

**FREQUENTLY ASKED QUESTIONS REGARDING  
THE NEW INDIVIDUAL SUPPORTED EMPLOYMENT (ISE) RATE STRUCTURE AND OTHER NEW  
EMPLOYMENT INCENTIVES**

**GENERAL QUESTIONS**

**What is the Employment First Initiative?**

*In order for participants with an intellectual disability to achieve full citizenship, employment opportunities in fully integrated work settings should be the first priority. It should be the first option explored in the service planning for working age adults. "Employment First" is about the vision of making employment the first priority for people with disabilities. Its purpose is to establish a consistent approach to achieve full competitive work. The link to the DDS Employment First Policy is:*

*[http://www.ct.gov/dds/lib/dds/dds\\_manual/ic5/ic5po001\\_employment\\_first.pdf](http://www.ct.gov/dds/lib/dds/dds_manual/ic5/ic5po001_employment_first.pdf).*

**Why did the Department of Developmental Services (DDS) develop a new rate structure for Individual Supported Employment?**

*In 2005, DDS began using utilization-based rates as part of the Individual and Family Support Waiver. DDS eligible participants who graduated from high school began using the new rates. The ISE rate of \$58.11 was billed for all face to face supports. The high hourly rate was designed to reimburse the provider for both the direct and indirect costs incurred by a provider. When DDS converted the traditional payment structure of ISE supports contracted through a Purchase of Service contract to attendance-based payments in February of 2010, the department used the ISE rate as the method to determine the number of hours of supports the provider would be authorized to bill. Since most of the participants on the contract had stable work hours and required only a few follow along support hours, DDS determined that provider payments would be dramatically reduced from their legacy funding and would severely impact the agency's infrastructure. This would have a negative effect on competitive employment settings for participants with intellectual disabilities. A collaborative work group consisting of private providers and DDS staff was initiated to create a system which would reinforce the value of ISE services, comply with CMS waiver guidelines, meet the needs of the participants and adequately fund the provider's infrastructure.*

**What was the result of the ISE Workgroup?**

*The work group developed a rate structure designed to encourage competitive employment and reward providers for successfully assisting participants to find and maintain jobs in the*

community. The group developed a Career Plan to be used as a tool to determine the settings that best meet the needs and wants of the participants. A payment system was developed to continue to fund the provider's infrastructure for participants who achieve stable employment. Providers will receive additional payments when they achieve specific outcomes.

### **How do we make sense of all the Employment Incentives that exist?**

DDS will be updating the Employment Incentives Fact Sheet and developing a Fact Sheet for the new ISE rate structure. The intent of these documents is to outline the definitions of services and clarify which method of funding/incentive will work best for the participant receiving supports and the services needed. These will be posted on the DDS website. Once complete, DDS will notify stakeholders of the new documents.

### **In terms of a participant funded through a POS contract moving from GSE to ISE using the Enhanced Funding Incentive, who is the support staff and how is payment made?**

Since the Group Supported Employment or Day Support Options service is paid as an all inclusive per diem rate, an agency cannot bill for additional ISE services provided on the same day as Group Supported Employment or Day Support Option. To both support providers' efforts in this area and avoid billing issues, DDS has developed a payment method to help providers transition current Group Supported Employment or Day Support Option participants to competitive employment situations with one time funding. DDS will pay for the enhanced staffing required to help with the transition. The time spent away from the regular group activities on career development, job search, interview, etc. will be funded as enhanced staffing beyond their normal group funding. The enhanced staffing is paid at a rate of \$42.00 per hour for the face to face time spent on activities related to obtaining a competitive job, in addition to the normal group per diem. However, the agency must make available to the participant a full 5 ½ hour day of service, including lunch, in order to bill the per diem rate. The day of service can include the group activities of the respective service and/or the activities relating to the attainment of a competitive job. The number of enhanced staffing hours should be authorized in the one-time authorization and the period of this activity should typically be 3 months and may not exceed 6 months. Upon obtaining a competitive job, one-time funding for initial intensive training may be requested, if necessary or the team can seek to modify the CSA to reflect ISE funding and supports. Once services are authorized and provided and documentation is submitted to region, payment will be made.

**Can a participant funded through an individual budget with GSE or DSO supports use the enhanced staffing rate?**

*No. Participants funded through individual budgets cannot use the enhanced staffing rate. Hourly billing should be divided between Individual Supported Employment and the other day services, as appropriate.*

**Except for the Enhanced Staffing rate, can a participant funded through an individual budget with GSE, Sheltered or DSO supports use the other Enhanced Funding Incentives for competitive employment?**

*Yes. Providers that have participants funded through an individual budget may be able to use Employment Incentives for training, assisting individuals to find competitive employment, and the working interview.*

**If a participant with ISE supports requires Behavioral Support, is this included in the rate?**

*The rate includes funding for the continuance of routine behavioral support. Providers with individuals that require a behavioral assessment and development of a behavioral plan can request a one-time request from the region. Once the assessment and behavior plan are complete, the implementation and ongoing behavioral support is included in the hourly rate.*

**Where do I find more information on the ISE rate structure?**

*Information on the ISE rate structure will be updated and posted on the DDS web site in the Providers section. The link is: [DDS: For Providers Home Page](#). Providers can also call their resource manager for more information.*

**Will these frequently asked questions be updated?**

*Additional questions will be added whenever the need arises. This information will be posted on the DDS web site in the Providers section.*

## **RATE STRUCTURE**

**When does the new rate structure for ISE begin?**

*The start date for the new ISE rate structure is February 1, 2012.*

## What will happen on February 1, 2012?

*All Individual Supported Employment (ISE) Authorizations for on-going support will be changed to the new rate of \$47.00 per hour. All ISE authorizations will be changed to reflect the LON score and the allotted number of support hours. (See below)*

## How does the Level of Need relate to the ISE rate structure?

*Previously, participants funded through a POS contract received an annualized amount of money that was to provide the agency with funding for all the supports a participant would require for ISE supports during the year. This would include money for job development, job training, and follow along supports. Providers were paid this money no matter if the participant received the supports or not. The new ISE rate structure is designed to provide the funding for when the participant needs the supports and includes a mechanism for providing funding to agencies to maintain and grow their ISE infrastructure.*

*Participants will receive an authorization for the number of hours per week needed to maintain a job. This is called their follow along support hours. It is the annualized hours a provider will need to support a participant after they have been placed and trained on the job. The job development and intensive training hours will be authorized as one-time supports. The follow along hours are based on the participant's LON. The chart below identifies the support hours for the LON levels:*

<b>Level of Need</b>	<b>Hours of Follow Along Supports</b>
1	Maximum of 3 hours per week
2	Maximum of 4 hours per week
3	Maximum of 5 hours per week
4	Maximum of 5 hours per week
5	Maximum of 5 hours per week
6	Maximum of 5 hours per week
7	Maximum of 5 hours per week

*Participants who consistently require more than 5 hours of support per week to maintain their job should receive services from Individualized Day Supports.*

**How will authorizations for services be received?**

*For existing participants in the ISE model, providers will receive a new authorization for the follow along hours based on the participant's LON effective February 1, 2012. If the current hours received by the participant are greater than the LON based follow along hours, DDS will not immediately reduce the total number of hours currently being received by the participant. Unless a reduction in support hours is agreed upon by the team, any hours above the LON authorized follow along hours will be authorized through the one-time process. The provider must submit a plan to their regional resource manager on how they will decrease the support hours down to the LON follow along hours. The plan must be approved by the region. There may be some cases in which the participant is funded in the wrong service and a switch to Individualized Day may be warranted.*

*For new participants, providers would receive an authorization for the participant's follow along hours based on their LON. If the participant with the support of his/her team requests a Career Plan authorization, the provider will receive an authorization for the face to face hours and a one-time \$700.00 lump sum authorization for the completed plan. Based on the completed Career Plan or the provider's knowledge of the participant, authorizations approved by PRAT for the job development, intensive training, working interview (if requested), and benchmark payments will be issued to the agency.*

**For existing ISE participants, providers will receive two authorizations; follow along hours based on LON and hours worked/paid. Is that correct?**

*For participants currently in the ISE program, they would receive one authorization for the follow along supports and the hours worked/paid. If the participant is receiving supports above the LON-based follow along hours, they would receive an addition one-time authorization for those hours above the LON- based follow along hours. This would be effective until June 30, 2012. Providers would submit a transition plan describing how they will reduce the hours down to the LON-based follow along hours by July 1, 2012.*

### **What is the Hours Worked/Paid rate?**

*Since most of the participants on the contract funded under ISE had stable work hours and required only a few follow along support hours, the ISE work group determined that provider payments would be dramatically reduced from their legacy funding and would severely impact the agency's infrastructure. This would have a negative effect on competitive employment settings for participants with intellectual disabilities. The work group developed the hours worked/paid rate to address this issue. Providers will be reimbursed \$4.48 for each hour paid by the employer in a competitive employment setting. Hours worked/paid include all paid time including sick, vacation and holidays.*

### **What if the participant cannot maintain the job within the LON based follow along hours?**

*Individual Supported Employment (ISE) is a service that will vary in the intensity of initial job development, intensive training, and decreasing periodic monitoring. The participant, parent and/or guardian, and her/his team should discuss a support plan that addresses how and when the staff would begin to fade direct supports. Although there is no set time limit, a reasonable time frame from when a participant begins a job with staff supports to independently working on their own is generally 3-6 months. A few hours of ongoing weekly and/or monthly support is part of the Individual Supported Employment model. ISE is not for use to provide ongoing long-term 1:1 support to enable a participant to complete work activities. If a participant needs long-term 1:1 on the job supports above the LON follow along hours to maintain their job, they would need to change the service model to the Individualized Day support waiver service.*

### **Are ISE participants paid below minimum wage in a competitive employment setting eligible for the Hours worked and Benchmark payments?**

*No. Participants must be paid minimum wage or above and employed by a community business in order to be eligible for the Hours Worked and Benchmark payments. There may be some exceptions on a case by case basis.*

### **How will Providers determine what month wages should be considered hours worked?**

*Providers will record the pay check and the number of hours worked along with any paid leave sick/vacation (that corresponds to the pay check). The date of the check will determine which month the wages should be considered for hours worked.*

*For example:*

- *Check dated 5/11/2012. Covers the period 4/27/2012 to 5/3/2012:*

- Day by day hours:
  - 4/27/2012 – 8 hours (32 units)
  - 4/28/2012 – 8 hours (32 units)
  - 4/29/2012 – off
  - 4/30/2012 – 1 hours (4 units)
  - 5/1/2012 – 8 hours (32 units)
  - 5/2/2012 – off
  - 5/3/2012 – off

Total: 25 hrs (100 units)

*“ALL 25 hours” of the pay period are considered hours worked in May 2012 (This includes any hours worked in April 2012).*

**What is the rationale for requiring a paycheck as the back-up documentation for Hours Worked/Paid?**

*The ISE Work Group wanted an easy to audit system. It did NOT want providers to need to calculate which hours were worked in which month or to calculate which hours happened on which day. DDS decided that the simplest way to meet all these conditions was to receive the participant’s paycheck.*

**If a provider gets a pay stub dated February for January and February hours – are the February hours entered only or the whole check – going forward it will be the whole check but does this literally start on February 1, 2012?**

*The date of the check will determine which month the wages should be considered for hours worked. If there are a January hours in the February paychecks, those hours will be considered hours worked for February. Paychecks with a January pay date are not reimbursable.*

**Starting February 1, 2012 the job coach will need to get pay stubs – this is a challenge. Is there another mechanism to verify hours?**

*The provider must have back-up documentation for all of the actual hours paid by the employer. Currently, paychecks are needed. DDS and the work group will research alternative methods and once identified providers can retroactively bill for hours back to February 1, 2012. In the meantime, only hours supported by the participant’s paychecks will be reimbursable.*

### **Will DDS accept wage verification from employer?**

*DDS needs to ensure that the verification for hours worked is easily audited. Until an alternative method is developed, DDS requests that providers do their best to secure paycheck information from the participant. Although wage verification from the employer provides the appropriate back-up documentation, DDS is concerned that this will be considered an additional burden on the employer. It is a priority that the provider preserves the relationship with the employer. The department asks that this be done only as a last resort and the provider is sure the employer will not feel that this is an additional burden. Otherwise, providers should wait for DDS to develop an alternative verification method.*

### **Did the pilot identify a monthly baseline so providers can predict monthly payments?**

*The ISE Work Group analyzed data provided by ISE providers. This information was used to develop the hourly rate and the hours worked/paid rate. DDS could develop an average for the sector but this would only be a gross estimate. Determining a monthly baseline would depend on a number of variables( i.e. the number of ISE participants, the number of participants with stable employment, the number of hours worked by the participants, the number of participants being trained, etc) in order to calculate a more specific figure. The ISE work group and DDS will be reviewing the ISE rate structure and any issues that develop once we have actual data to analyze.*

### **What is the role of the Case Manager in requesting ISE authorizations?**

*Case managers make the initial request for an ISE authorization for all participants to the Planning and Resource Allocation Team (PRAT). Once approved, the case manager will update the individual budget and send the provider the vendor service authorization. The resource manager will prepare the contract service authorization and send to the provider. The case manager will submit all one-time requests for ISE services being provided through Individual Budgets. Once approved, the case manager will update the individual budget and send the provider the vendor service authorization.*

### **What about transportation in areas where public transportation is minimal or none?**

*Transportation will be authorized by PRAT. Transportation is above the follow along supports hours based on the LON.*



**Is DDS open to capital purchases for transportation?**

*There are no provisions for capital purchases at the moment. This is something DDS will need to further research.*

**Which ISE participants are eligible for benchmark payments?**

*Benchmark payments for continuous employment will be paid for all ISE participants funded through a POS contract or individual budget. Benchmark payments will be based on documentation of consecutive weekly working hours for the 3 and 6 month period. Participants funded through an Individual Budget will invoice to the Fiscal Intermediary for the specific benchmark period. The FI will verify the hours based on the invoices submitted by the provider for the hours worked by the participant*

**Are ISE participants currently employed in a competitive employment setting eligible for Benchmark payments?**

*Participants employed in a competitive employment setting prior to February 1, 2012 are not eligible for Benchmark payments. The Benchmark payments are for participants that start a new competitive employment job on or after February 1, 2012.*

**If someone loses his/her job, is there a limit on how many times a Provider would be eligible for Benchmark payments?**

*No, there are not any specific limits at this time. DDS would need to watch for trends and address in the future if necessary.*

**Are we using the Working Interview definition established by BRS, i.e. there has to be a potential position at the end of it?**

*Working Interview was developed as a way for the participant and the potential employer to find out whether the position is a good match. There must be a potential job offer at the end of it. DDS will pay the face to face hours of the direct care staff training the participant at the work site and the wages of the participant. The provider will be authorized for up to 40 hours over a 2 week time period. The wages for the participant while at the worksite will be reimbursed at \$9.00 per hour.*

### **What if the participant needs a situational assessment?**

*Providers can request a one-time amount for additional hours for the job coach to perform a situational assessment for the participant. The assessment is another tool the provider can utilize to determine the career path that best meets the needs of the participant. Since this is an assessment, there is no reimbursement for participant wages.*

### **When should the Provider contact BRS for a participant who is authorized to provide ISE supports? Does CTWORKS provide funding for ISE Services?**

*When a DDS participant is going to be involved in ISE, it is a good idea to make an appropriate referral for services to BRS. At that time, DDS will share the reasons why this consumer would be a good referral for competitive employment.*

*Multiple funding sources can be considered to implement employment plans. BRS may be able to fund portions of the plan.*

*CTWorks, on the other hand, would not necessarily provide funding for services. They have CORE Services that would benefit a participant who comes into the center such as resume writing, or a class on how to dress for success, or resources on community jobs, but they would not fund a Working Interview.*

### **Can a person still get a Working Interview from BRS?**

*After the consumer is found eligible for BRS (takes a maximum of 60 days), it would be up to the BRS VR Counselor to decide if the consumer needs to have a Working Interview or any other assessment necessary to determine the person's skills, abilities, interests, and behaviors and supports needed for the job. It is not just a given that BRS will fund a Working Interview or other assessments. It is based on the participant's needs. Of course, if any assessment is needed for BRS purposes, BRS would fund it and look at DDS as the long-term funder for job coaching or additional participant supports. It is important to let the BRS intake worker know if the DDS participant is a recipient of social security.*

### **Are case managers getting this training?**

*Yes, members of the ISE Work Group will be meeting with case management, case management supervisors, resource managers, and other DDS staff during the months of January and February.*

**Are you looking at the hidden costs to Providers and DDS of implementing the new ISE rate structure (processing, administrative)?**

*The ISE work group and DDS will be reviewing the ISE rate structure and any issues that develop once we have actual data to analyze. Providers can document their comments while providing services under the new funding structure to share with the work group.*

**Will the 90% cap be 90% of LON authorization or contract authorization?**

*From February 1, 2012 through June 30, 2012, the ISE hardship will be based on a loss limit of 10%. This will not be an automatic calculation due to the combination of funding calculations that will be used to determine the total reimbursement for ISE. The calculation will be completed once the fiscal year has ended. DDS will consider an interim payment for providers that can demonstrate a significant negative financial impact that the delay in calculating the hardship adjustment will have on their organization. The final reconciliation will be based on the utilization for each period and the loss limit to the month. The loss limit will be based on the difference between the total payments for follow along support, hours worked/paid, career plan and benchmark payments with the current \$58.11 rate that is being replaced with the new ISE rate structure.*

**Going forward, can a participant be funded over their LON allocation?**

*Participants with ISE supports will receive an annualized authorization based on the Level of Need. Under no circumstances, will a participant receive an annualized allocation more than the LON unless approved through the URR or Forensic process. Participants may receive non-annualized support over their allocation for additional hours of ISE supports, benchmark payments and hours worked.*

**How will on-going job development hours for a participant be determined and authorized?**

*Teams would determine the number of additional hours needed for job development, intensive on the job training and other ISE supports. The team may use the experience of the family, the team, the provider or the results of the Career Plan to identify the number of support hours.*

**How long do natural supports need to be in place in order to qualify for the FINAL benchmark payment?**

*No specific time frame has been identified. This should be a team decision as to when the person is ready to move to all natural supports. A provider will be paid the benchmark once the annual authorization is ended and the provider is no longer receiving any funding for this person. Natural supports could include the support provided by co-workers, supervisors and the employer's human resource personnel. Once the team has identified that the person is ready to transition fully to natural supports, the case manager will terminate the vendor service authorization and the resource manager should be contacted to terminate the CSA.*

**When rate is changed in the Individual Budget, can the balance be used for other supports in the budget?**

*The intent was not to shift the funding to other services but may be considered as part of a transition plan to LON based rates.*

**If the provider records ISE supports in WebResDay for February, when will the payment be made for those hours and the hours worked/paid?**

*Providers will report February's ISE supports by March 5. The March payment will include an estimate for February's ISE supports. The payment for those actual supports will be made in April. The payment is usually made in the first week of the month.*

**CAREER PLAN DOCUMENT AND GUIDE**

**What is the Career Plan?**

*The Career Plan is a tool to gather information about the participant and outline the participant's unique support needs pertinent to obtaining and/or retaining employment. It is designed to be a roadmap for the participant and his/her support team that will lead to successful competitive employment and career enhancement. The Career Plan should be a dynamic and flexible document that will accompany the participant throughout his/her personal career path.*

**Are Career Plans mandatory?**

*A Career Plan is not mandatory. The Career Plan is an assessment tool and should be considered as such when completing an Individual Plan for participants. It was designed to be a tool that*

*the participant, his/her team and the provider could use to help in determining employment options for the participant. A Career Plan is not needed for participants who already have a successful employment situation and are not looking for a change of work setting.*

**Are the Providers mandated to prepare career plans for all the consumers with LONs of 1, 2, or 3?**

*A Career Plan is not mandatory. The Participant or his/her team has the option of whether or not to request a Career Plan. The decision should be based on whether additional information is needed to provide direction for determining employment options, the participant's career path is not clear or the participant is new to the agency.*

**Since it is not mandatory, will QSR cite the provider if not available?**

*If a Career Plan has been identified as a goal in the person's IP, QSR will review the plan as part of its review process.*

**What is the timeline for completing the Career Plan?**

*The Career Plan was piloted by private providers and the results were analyzed by the ISE Work Group. It was determined that on average it would take ten hours of face to face supports with the participant and an additional 10 hours to complete the plan. Consequently, DDS will issue two authorizations to the provider to complete the Career Plan. One authorization would be for the face to face hours working with the participant. These face to face hours would be billed based on face to face supports provided and on a monthly basis either through the WebResDay on-line attendance software or to the Fiscal Intermediary. A second authorization will be issued for a flat rate of \$700.00. Once the Career Plan is completed, a copy must be submitted to DDS for a completeness review. A participant authorized for supports through a POS contract must send the plan to their regional resource manager. A participant with an authorization through a participant budget must submit the plan to the regional fiscal intermediary liaison. When the plan is determined to be complete, the DDS staff will authorize the payment. Although the ISE work group determined a specific number of hours that was needed to complete the plan, this is only an average. Some plans will take less time to complete while others may take additional time.*

*Once a provider receives an authorization to develop a Career Plan, the plan should be done as soon as possible. A Provider should not begin to develop a career plan without an approved*

authorization. The support hours incurred before the provider receives an approved authorization are not reimbursable except for extraordinary reasons.

### **How frequently should the Career Plan be updated?**

*Since the Career Plan is a roadmap for the participant and his/her support team to find successful competitive employment, it should be developed with the intent to use it as a tool for a number of years. Typically, the Career Plan should be applicable for a minimum of three years. During this time, it is the responsibility of the provider to update the information on the plan on an annual basis at the IP. Participant teams requesting authorization to complete a new Career Plan under the minimum three years will need to submit documentation to PRAT explaining the circumstances for why a new plan is needed (i.e. significant change in the person's life).*

### **Should teams be meeting to request a Career Plan or is an email notification sufficient?**

*The request of a Career Plan is a team decision. Once the team decides that the participant should have a Career Plan, the case manager should make a formal request to PRAT through the one-time process.*

### **Does PRAT have to approve an authorization before the Career Plan is started?**

*Yes. The one-time request for the Career Plan would need to be approved by PRAT and the authorization issued to the provider prior to any service being provided and paid for.*

### **If schools decide to develop a Career Plan using the DDS document, who will notify the school systems that funding for the Plan is the responsibility of the LEA?**

*DDS will need to research further to determine the best way to communicate to the Local Education Area regarding this issue.*

### **Why does the Provider need the Client Summary Report?**

*The Client Summary Report captures pertinent consumer information currently stored in CAMRIS. The idea is to have all information pertinent to the participant all in one place. This summary will be attached to the front of the Career Plan document. The DDS case manager will provide this CAMRIS-based report to the provider. This will be in the referral package for a new consumer or forwarded to the provider in preparation for a career planning meeting.*

### **Why is the Client Summary Report needed for the Career Plan?**

*Providers need the most up to date information to develop a complete Career Plan. Discussions with DDS staff determined that the Client Summary Report provides the information in a report that is easily accessible. If a family member strongly opposes the sharing of specific information, DDS can redact it.*

### **Do Career Plan forms have to be submitted electronically?**

*Career Plans are to be sent electronically to the resource manager or the FI liaison through a secured server. DDS personnel may need to initiate an email through tumbleweed in order for the provider to upload the document. The signature page will need to be faxed or scanned. This will allow DDS to file the Career Plans on the "J" Drive and enable it to maintain historical records in one place. It will also be easily accessible to the case manager.*

### **Who will be responsible for making employment contacts identified on the Career Plan?**

*Teams will identify responsible parties for each step of the Action Plan. In most cases, providers will make the employment contacts. As part of the job search process, community participants are identified as contact persons in the potential field of employment. An introductory call to an acquaintance by a team member will aid in the job search.*

### **How many hours should be included in Job Development and intensive training?**

*The number of hours a participant would require for job development and intensive training is based on the needs and wants of the participant. Providers that have been supporting the participant for years would be able to provide a good estimate of the hours needed to assist in finding competitive employment. For participants new to the system or a provider, the Career Plan is a good tool to determine the unique supports needs of the participant. In completing the plan, the team should determine the number of face to face support hours that would be required for a situational assessment, to develop a job site, to provide intensive staffing support while training at the job site, and the hours needed to fade supports once the participant has learned the job.*

**Will there be soft skills training available online?**

*Connect-Ability will have several courses on soft skills available on line within the next few months. Anyone registered with Connect Ability website will have access to the link to the courses. <http://www.connect-ability.com/>*

**ADDITIONAL QUESTIONS MAY 17, 2012**

**At the ISE Rate training session, it was stated that all Individual budgets with ISE would be converted to contracts. Once this happens, does this mean that the Case Manager will not need to send VSA's to the provider?**

*Providers are authorized to provide supports to a DDS participant either through a Contract Service authorization (CSA) or a vendor service authorization (VSA). The type of authorization depends on whether the participant's allocation is funded by a Purchase of Service contract or an individual budget through a Fiscal Intermediary. A VSA is funded through an individual budget. A CSA is funded through a contract. If the participant's ISE supports are converted to a contract, then the Resource Manager would be responsible for sending the CSA to the respective provider.*

**At the training, working interview hours were going to be verified by pay records. Whose pay records? (The participant has yet to be hired by the employer).**

*The Provider is responsible for issuing a paycheck to the participant. Proper documentation of the participant's wage payments for the working interview must include a copy of the participant's paystub and the Provider's payroll records.*

**As part of the Working Interview rate, the participant is paid \$ 9.00 per hour. Can you explain why the agency is paid \$9/hr. when the minimum wage is \$8.25?**

*The Working Interview reimburses the provider for the payroll expenses associated with a participant working in a specific job classification at a competitive employment setting that has the potential for a permanent job once the work experience is completed. The paycheck received by the participant will be subject to all mandatory state and federal payroll taxes (FICA, FUDA, Medicare, etc). The Provider will receive funding from DDS to provide the consumer not only the minimum wage salary and payroll taxes, but also to provide Worker's Compensation Insurance coverage in case an injury occurs.*



**During the working interview, can the provider complete a time study to determine if the person can earn minimum wage and above, and also determine if the individual is really ready for ISE?**

*No. The Working Interview was developed for participants who are employment ready. It is an extension of an employer's hiring process to determine if the individual is a good fit for a particular job. There must be an expectation that there is an available job opportunity to be paid at least minimum wage at the conclusion of the working interview. It also allows the individual to try the job and determine if they feel it is a good fit for them.*

**Will the need for a situational assessment go thru the team process?**

*Discussions around the need and/or benefits of a situational assessment would be discussed as part of the Individual Team process or as a recommendation of a completed Career Plan. Providers can request a one-time amount for additional hours for the job coach to perform a situational assessment for the participant. Since this is an assessment, there is no reimbursement for participant wages.*

**What would constitute that a situational assessment needs to be completed?**

*The assessment is another tool the individual, family, team and/or the provider can utilize to determine the career path that best meets the needs of the participant. All decisions should be based on the needs of the individual.*

**Shouldn't the situational assessment be handled during the working interview or follow along supports?**

*The new ISE rate structure was designed to provide the individual, the team and the provider a number of tools to assist the participant to find a competitive work setting. Each of the supports was developed in regards to employment opportunities. The Working Interview was instituted to provide the participant and the employer another option to determine whether the job is a good match for both of them. The Follow Along support is the direct support hours required to sustain employment for the participant. These are not to be used for exploratory or informational gathering purposes. The situational assessment assists the individual, team and the provider on which job or career path would or would not be optimal for the participant. If a situational assessment is determined to be needed, this should be completed prior to developing a new job opportunity.*

**When will front line provider staff (job developers, employment specialists, job coaches, program managers, and agency case managers) be provided with the ISE Rate training?**

*The Operations Center is in the process of setting up training for Job Developers, Job Coaches and other frontline staff. We are tentatively trying to put some dates together in April 2012.*

**If the case manager terminates the vendor service authorization because the individual has transitioned to natural supports, how does the individual remain on the DDS waiver?**

*One of the criteria of the DDS Waivers is that “The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for the specific waiver.” An individual that has successfully transitioned to natural supports would not meet this definition. If ISE were the only supports received by the participant, the participant would not remain on the waiver. However, if the participant requires other supports to successfully live in the community, then they would remain on the waiver. An individual that had successfully transitioned to natural supports but later required supports due to the loss of the job, a life altering event, or another event that would require Medicaid-funded institutional care would be eligible for waiver supports.*

**When rate is changed in the individual budget, can the balance be used for other supports in the budget? For example, a participant has a LON score of 2 with an allocation of \$15,048.00. To date, the individual has only secured 2 days of ISE. The family wants to be able to use the remaining LON allocation, (which is still within the LON rate), to purchase additional day supports for their individual on the days they are not competitively employed. Can they do this?**

*In an effort to promote Individual Supported Employment, DDS will allow participants to purchase additional day supports for the days the individual is not competitively employed up to the LON allocation. This may be done on an individual basis; however, it will depend on the specific situation of the participant. The amount available to purchase additional days will be determined by factoring in the number of days the individual is competitively employed, the number of authorized hours required for follow along supports, and the amount authorized for the number of hours worked to be paid to the provider. Although the hours worked paid to the provider do not show up on the authorization, it is an annualized cost that must be included in the calculation to determine available funding. The chart below provides an example of the available allocation for a participant with a LON score of two who works in a competitive employment setting. In the example, the number of additional days of GSE supports depends on the number of days worked and the hours of follow along support.*

	LON Amount	# of days in ISE	ISE Follow Along Support Hours	ISE Annual amount for Follow Along Supports	# of Authorized Hours Worked	ISE Annual Amount for hours worked	# of days in GSE	Annualized Amount for GSE	Total Annualized Amount	Difference Between LON amount and Annualized Amount
Level 2	\$15,048	4	4	\$9,400	20	\$4,480	1	\$3,010	\$16,890	(\$1,842)
Level 2	\$15,048	4	3	\$7,050	20	\$4,480	1	\$3,010	\$14,540	\$508
Level 2	\$15,048	3	3	\$7,050	15	\$3,360	2	\$6,019	\$16,429	(\$1,381)
Level 2	\$15,048	3	2	\$4,700	10	\$2,240	2	\$6,019	\$12,959	\$2,089
Level 2	\$15,048	2	4	\$9,400	10	\$2,240	3	\$9,029	\$20,669	(\$5,621)
Level 2	\$15,048	2	3	\$7,050	10	\$2,240	3	\$9,029	\$18,319	(\$3,271)
Level 2	\$15,048	2	2	\$4,700	10	\$2,240	2	\$6,019	\$12,959	\$2,089
Level 2	\$15,048	2	4	\$9,400	10	\$2,240	1	\$3,010	\$14,650	\$398

**Has the career plan document been considered as a tool to be used to identify a true Day support LON score?**

*The Level of Need (LON) assessment was developed to identifying areas of support that may need to be addressed to assist the individual in actualizing his/her personal preferences and goals, identify potential risks that could affect the health and safety of the individual, support the development of a comprehensive Individual Plan to address potential risk, and determine an individual’s need for supports in an equitable and consistent manner for the purposes of allocating DDS resource. The Career Plan was developed to gather pertinent information to assist a participant and his/her team in developing a career path that best meets the needs, wants and skills of the individual. It is specifically focused on identifying individual goals and objectives that will help the participant to be hired in a competitive employment setting. The Career Plan should be considered as another tool to provide the team with additional information about the participant and what employment options may be available to him/her now and in the future.*

**Are the providers mandated to prepare career plans for all graduates and participants with a LON score of 1,2, or 3?**

*A Career Plan is not mandatory. The Career Plan is an assessment tool and should be considered as such when completing an Individual Plan for participants.*

**What is mandatory for all graduates and participants with a LON score of 1,2, or 3?**

*In order for individuals with an intellectual disability to achieve full citizenship, employment opportunities in fully integrated work settings are the first priority. The Employment First initiative mandates that all graduates and individuals with a LON score of 1, 2, or 3 have an employment goal which leads to individual supported or competitive employment. This shall be the first option explored in the service planning for working age adults.*

**Will the career plan be reviewed for “content”? Shouldn’t the career plan contain realistic and feasible goals?**

*The Career Plan is developed by the provider with input from the participant’s team. A requirement of the Plan is a signature from all team members. Team members should be comfortable with the information in the plan and the established goals before signing the document. If a team member believes that the goals for the participant are unrealistic or not feasible, then that member should request the team meet to discuss their particular concerns. Once completed, the provider will submit the Career Plan to either the Resource Manager or FI Liaison. The Resource Manager will review the plan for completeness. The ISE Work Group has decided to meet sometime during the summer to review completed Plans to look for trends and any needed revisions to the tool.*

**The best, most accurate demographic information is found on the IP profile and/or IPS. The IPs and IPS forms are updated annually and prior to any new referrals to providers. Why does the Provider need the client summary report?**

*The Career Plan was designed to become a living document. It will be continually updated to ensure that it contains the most up to date information. Since not all IP’s contain the same information and the information is not always complete, DDS decided that the Client Summary Report was the document that captured the most pertinent participant information. It was felt that since this Summary Report already existed in CAMRIS, it would be a readily accessible standard report that would not require any additional work.*