cooking, microwave, organization skills



Experiences



- **Motor development** includes both gross and fine motor skills and focuses on developing and/or enhancing a student's motor abilities.
Learning or Maintaining



- **Concept development** incorporates an understanding of and knowledge about the environment.



Individual Goals

- Theda
 - Opportunities to experience new things-contacting objects
- Scott
 - Street patterns, address systems, turning lanes, traffic islands
- Bob
 - Technology –email, computers, phones

Sensory Development



- optimizes a student's ability to utilize the senses of residual sight and hearing, as well as the tactile, olfactory, and kinesthetic senses.

Sensory Development, cont.

- Theda:
 - Dinner time, smell, cues: carpet, door frame, windows (sunshine, cold)
- Scott:
 - Information about the road, sidewalk when travelling using his cane. When to cross at lighted intersections (left back, right ahead) Identifying objects by texture of it.
- Bob:
 - Smell coffee shop, mail box counting, time and distance

The Basics of Mobility Skills

- Guided Travel
- Protective Techniques
- Trailing
- Mobility Devices

Guided Travel

- Guided Travel techniques has the student maintaining a constant grip on the guide's arm while following the guide around obstacles as they travel through the environment.



Protective Techniques

- Protective techniques allow students to travel independently enabling them to locate objects while protecting their bodies.



Dog Guides

- Some individuals who are deaf-blind prefer to use dog guides rather than canes. Dog guide use is taught at special dog guide schools.
- Most dog guide schools require that their students be skilled travelers before being accepted into the training program. Most prefer to admit only students who are past high school age, although some do work with younger students.



Wheelchair Mobility

- O&M programs for students using wheelchairs are highly individualized and take into account the student's residual senses and safety.



How Can I find an O&M Instructor?

Here are some resources:

- Division of Blind Services
1-800-628-5115
<http://www.dars.state.tx.us/dbs/offices/OfficeLocator.aspx?div=4>
- Lighthouses for the Blind—check for local listings
- American Foundation for the Blind
<http://www.afb.org/default.aspx>
- National Federation of the Blind
<https://www.nfbtx.org/>
- And you can always call DBMD Program Specialist if you need help finding an O&M Specialist! 512-438-2622

Deaf Blind with Multiple Disabilities (DBMD)

EMPLOYMENT ASSISTANCE and SUPPORTED EMPLOYMENT

August 3, 2016

Sara Kendall, Program Specialist

**Texas Department of Assistive and Rehabilitative
Services**

The Really Big Question!

- Where do we find providers who will do these services?
- You need to hire someone and/or train existing staff to do these services, or subcontract with a provider from a waiver other than DBMD who has staff already trained to do EA and SE. You might consider sharing staff with another DBMD provider.
- There is not a ready pool of job developers out there waiting to subcontract with you.
- If you have not already, you can try to see if any DRS and DBS Community Rehabilitation Programs (CRPs) are interested in subcontracting with you. *Most* DARS CRPs probably will not subcontract with you due to their existing workload. In addition, DARS rates are higher than DBMD rates, so it may not work for them financially to sub-contract with you.

Another Really Big Question

- Why is everybody talking about employment all of a sudden?
- Texas will be implementing an Employment First Policy very soon.

Basically, this policy says that HHS, TWC and TEA will all consider employment as the first and preferred option of services in any publicly funded system.

This does not mean other services are not available, just that employment must be seriously considered first when discussing services. Read the Employment First Bill at <https://www.dads.state.tx.us/employmentfirst/docs/SB1226Overview.pdf>

DBMD EMPLOYMENT ASSISTANCE: DEFINITION

- Employment assistance means assistance provided to an individual to help the individual locate paid employment in the community.
- Employment assistance includes:
 - identifying an individual's employment preferences, job skills, and requirements for a work setting and work conditions;
 - locating prospective employers offering employment compatible with an individual's identified preferences, skills, and requirements; and
 - contacting a prospective employer on behalf of an individual and negotiating the individual's employment.

- A provider of employment assistance may bill for such services as: (1) transporting the individual to and from the work site, (2) activities related to supporting the individual to be self-employed, work from home, or perform in a work setting, and (3) participating in service planning team meetings.
- **Documentation is maintained in the individual's record that the service is not available to the individual under a program funded under section 110 of the Rehabilitation Act of 1973 or under a program funded under the Individuals with Disabilities Education Act (20 U.S.C. §1401 et seq.).**
- This service may not be provided to an individual with the individual present at the same time that one of the following DBMD program services is provided: day habilitation, residential habilitation, supported employment, or respite [or CFC/PAS HAB].

<http://www.dads.state.tx.us/providers/DBMD/DBMDWaiverAmendment3.pdf>

- Employment assistance does not include using Medicaid funds paid to the program provider for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
 - (A) Paying for an employer to encourage the employer to hire an individual, or for supervision, training, and adaptations for an individual that the employer typically makes available to other workers without disabilities filling similar positions in the business; or
 - (B) Paying the individual as an incentive to participate in employment assistance activities, or for expenses associated with the start-up costs or operating expenses of an individual's business.

<http://www.dads.state.tx.us/providers/DBMD/DBMDWaiverAmendment3.pdf>

WHO IS PAYOR OF FIRST RESORT?

- For individuals in high school the education system and DRS/DBS is the payor of first resort. For all others, DRS or DBS is the Payor of First Resort.
- This means you must refer individuals to DRS or DBS (or the school) and they must make application for employment services before you can start billing DBMD for EA.
- Once the individual makes application with DRS or DBS you can start providing and billing for EA as long as it is an approved service on the individual's IPC.
- If the individual is determined ineligible for DRS or DBS services you can just continue to bill EA through DBMD.
- If the individual is eligible for DRS/DBS services you can continue to bill for EA through DBMD until the DRS or DBS Individualized Plan for Employment (IPE) is signed by the individual. At that point you must stop billing for EA and wait for DRS/DBS to close the individual's case.

DBMD Forms

- The following DBMD Forms should have employment, or activities that can lead to employment (if the individual is going to be pursuing employment as a goal) addressed on each:
 - Form 3596, PAS/Habilitation Plan—CLASS/DBMD/CFC
 - Form 3598, Individual Transportation Plan
 - Form 6500, Individual Plan of Care (IPC)—DBMD/CFC
 - Form 6501 Individual Program Plan
 - Form 6503 Summary of Services Delivered
 - Form 8598 Non-Waiver Services



DBMD SUPPORTED EMPLOYMENT: DEFINITION

- Supported employment means assistance provided, in order to sustain competitive employment, to an individual who, because of a disability, requires intensive, ongoing support to be self-employed, work from home, or perform in a work setting at which individuals without disabilities are employed. Supported employment includes employment adaptations, supervision, and training related to an individual's assessed needs. Individuals receiving supported employment earn at least minimum wage (if not self-employed).
- A provider of supported employment may bill for such services as: (1) transporting the individual to and from the worksite, (2) activities related to supporting the individual to be self-employed, work from home, or perform in a work setting, and (3) participating in the service planning team meetings.

<http://www.dads.state.tx.us/providers/DBMD/DBMDWaiverAmendment3.pdf>



In the state of Texas, this service is not available to individuals receiving these services under a program funded under section 110 of the Rehabilitation Act of 1973.

Documentation is maintained in the individual's record that the service is not available to the individual under a program funded under the Individuals with Disabilities Education Act (20 U.S.C. §1401 et seq.).

<http://www.dads.state.tx.us/providers/DBMD/DBMDWaiverAmendment3.pdf>

- Supported employment does not include sheltered work or other similar types of vocational services furnished in specialized facilities, or using Medicaid funds paid to the program provider for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
 - (A) paying an employer to encourage the employer to hire an individual, or for supervision, training, and adaptations for an individual that the employer typically makes available to other workers without disabilities filling similar positions in the business; or
 - (B) paying the individual as an incentive to participate in supported employment activities, or for expenses associated with the start-up costs or operating expenses of an individual's business.
- This service may not be provided to an individual with the individual present at the same time that one of the following DBMD services is provided: day habilitation, residential habilitation, employment assistance, or respite [*or CFC PAS/HAB*].

WHO IS PAYOR OF FIRST RESORT?

- For individuals in high school the education system is the payor of first resort.
- DRS/DBS **do not** provide Supported Employment (SE) as it is defined in DBMD.
- Individuals needing DBMD SE should **not** be referred to DRS or DBS. Refer to DADS IL 2012-60 for clarification.
- If you are serving an individual through DBMD SE and the individual loses the job, wants a new job, or wants to advance in his current position you do not need to refer back to DRS/DBS. Because the individual has already been through the DRS/DBS system you can start providing and billing for EA without making any referral.

DBMD Forms

- The following DBMD Forms should have Supported Employment addressed on them if the individual is receiving, or will need that service:
 - Form 3598 - Individual Transportation Plan
 - Form 3621 - DBMD/CFC /Individual Plan of Care
 - Form 8598 - Non-Waiver Services
 - Form 3596, PAS/Habilitation Plan—CLASS/DBMD/CFC
 - Form 6500, Individual Plan of Care (IPC)—DBMD/CFC
 - Form 6501 Individual Program Plan
 - Form 6503 Summary of Services Delivered

A RESOURCE TO GET YOU STARTED

- **HHS Medicaid Guide to Employment for People with Disabilities:**

**[http://www.dads.state.tx.us/providers/supportedemployment/
EmploymentGuide.pdf](http://www.dads.state.tx.us/providers/supportedemployment/EmploymentGuide.pdf)**

This guide provides information on how to support and assist working-age people with disabilities who are receiving HHS Medicaid services to obtain and maintain competitive, integrated employment.

When you or the consumer are just beginning to think about employment follow the guidelines in **Attachment B: First Steps to Employment for People with Significant Disabilities** in the guide.

Questions?

- Our next webinar in November or early December will be focused on serving young children and infants.
- In the meantime, please send any questions you may have to the DBMD mailbox, as we are developing some guidance for providers who are selected to serve young children.
- dbmd@dads.state.tx.us



Thank You!!