Pathways to Employment

Home and Community Based Services Provider Specific Policy

Revision Table

Revision Date	Sections Revised	Description
4/1/2015	All	This is a new manual to introduce the Pathways to Employment Program. The Pathways to Employment Program (Pathways) will operate as a fee-for-service program administered by Delaware Health and Social Services (DHSS), and the Division of Medicaid and Medical Assistance (DMMA). The following operating divisions within DHSS are jointly responsible for administering the program: Division of Developmental Disabilities Services (DDDS), Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) and the Division for the Visually Impaired (DVI).

Pathways to Employment

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Home and Community Based Services

Section 6086 of the Deficit Reduction Act of 2007 (DRA), established section 1915(i) of the Social Security Act adding an optional State Plan benefit that contains many of the features of a Home and Community Based Services (HCBS) waiver. Like an HCBS waiver, states can target services to persons based on age, diagnosis, and condition. States can also apply functional criteria such as limitations caused by disability. States can provide community based services that would not otherwise be covered under the State Plan to allow persons to live independently in the community. Two notable differences from HCBS waivers are that a 1915(i) State Plan Amendment (SPA) does not require individuals to meet an institutional level of care in order to qualify for HCBS and states cannot limit participation in the program once an individual meets established eligibility criteria.

The Pathways to Employment Program (Pathways) will operate as a fee-for-service program administered by Delaware Health and Social Services (DHSS), and the Division of Medicaid and Medical Assistance (DMMA). The following operating divisions within DHSS are jointly responsible for administering the program: Division of Developmental Disabilities Services (DDDS), Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) and the Division for the Visually Impaired (DVI). Using a standard evaluation, enrollment, and assessment process, DHSS will ensure consistency in operations for each of the target groups, while still maintaining the key expertise needed to effectively meet their needs. The operating divisions will ensure standards and quality for the administration of Pathways through the Pathways Steering Committee, which will provide ongoing oversight for the program. The Pathways Steering Committee will also ensure ongoing quality improvement, measuring the efficacy of the overall system and the effectiveness of individually tailored service strategies.

1.0 Overview

The Pathways to Employment program is designed to:

- Serve low income individuals, across disabilities, who have a desire to work in a competitive work environment;
- Provide individually tailored services for individuals with visual impairments, physical disabilities, intellectual disabilities (including brain injury) and autism spectrum disorder to help them obtain or sustain competitive employment;
- Offer an array of services that will support individuals to explore and plan career paths and build career readiness. Pathways will include important services, such as on-the-job supports, transportation, personal care, orientation and mobility training, assistive technology, and other services to help individuals maintain employment based on their specific needs;

The 1915(i) SPA will run concurrently with a 1915(b)(4) selective contracting waiver for the purpose of limiting providers for Employment Navigator and Non-Medical Transportation services.

2.0 Qualified Providers

Per the Pathways Memorandum of Understanding (MOU) between DDDS, DSAAPD and DMMA, DMMA has delegated the functions of developing provider standards to the Pathways Steering Committee. Certifying that providers meet those standards across the Pathways participating divisions has been delegated to the Pathways Provider Certification Committee (PPCC), which will contain members from DDDS, DSAAPD and DVI.

Providers must be certified by the PPCC in order to provide the following services:

- Career Exploration and Assessment
- Supported Employment
- Benefits Counseling
- Financial Coaching
- Orientation and Mobility Services

Providers of the following services may enroll to provide Pathways services directly with DMMA's Fiscal Agent and do not have to submit application to the PPCC:

- Personal Care Service Providers
    - Home Health Agencies
    - Personal Attendant Services Agencies (PASA)

- Assistive Technology
    - Assistive Technology Vendors
    - Durable Medical Equipment Vendors

After the PPCC has determined that a provider is qualified, they are referred to DMMA's Fiscal Agent for enrollment into the Delaware Medical Assistance Program (DMAP). As part of the enrollment process, providers sign a contract with DMMA. Providers agree to comply with the program standards contained in this manual under that contract. In addition to the Medicaid standards included in this manual, the Pathways operating divisions may also have state contracts with providers to identify additional state requirements that the providers must meet for specific services. Examples of such additional requirements are the submission of data reports and the use of a specific electronic case record system to record data about Pathways participants.

Consumer Choice of Provider

By enrolling in DMAP to become a Medicaid waiver service provider, providers agree to provide service to any waiver member who chooses them to provide a service, unless they are at capacity or if the provider cannot or can no longer safely support a Pathways member. If this occurs, the provider must provide a written explanation of why they cannot safely serve the member. Providers must honor consumer choice. If the consumer expresses a desire to change providers, the provider will continue to provide services to the consumer and will assist with transition until the consumer has transitioned to the new service or service provider.

Pathways Provider Certification Process

The Pathways Provider Certification Committee (PPCC) is the entity that determines whether most providers meet the provider qualification standards that will enable them to deliver support services to Pathways Program members. Once enrolled, all providers are subject to review of a quality monitoring and improvement system under the auspices of the Pathways Steering Committee. A quality improvement process is required by CMS for all home and community based services (HCBS). Metrics are established and monitored in areas such as fulfillment of the Employment Plan, the quality of service delivery, outcome achievement, maintenance of initial provider qualification standards on an on-going basis, consumer health and welfare, compliance with documentation and financial requirements.

As part of the certification process, provider agencies must demonstrate that they have the infrastructure necessary to provide direct support to individuals receiving a specific Pathways service. This includes having a governing body and management structure in order to:

- Establish internal policies and procedures consistent with Pathways service delivery standards.
- Acquire and maintain an adequate workforce of qualified individuals who meet the hiring and training requirements as specified by the Pathways to Employment operating divisions.
- Establish appropriate performance standards for employees hired by the provider.
- Establish an internal grievance/complaint procedure for all aspects of service delivery.
- Maintain documentation to support the provision of authorized service and claims processing.
- Manage a quality assurance and improvement process that ensures that consumer outcome measures are met, as specified in the Employment Plan
- Maintain the health and safety of consumers.

For each service, prospective agency providers must have and provide documentation of their service delivery model and their quality assurance system. The quality assurance system must include, at a minimum, policies in the following areas:

- Member rights
- Abuse/Neglect
- Risk/Incident Management
- Appeals
- Training
- Pre-employment screening

Provider agencies must have and provide documentation of an Emergency Operations Plan and Quality Improvement Plan.

CMS Community Rule

Per the new Community Rule for HCBS issued by CMS that became effective on March 17, 2014, home and community based services newly approved under the authorities of sections 1915(c), 1915(k) or 1915(i) of the Social Security Act (SSA), must be furnished to individuals who reside and receive HCBS in their home or in the community, not in an institution.

Pathways is established under section 1915(i) of the SSA, so the settings in which Pathways participants live and where they receive 1915(i) services must meet the HCB settings requirements at 441.710(a)-(b).

Pathways participants live in their own home or the home of a family member (owned or leased by the participant/participant's family for personal use). Participants residing in other settings will not be enrolled in the Pathways Program. As part of the evaluation process for entry into the program, Employment Navigators will evaluate the setting in which the applicant resides and will not enroll any applicant that does not live in a home as described above.

Pathways participants will receive HCBS in a variety of settings, including but not limited to their homes or home of a family member, community settings (such as libraries), provider offices, and worksites.

Participant homes and community settings must meet the following criteria in order to be compliant with HCB settings requirements:

- Homes are owned or leased by the participant and or participant's family for personal use.
- Participant rights are respected.
- Participant has access to the community.

Provider offices and worksites must meet the following criteria in order to be compliant with HCBS settings requirements:

- The setting is integrated in and facilitates access to the community.
- The setting facilitates interaction with non-disabled, non-Medicaid individuals.
- The provider meets all qualifications prior to service delivery including training that emphasizes participant rights, privacy, dignity and respect.
- Provider offices and worksites may be inspected as part of the provider certification process.
- The setting optimizes but does not regiment individual initiative, autonomy and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- The setting facilitates individual choice regarding services and supports, and who provides them.

As applicable, Delaware will use the criteria above to monitor continued compliance with HCB settings requirements for both residents and settings where participants receive HCBS on an ongoing basis. Non-compliant HCB settings were HCBS are provided will no longer be allowed as service sites.

When this applies to a provider office or worksite, the provider will be instructed that he/she cannot provide the service in that site and must either provide services in a compliant setting or be removed as a qualified provider of HCBS.

Excluded Providers

The Office of Inspector General (OIG) of the U.S. Department of Health and Human Services (HHS) has the authority to exclude individuals and entities from Federally funded health care programs pursuant to sections 1128 and 1156 of the Social Security Act and maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP). In addition, the Patient Protection Affordable Care Act requires States to deny or terminate enrollment to providers that have been terminated from another State's Medicaid or CHIP program. Refer to the DMAP General Policy Manual for information related to provider screening and enrollment.

Mandatory exclusions: The OIG is required by law to exclude from participation in all Federal health care programs individuals and entities convicted of the following types of criminal offenses: Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare, Medicaid, SCHIP, or other State health care programs; patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

To avoid CMP liability, health care entities need to routinely check the LEIE to ensure that new hires and current employees are not on the excluded list.

The OIG exclusions list can be found on the OIG website.

http://oig.hhs.gov/exclusions/index.asp

2.1 Employment Navigator Services

Providers of Employment Navigator Services must meet the following requirements:

- Comply with DHSS standards, including regulations, contract requirements, policies, and procedures relating to provider qualifications.
- Individuals providing this service must:
    - Have an associate's degree or higher in a behavioral, social sciences, or a related field OR experience in health or human services support, which includes interviewing individuals and assessing personal, health, employment, social, or financial needs in accordance with program requirements.
    - Complete DHSS required training, including training on the participant's service plan and the participant's unique and/or disability-specific needs, which may include, but is not limited to, communication, mobility, and behavioral needs.

This service is limited to employees of the Divisions of Developmental Disabilities Services and Services for Aging and Physical Disabilities per an approved 1915(b)(4) selective contracting waiver.

2.2 Career Exploration and Assessment Services

Providers of Career Exploration and Assessment Services must meet the following requirements:

- Must be certified by the Pathways Provider Certification Committee as meeting the standards for this service.
- Comply with all DHSS standards, including regulations, contract requirements, policies, and procedures relating to provider qualifications.
- Meet minimum standards as set forth by the Division of Vocational Rehabilitation or the Division for the Visually Impaired as applicable for comparable services.
- Ensure employees complete DHSS required training, including training on the participant's service plan and the participant's unique and/or disability specific needs, which may include, but is not limited to, communication, mobility, and behavioral needs.
- Direct care professionals must:
    - Have criminal background investigations in accordance with state requirements.
    - Have a screening against the child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del Code Section 708 and 11 Del Code Sections 8563 and 8564 and not have any adverse registry findings in the performance of the service.
- Providers must have a State Business License or 501(c)(3) status.

2.3 Supported Employment–Individual and Small Group Services

Providers of Supported Employment-Individual and Group Services must meet the following requirements:

- Must be certified by the Pathways Provider Certification Committee as meeting the standards for this service.
- Demonstrate the competencies and capacity to provide vocational services as described in Section 4.0 of this manual.
- Must be a contracted vendor for Job Development, Placement and Retention Services with the Delaware Division of Vocational Rehabilitation.
- Comply with DHSS standards, including regulations, contract requirements, policies, and procedures relating to provider qualifications.
- Meet minimum standards as set forth by the Division of Vocational Rehabilitation or the Division for the Visually Impaired, as applicable, for comparable services.
- Providers must have a State Business License or 501(c)(3) status.

- Direct care professionals must:
  - Have criminal background investigations in accordance with state requirements.
  - Have a screening against the child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del Code Section 708 and 11 Del Code Sections 8563 and 8564 and not have any adverse registry findings in the performance of the service.
  - Possess certification through successful completion of training program as required by DHSS.
- A Job Coach/Employment Specialist must meet the following minimum standards:
  - Successful completion of an Employment Specialist Curriculum as approved by the Department. Completion must occur within six months of date of hire; Persons who have not completed an approved Employment Specialist curriculum and who are currently providing services as of the effective date of this standard shall have six months to come into compliance;
  - Receive mentoring during the first six months of employment. The mentor must have worked for a minimum of one year as an Employment Specialist and have completed an approved Employment Specialist Curriculum;
  - Graduation from high school or acquired a GED; Persons without a high school diploma or a GED and currently providing the services as of the effective date of this rule shall have three years to obtain the minimum educational requirements.
  - Possess a valid Driver's License if transporting consumers

2.4 Benefits Counseling Services

Providers of Benefits Counseling Services must meet the following minimum requirements:

- Community Partner Work Incentives Counseling (CPWIC) Certification issued by an appropriate accrediting body authorized by the Social Security Administration (SSA).
- Comply with DHSS standards, including regulations, contract requirements, policies, and procedures relating to provider qualifications.
- Providers must have a State Business License or 501(c)(3) status.
- Direct care professionals must:
    - Have criminal background investigations in accordance with state requirements.
    - Have a screening against the child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del Code Section 708 and 11 Del Code Sections 8563 and 8564 and not have any adverse registry findings in the performance of the service.
    - Be state licensed (as applicable), or registered in their profession as required by state law.
    - Complete a training program as required by DHSS.

2.5 Financial Coaching Plus Services

Providers of Financial Coaching Plus Services must meet the following minimum requirements:

- Financial Coaches who will provide this service must be certified in the financial coaching curriculum developed by the Delaware Health and Social Services (DHSS) and the University Of Delaware Alfred Lerner College Of Business and Economics and the Division of Professional Continuing Studies.
- Have at least one year of full time financial coaching experience.
- Are trained in Financial Coaching Plus strategies specific to the Pathways population.
- Comply with DHSS standards, including regulations, contract requirements, policies, and procedures relating to provider qualifications.
- Providers must have a State Business License or 501(c)(3) status.
- Individuals having direct contact with Pathways participants must:
    - Have criminal background investigations in accordance with state requirements.
    - Have a screening against the child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del Code Section 708 and 11 Del Code Sections 8563 and 8564 and not have any adverse registry findings in the performance of the service.

- Possess certification through successful completion of training program as required by the Department.

2.6 Non-Medical Transportation Services

Providers of Non-Medical Transportation Services must meet the following requirements:

- Must be a transportation broker selected to contract with DMMA.
- All drivers possess a valid driver's license. All vehicles are properly registered and insured.
- Providers must have a State Business License or 501(c)(3) status

DHSS may limit this service to a transportation broker per an approved 1915(b)(4) selective contracting waiver.

2.7 Personal Care Services

Providers of Personal Care Services must meet the following requirements based on the type of service providing entity:

Home Health Agency

- Possess current Medicare Certification for Home Health providers.
- State Home Health Agency License from the Office of Health Facilities Licensing and Certification, Delaware Division of Public Health per Delaware Code Title 16 4406 Home Health Agencies (Licensure).
- Comply with DHSS standards, including regulations, contract requirements, policies, and procedures relating to provider qualifications.
- Complete and ensure employees complete Department-required training, including training on the participant's service plan and the participant's unique and/or disability-specific needs, which may include, but is not limited to, communication, mobility, and behavioral needs.
- Providers must have a State Business License or 501(c)(3) status.
- Individuals employed to provide direct services must:
  - Be at least 18 years of age.
  - Have criminal background investigations in accordance with state requirements.
  - Have a screening against the child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del Code Section 708 and 11 Del Code Sections 8563 and 8564 and not have any adverse registry findings in the performance of the service.

Personal Assistance Services Agency

- State Personal Assistance Services Agency License from Office of Health Facilities Licensing and Certification per Delaware Code Title 16-4469.
- Comply with DHSS standards, including regulations, contract requirements, policies, and procedures relating to provider qualifications.
- Complete and ensure employees complete DHSS required training, including training on the participant's service plan and the participant's unique and/or disability specific needs, which may include, but is not limited to, communication, mobility, and behavioral needs.
- Individuals employed to provide direct services must:
    - Be at least 18 years of age.
    - Have criminal background investigations in accordance with state requirements.
    - Have a screening against the child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del Code Section 708 and 11 Del Code Sections 8563 and 8564 and not have any adverse registry findings in the performance of the service.
    - Completion of training program as required by DHSS.

Personal Attendant (self-directed option)

- Must be affiliated with a Support for Participant Direction Broker as directed by DMMA.
- Must have the ability to carry out the tasks required by the participant.
- Must have the ability to communicate effectively with the participant.
- Have criminal background investigations in accordance with state requirements.
- Have a screening against the child abuse and adult abuse registry checks and obtain service letters in accordance with 19 Del Code Section 708 and 11 Del Code Sections 8563 and 8564 and not have any adverse registry findings in the performance of the service.
- Must be at least 18 years of age. (Exceptions to the age requirement are made on a case by case basis and require written authorization by the participant's Employment Navigator.)
- Must complete training through Support for Participant Direction vendor within 90 days of enrollment as a provider. (Exceptions to the training requirement are made by the Support for Participant Direction vendor on a case by case basis for emergency backup providers.)

2.8 Orientation, Mobility, and Assistive Technology Services

Providers of Orientation, Mobility, and Assistive Technology Services must meet the following requirements based on the type of service provided:

Certified Orientation and Mobility Specialist

- COMS certification.

Certified Vision Rehabilitation Therapist

- CVRT certification.

Occupational Therapist

- OTR/L license.
- AOTA SCEM certification.

Assistive Technology Professional

- ATP RESNA Rehabilitation Engineering and Assistive Technology Society of North America certification.

Low Vision Therapist

- LVT - Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) certification.

Durable Medical Equipment Suppliers

- State Business License or 501(c) (3) status.
- Possess current Medicare Certification for DME providers.

Assistive Technology Suppliers

- State Business License or 501(c) (3) status.

All providers must have a State Business License or 501(c)(3) status.

2.9 Pathways Provider Responsibilities

2.9.1 The providers acknowledge, and are bound to and responsible for all terms and conditions of the signed contract with DMAP and the policies and procedures outlined in this provider specific manual.

2.9.2 The providers agree to be responsible for full, current, and detailed knowledge of published federal and state laws, regulations, and guidelines pertinent to providing services under Pathways and to request any necessary interpretation of specific provisions.

2.9.3 The providers agree to maintain appropriate documentation to support the provision of a good or service such as progress reports for services provided to each individual enrolled in Pathways and to make such documentation available to designated Pathways representatives or DMMA upon request.

The providers agree to establish a system through which consumers may present grievances about the operation of the service program. The provider must advise consumers and their families or legal guardians, as appropriate, of the right to grieve the provision of Medicaid services which includes failure to recognize a consumer's choice provider or service and of their right to a Medicaid fair hearing.

2.9.4 Providers must honor member choice in the selection of qualified providers. Enrolled providers agree to provide service to any Pathways member who chooses them, unless they are at capacity or in the event the provider is unable to safely provide support. If this occurs, the provider must provide a written explanation of why they cannot safely support the individual. If the consumer expresses a desire to change providers, the provider will continue to provide services to the consumer and will assist with transition until the consumer has transitioned to the new service or service provider.

2.9.5 The providers cannot refuse to provide service to a Pathway's member who selected them to be their service provider unless they have reached their maximum capacity for the number of individuals that can be served based on available staffing or for health and safety reasons as specified in 3.3.4 above.

2.9.6 Providers that are qualified to provide services under Pathways must respect the participant's choice of provider, in that the participant may choose one provider for one service under the Pathways Program and another provider for a different service under Pathways. Participants must have free choice among all qualified providers.

3.0 Participant Eligibility for Enrollment in Pathways

3.1 Eligibility Criteria

Pathways to Employment expands the choices available under Delaware Medicaid for individuals with disabilities who are transitioning from school to work and who seek opportunities for individualized, competitive jobs. Ensuring seamless transitions from school (high school and post-secondary) to work, and across the array of employment options and supports, Pathways will enable individuals to gain skills needed to obtain and maintain employment, and continue to build their careers.

Any Pathways service that can also be provided under special education (IDEA 20 U.S.C. 1401 et seq.) and related services or vocational rehabilitation programs under the Rehab Act must be exhausted before that service can be provided under Pathways.

In order to enroll in Pathways, a person must:

- Be eligible for Medicaid and have income under 150% of the Federal Poverty Level;
- Be between the ages of 14 and 25;
- Have a desire to work in a competitive work environment;
- Live in a setting that has the characteristics of a home and community based setting consistent with the CMS Community Rule.

Targeting and Needs-Based Criteria:

- Individuals with visual impairment must be:
  - Unemployed or
  - Underemployed or
  - At risk of losing their job without supports AND
  - Determined by a doctor of optometry or ophthalmology to be: totally blind (no light perception), legally blind (20/200 in the better eye with correction, or a field restriction of 20 degrees or less) or severely visually impaired (20/70 to 20/200 in the better eye with correction).
- Individuals with physical disabilities must:
  - Have a physical condition that affects their ability to live independently AND
  - Need ongoing assistance with at least 1 ADL AND
  - Are at risk of not being able to sustain competitive employment without supports
- Individuals with intellectual disabilities (including brain injury) and autism spectrum disorder must have:
  - Significant limitations in adaptive function and/or need assistance with at least 1 ADL;
  - Have difficulty understanding and interpreting social situations;

- Unlikely to obtain and/or sustain competitive employment without supports;
- Intellectual developmental disorder attributed to one or more of the following: IQ scores of 2 standard deviations below the mean, autism spectrum disorder, Asperger's disorder, Prader-Willi Syndrome, as defined in the APA Diagnostic and Statistical Manual, brain injury or neurological condition related to IDD that originates before age 22.

3.2 Member Enrollment

To facilitate access to Pathways, Delaware uses the Aging and Disability Resource Center (ADRC) as an initial "no wrong door" entry point for individuals new to the delivery system. ADRC is a resource and a tool to make it easy for individuals to get information about Pathways. The ADRC performs a preliminary screen to assess the applicant's disability and employment interests then refers the applicant to the appropriate Pathways operational division (i.e. DSAAPD or DDDS) for a full eligibility evaluation.

Individuals already participating in the DHSS delivery system by means of services they are receiving from the Division for Vocational Rehabilitation (DVR), the Department of Education (DOE), or one of the Pathways operating agencies, will not necessarily pass through the ADRC but will be referred by those programs directly to the appropriate operating division for eligibility evaluation. Individuals also have the option of self-referring directly to the appropriate Pathways operating division.

The Employment Navigators will conduct the eligibility evaluation using the appropriate Pathways eligibility evaluation tool specific to the type of disability. The tool enables the evaluator to ascertain whether the individual meets the Pathways targeting criteria (age, diagnosis or condition) and also meets the established needs-based criteria. The eligibility evaluation will include a thorough review of documentation such as the individual's medical history, visual acuity, functional support needs related to activities of daily living (ADLs), or cognitive and adaptive functioning, as applicable for the appropriate target group.

Individuals with an active institutional level of care determination (either for NF or ICF/IID) will be deemed to meet the needs based criteria, since it is more stringent than the needs-based criteria for all Pathways target groups, so long as they have also expressed desire to work and meet applicable targeting criteria.

Pathways services are available only to individuals who are Medicaid-eligible with income less than 150% of the Federal Poverty Level. If during the ADRC's preliminary screen, it is discovered that the individual is not already enrolled with Delaware Medicaid, the ADRC will provide the individual with instructions for applying for assistance programs, including contact information to assist the individual with completing the steps involved in applying for Medicaid. The ADRC will instruct the individual to contact the appropriate Pathways operating division

after he/she has completed the Medicaid enrollment process in order to apply for Pathways.

3.3 Member Rights

3.3.1 Medicaid recipients have the right to choose any qualified provider that has the capacity to provide the needed service to them. Medicaid recipients have the right to change providers at any time for any reason. Failure to honor consumer choice when there are no mitigating circumstances would be grounds for the consumer to file a rights complaint.

3.3.2 If an applicant or consumer requests a fair hearing, the DMAP agrees to make arrangements to provide such a hearing through its normal fair hearing procedures.

4.0 Description of Pathways Services

4.1 Employment Navigator Service

Employment Navigators assist participants in gaining access to needed employment and related supports. This service ensures coordination between employment and related supports and other Medicaid State Plan services, as well as medical, social, educational, and other services, regardless of the funding source for the services to which access is gained.

Employment Navigators are responsible for collecting information for evaluating and/or reevaluating the individual's needs based eligibility and for performing assessments to inform the development of the person centered Employment Plan.

In the performance of providing information to individuals served through Pathways, the Employment Navigator:

- Informs individuals about the Pathways HCBS services, required needs assessments, the person centered planning process, service alternatives, service delivery options (opportunities for participant direction), roles, rights, risks, and responsibilities.
- Informs individuals on fair hearing rights and assist with fair hearing requests when needed and upon request.

In the performance of facilitating access to needed services and supports, the Employment Navigator:

- Collects additional necessary information including, at a minimum, preferences, strengths, and goals to inform the development of the individual's service plan.
- Assists the individual and his/her service planning team in identifying and choosing willing and qualified providers.
- Coordinates efforts and prompts the individual to ensure the completion of activities necessary to maintain Pathways program eligibility.
- Initially inspects the settings in which HCB services are delivered to ensure that they comply with the characteristics of HCB services per the CMS Community Rule.
- Maintains documentation that services are not available for each individual under a program funded under Section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) before they are authorized under Pathways.

In the performance of the coordinating function, the Employment Navigator:

- Coordinates efforts and prompts the individual to participate in the completion of a needs assessment to identify appropriate levels of need and to serve as

the foundation for the development of and updates to the Employment service plan.

- Uses a person centered planning approach and a team process to develop the individual's Employment Plan to meet the individual's needs in the least restrictive manner possible.
- Develops and updates the Employment service plan based upon the needs assessment and person centered planning process annually, or more frequently as needed.
- Explores coverage of services to address individuals' identified needs through other sources, including services provided under the State Plan, Medicare, and/or private insurance or other community resources.
- Coordinates, as needed, with other individuals and/or entities essential in the delivery of services for the individual, including MCO care coordinators, as well as vocational rehabilitation and education coordinators to ensure seamless coordination among needed support services and to ensure that the individual is receiving services as appropriate from such other sources.
- Coordinates with providers and potential providers of services to ensure seamless service access and delivery.
- Coordinates with the individual's family, friends, and other community members to cultivate the individual's natural support network.

In the performance of the monitoring function, the Employment Navigator:

- Monitors the health, welfare, and safety of the individual and the Employment Plan implementation through regular contacts at a minimum frequency as required by DHSS.
- Responds to and assesses emergency situations and incidents and ensure that appropriate actions are taken to protect the health, welfare, and safety of the individual.
- Reviews provider documentation of service provision and monitor individual progress on employment outcomes and initiate meetings when services are not achieving desired outcomes.
- Through the service plan monitoring process, solicits input from the individual and/or family, as appropriate, related to satisfaction with services.
- Competitive and integrated employment, including self-employment, shall be considered the first option when serving persons with disabilities who are of working age.
- Periodically inspects the settings in which HCB services are delivered to ensure that they comply with the characteristics of HCB services per the CMS Community Rule.

4.2 Career Exploration and Assessment Services

Career Exploration and Assessment is a person-centered comprehensive employment planning and support service that provides assistance for program participants to obtain, maintain, or advance in competitive employment or self-employment. It is a focused, time limited service engaging a participant in identifying a career direction and developing a plan for achieving competitive,

integrated employment at or above the State's minimum wage. The outcome of this service is documentation of the participant's stated career objective and a career plan, including any necessary education and training, used to guide individual employment support.

This service may include conducting community based career assessment. The assessment may include:

- Conducting a review of the participant's work history, interests and skills.
- Identifying types of jobs in the community that match the participant's interests, abilities, and skills.
- Identifying situational assessments (including job shadowing or job tryouts) to assess the participant's interest and aptitude in a particular type of job.
- Developing a report that specifies recommendations regarding the participant's individual needs, preferences, abilities, and characteristics of an optimal work environment. The report must also specify if education, training, or skill development is necessary to achieve the participant's employment or career goals, with an indication of whether those elements may be addressed by other related services in the participant's service plan or other sources.

Services must be delivered in a manner that supports the participant's communication needs including, but not limited to, age appropriate communication, translation services for participants that are of limited English proficiency or who have other communication needs requiring translation.

The service also includes transportation as an integral component of the service, such as to a job shadowing opportunity, during the delivery of Career Exploration and Assessment.

Competitive and integrated employment, including self-employment, shall be considered the first option when serving persons with disabilities who are of working age.

Career Exploration and Assessment may be authorized for up to 6 months in a benefit year, with multi-year service utilization and reauthorization only with explicit written Department approval.

Services otherwise available under a program funded under Section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) must be exhausted before Pathways can pay for a service.

4.3 Supported Employment-Individual Services

Individual Supported Employment services are the ongoing supports provided, at a one to one participant to staff ratio, to participants who, because of their disabilities, need intensive ongoing support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce. Jobs in competitive and customized employment must provide compensation at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

Individual Supported Employment may also include support to establish or maintain self-employment, including home based self-employment with business generated income for the individual. Supported employment services are individualized and may include any combination of the following services:

- vocational/job related discovery or assessment,
- person centered employment planning,
- job placement,
- job development,
- negotiation with prospective employers,
- job analysis,
- job carving,
- training and systematic instruction,
- job coaching,
- benefits support,
- training and planning,
- transportation,
- asset development and career advancement services,
- and other workplace support services including services not specifically related to job skill training that enable the participant to be successful in integrating into the job setting.

Competitive and integrated employment, including self-employment, must be considered the first option when serving persons with disabilities who are of working age to obtain employment.

Services must be delivered in a manner that supports the participant's communication needs including, but not limited to, age appropriate communication, translation services for participants that are of limited-English proficiency, or who have other communication needs requiring translation.

Job placement support provided as a component of this service is time-limited, requiring re-authorization every 90 days, up to 6 months in a benefit year months. At each 90-day interval, the service plan team will meet to clarify goals and expectations and review the job placement strategy.

Services otherwise available under a program funded under Section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) must be exhausted before Pathways can pay for a service.

4.4 Supported Employment-Small Group Services

Small Group Supported Employment are services and training activities provided in regular business, industry and community settings for groups of two (2) to no more than four (4) workers with disabilities. Examples include mobile crews and other business based workgroups employing small groups of workers with disabilities in employment in the community. Small Group Supported Employment must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in

those workplaces and be compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Small Group Supported Employment does not include vocational services provided in facility based work settings, enclaves or other non-competitive or non-integrated job placements.

Small Group Supported Employment may include any combination of the following services:

- vocational/job related discovery or assessment,
- person centered employment planning,
- job placement,
- job development,
- negotiation with prospective employers,
- job analysis,
- training and systematic instruction,
- job coaching,
- benefits support,
- training,
- planning transportation and career advancement services.

Other workplace support services may include services not specifically related to job skill training that enable the participant to be successful in integrating into the job setting.

Small Group Supported Employment emphasizes the importance of rapid job search for a competitive job and provide work experiences where the consumer can develop strengths and skills that contribute to employability in individualized paid employment in integrated community settings

Services must be delivered in a manner that supports the participant's communication needs including, but not limited to, age appropriate communication, translation services for participants that are of limited English proficiency or who have other communication needs.

Continuation of Small Group Supported Employment requires a review and reauthorization every 6 months in accordance with Department requirements, and shall not exceed 12 continuous months without exploration of alternative services. The review and reauthorization should verify that there have been appropriate attempts to prepare the consumer for a transition to Individualized Employment Support Services (IESS) and that the consumer continues to prefer Small Group Supported Employment, despite these attempts.

Job placement support provided as a component of this service is time-limited, requiring re-authorization every 90 days, up to 6 months in a benefit year

months. At each 90-day interval, the service plan team will meet to clarify goals and expectations and review the job placement strategy.

Small Group Supported Employment does not include facility-based or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.

Services otherwise available under a program funded under Section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) must be exhausted before Pathways can pay for a service.

4.5 Benefits Counseling Services

Benefits Counseling provides work incentive counseling services to Pathways participants seeking to work while maintaining access to necessary healthcare and other benefits. Benefits Counseling will provide information to individuals regarding available benefits and assist individuals to understand options for making an informed choice about going to work while maintaining essential benefits.

This service will assist individuals to understand the work incentives and support programs available and the impact of work activity on those benefits. This service will assist individuals to understand their benefits supports and how to utilize work incentives and other tools to assist them to achieve self-sufficiency through work.

This service will also include the development and maintenance of proper documentation of services, including creating Benefits Summaries and Analyses and Work Incentive Plans.

Services must be delivered in a manner that supports the participant's communication needs including, but not limited to, age appropriate communication, translation/interpretation services for participants that are of limited English proficiency or who have other communication needs requiring translation, assistance with the provider's understanding and use of communication devices used by the participant.

This service is in addition to information provided by the Aging and Disability Resource Centers (ADRC), SHIP or other entities providing information regarding long term services and supports.

This service is limited to 20 hours per year maximum, with exceptions possible with explicit written Departmental approval.

Services otherwise available under a program funded under Section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) must be exhausted before Pathways can pay for a service.

4.6 Financial Coaching Plus Services

Financial Coaching Plus uses a financial coaching model to assist individuals in establishing financial goals, creating a plan to achieve them, and providing information, support, and resources needed to implement stated goals in the financial plan. The financial coach will assist the member seeking to improve his/her financial well-being in order to improve economic self-sufficiency. Financial Coaching Plus includes the development of a personal budget and

identifies reliable and trusted savings, credit, and debt programs that promote financial stability. The content and direction of the coaching is customized to respond to the individual financial goals set by the participant. Financial coaching is provided on a one on one basis, in a setting convenient for the member over a time limited series of sessions and follow up to increase the opportunity for self-directed behavior skills learning.

The Financial Coaching will:

- Assist the member in developing financial strategies to reach participant's goals with care to ensure that personal strategies reflect considerations related to benefits, as identified through benefits counseling.
- Ensure that individuals understand the availability of various tax credits such as the Earned Income Tax Credit, Child Care Tax Credit, and others.
- Refer individuals as needed to benefit counselors.
- Provide information to complement information provided through benefits counseling regarding appropriate asset building.
- Use an integrated dashboard of available community based asset building opportunities and financial tools/services to ensure participants are leveraging all resources to increase economic self-sufficiency.
- Provide information about how to protect personal identify and avoid predatory lending schemes.
- Provide assistance with filing yearly taxes either through the IRS VITA program or its virtual program that involves self-filing.
- The Financial Coaching Plus service will include the collection and maintenance of proper documentation of services provided as required by the Department that will track goals, actions, and outcomes of individual participants.
- The Financial Coaching Plus service may complement information provided on the use of public benefits and/or work incentives through Benefits Counseling or other services.
- Financial Coaching Plus service limited to five hours per participant per year.

Services otherwise available under a program funded under Section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) must be exhausted before Pathways can pay for a service.

4.7 Non-Medical Transportation Services

Transportation service is offered in order to enable participants to gain access to employment services, as specified by the service plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State Plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Transportation services under the Pathways Program are offered in accordance with the participant's service plan. Whenever possible and as determined through the person-centered planning

process, family, neighbors, friends, carpools, coworkers, or community agencies which can provide this service without charge must be utilized.

Non-medical transportation services are offered, in addition to any medical transportation furnished under the 42 CFR 440.17(a) in the State Plan. Non-medical transportation services are necessary, as specified by the service plan to enable individuals to gain access to employment services. In order to be approved, non-medical transportation would need to be directly related to a goal on the individual's treatment plan (e.g., to a supported employment) and not for the general transportation needs of the member (e.g., regular trips to the grocery store). This service will be provided to meet the individual's needs as determined by an assessment performed in accordance with DHSS requirements and as specifically outlined in the individual's POC.

Transportation services will be delivered through a transportation broker who will arrange and/or provide services pursuant to the plan of care.

Transportation service may also include public transportation. The utilization of public transportation promotes self-determination and is available to individuals as a cost effective means of accessing services and activities. This service provides payment for the individual's use of public transportation to access employment.

4.8 Personal Care Services

Personal care includes assistance with ADLs (bathing, dressing, personal hygiene, transferring, toileting, skin care, eating and assisting with mobility), as needed to assist an individual in the workplace. When specified in the POC, this service may include assistance with instrumental activities of daily living (IADL) (e.g. task completion). Assistance with IADL's must be essential to the health and welfare of the participant. Personal care may also provide stand-by assistance in the workplace to individuals who may require support on an intermittent basis due to a disability or medical condition.

This service is intended to provide personal care for individuals in preparation for work, in getting to work or at the workplace.

This service does not duplicate a service provided under the State Plan as an expanded EPSDT service or services available to the individual through other Medicaid programs, including the DSHP Plus and any HCBS waiver operated by DDDS.

Personal Care may include escorting individuals to the workplace.

Services must be delivered in a manner that supports the participant's communication needs including, but not limited to, age appropriate communication, translation services for participants that are of limited English proficiency or who have other communication needs.

Self-Direction of Personal Care

Personal care is the only service offered under Pathways for which there are self-direction opportunities. All participants in Pathways who receive personal care services are offered the opportunity for employer authority to self-direct these personal care services. Personal care is also referred to as "attendant services". Individuals are informed of the opportunity for self-direction during the

person-centered planning process. Individuals (or parents in the case of minor children) may elect to serve as the employer of record for these services. Individuals receive information and assistance in support of participant direction and vendor/fiscal employer agent support from an entity(ies) contracted with the state for the provision of these services.

4.9 Orientation, Mobility, and Assistive Technology Services

Orientation and Mobility

Orientation and Mobility services provide consumers training to develop the necessary skills to travel independently and safely. This is accomplished one on one with the usage of white canes, guide dogs, or other equipment. Orientation and Mobility instruction is a sequential process where visually impaired individuals are taught to utilize their remaining senses to determine their position within their environment and to negotiate safe movement from one place to another. This service does not duplicate any provision provided under the State Plan as an expanded EPSDT service.

Items designed for general use shall only be covered to the extent necessary to meet the participant's assessed needs and are primarily used by a participant to address a therapeutic purpose.

Assistive Technology

Assistive technology device means an item, piece of equipment or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device to increase independence in the workplace. Independent evaluations conducted by a certified professional, not otherwise covered under the State Plan services, may be reimbursed as a part of this service. Evaluations to determine need for assistive technology and to identify the appropriate technology to support individuals in employment settings are required.

Assistive technology includes:

- The evaluation and assessment of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant.
- The cost of the item, including purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants.
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
- Coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan.
- Training, demonstrations and/or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant.

- Training, demonstrations and/or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants.

Assistive technology may include augmentative communication devices, adapted watches, high and low teach adaptive/assistive equipment such as video magnifiers, Braille displays, hardware and software.

Services otherwise available under a program funded under Section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) must be exhausted before Pathways can pay for a service.

5.0 Provider Reimbursement and Billing

5.1 General Information

The DMAP reimburses Pathways providers in accordance with the federally approved 1915(i) SPA and 1915(b)(4) waiver. The most current version of the Pathways 1915(i) SPA and 1915(b)(4) waiver can be found on the DMMA website.

5.2 Employment Plan

In order for Medicaid Federal Funds Participation (FFP) to be used to pay for Pathways services, there must be a written person-centered plan of care (Employment Plan) in place as required at 42 CFR 441.725(b). The Employment Navigator is responsible for developing the Employment Plan.

5.3 Provider Reimbursement Methodologies

5.3.1 Employment Navigator

Reimbursement is based on a fee schedule that sets a fee for the Employment Navigator provider. The fee development methodology is composed of provider cost modeling using information from independent data sources (as available), through Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. Providers of Employment Navigator services are reimbursed on the basis of a payment for a week's provision of service for each participant enrolled for any portion of the month based on reasonable and proper costs for service provision based on federally accepted reimbursement principles (Medicare or OMB A-87 principles) and review of actual costs of operation for the year preceding implementation from a review of financial and statistical reports. Employment Navigator services will not be subject to cost settlement. The weekly unit includes all Employment Navigator services utilized for the participant during the week.

- The following list outlines the major allowable cost components to be used in fee development.
    - Staffing Assumptions and Staff Wages.
    - Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation).
    - Staff Productivity Assumptions (e.g., time spent on billable activities).
    - Program-Related Expenses (e.g., technology related expenses, supplies).
    - Provider Overhead Expenses.
- The fee schedule rates will be developed as the total annual provider costs, converted to a weekly unit of service per participant.

5.3.2 Career Exploration and Assessment Services

Rates for Career Exploration and Assessment are calculated using a market basket methodology. This rate methodology is comprised of four key components:

- Direct support professional (DSP) wage ($).
- Employee related expenses (%).
- Program indirect expenses (%).
- Administrative expenses (%).

Wage data was obtained from authoritative sources such as the U.S. DOL Bureau of Labor Statistics for job classifications with similar requirements and duties as the direct support professionals performing the Career Assessment service in order to derive an appropriate DSP hourly wage rate. In developing the other three rate components, provider cost data for the allowable costs included in the "market basket" was collected through cost reports and follow up interviews. These costs are converted to percentages that are multiplied by the direct support hourly wage rate as a set of recursive percentages in order to develop an hourly provider DSP rate for each service.

5.3.3 Supported Employment-Individual Services

Rates for Individual Supported Employment have been calculated using provider cost modeling using information from independent data sources (as available), through Delaware provider compensation studies, cost data and fees from similar State Medicaid programs may be considered as well. Total Medicaid allowable costs were tabulated and divided by total direct care staff (job coaches and employment specialists) billable hours. This provided a cost per hour based on direct care staff hours. The hourly rate will be expressed as a 15 minute billable unit by dividing the hourly rate by four.

5.3.4 Supported Employment-Small Group Services

Rates for Small Group Supported Employment are based on the rate for Individual Supported Employment, which is a one-to-one staff-to-consumer ratio. The payment rate for the addition of each consumer in the group shall be computed by dividing the payment rate for Individual Supported Employment by the number of participants in the group (up to a maximum of 4) and applying a gross up factor to account for additional incremental costs related to the provision of group supported employment that would not have been captured in the base rate for Individual Supported Employment. Small Group Supported Employment will be paid in 15 minute billable units.

5.3.5 Benefits Counseling Services

The fee development methodology is composed of provider cost modeling using information from independent data sources (as available), though Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major allowable cost components to be used in fee development.

- Staffing Assumptions and Staff Wages.
- Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation).
- Staff Productivity Assumptions (e.g., time spent on billable activities).
- Program Indirect Expenses (e.g., supplies).
- Provider Overhead Expenses.

The fee schedule rates will be developed as the total hourly provider costs, adjusted for productivity and converted to the applicable unit of service.

5.3.6 Financial Coaching Plus Services

The fee development methodology is composed of provider cost modeling using information from independent data sources (as available), though Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major allowable cost components to be used in fee development.

- Staffing Assumptions and Staff Wages.
- Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation).
- Staff Productivity Assumptions (e.g., time spent on billable activities)
- Program-Related Expenses (e.g., supplies).
- Provider Overhead Expenses.

The fee schedule rates will be developed as the total hourly provider costs, adjusted for productivity and converted to the applicable unit of service.

5.3.7 Non-Medical Transportation Services

Non-Medical transportation will be implemented utilizing a transportation broker. The state will pay the broker on a fee-for-service basis with administrative compensation for the coordination and delivery of transportation.

The rates will be one of the following, depending on the most direct, cost effective mode of transport:

- Per mile (using established state reimbursement per mile).
- Per public transportation trip using fees established by public transportation agencies.
- Per trip, using a methodology based upon average miles per trip, number of individuals in transport and any specialized mode of transportation required.

5.3.8 Personal Care Services

Personal care reimbursement rates will be established as a percentage of the DMMA FFS Home Health Aide agency rate.

The state will establish Home Health agency, Personal Care Agency, and self-directed services rates as follows:

- Home Health Agency Rate as a Percent of DMMA HHA Rate: 84%.

- Personal Care Agencies as a Percent of DMMA HHA Rate: 73%.
- Participant-directed as a Percent of DMMA HHA Rate: 43%, reflecting the removal of reimbursement for administrative functions that will be supported through other means. Payments for participant-directed personal care in excess of 40 hours per week or for travel between worksites must comply with payment rules under the Fair Labor Standards Act.

5.3.9 Assistive Technology and Orientation and Mobility Training Services

The fee development methodology is composed of provider cost modeling using information from independent data sources (as available), though Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major allowable components to be used in fee development.

- Staffing Assumptions and Staff Wages.
- Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation).
- Staff Productivity Assumptions (e.g., time spent on billable activities).
- Program-Related Expenses (e.g., supplies).
- Provider Overhead Expenses.

The fee schedule rates will be developed as the total hourly provider costs, adjusted for productivity, and converted to the applicable unit of service.

Assistive Technology devices are reimbursed based on the cost charged to the general public for the item.

All rates are published on the Pathways website at:

http://www.dhss.delaware.gov/dhss/dsaapd/pathways.html

5.4 Provider Billing General Information

Medicaid Program Integrity

Submitting claims for units of service in excess of the number of direct support units actually provided or authorized would be considered an overpayment by DMMA, CMS or other federal auditing body. Such claims are subject to recoupment. If DMMA, Department of Justice (DOJ) or the federal entity determines that the overbilling was purposeful, the Office of Inspector General of the U.S. DHHS has the authority to sanction the provider by excluding it from participation in the Medicaid and Medicare Programs (see regulatory citation below).

§1003.102 Basis for civil money penalties and assessments.

- The OIG may impose a penalty and assessment against any person whom it determines in accordance with this part has knowingly presented, or caused to be presented, a claim which is for…..
  - An item or service that the person knew, or should have known, was not provided as claimed, including a claim that is part of a pattern of practice of claims based on codes that the persons knows or should know will result in greater payment to the person than the code applicable to the item or service actually provided.

Service Documentation

Records must be maintained in one or more documents, to document the provision of service to an individual, consistent with the individual's Plan of Care. At least one billable note must be maintained for each service delivered for each service day. Documentation may be in the form of paper or electronic software programs and must be kept in a manner as to fully disclose the nature and extent of services delivered which include, at a minimum:

- Type of Service;
- Date of Service;
- Place of Service;
- Name of Individual receiving service;
- Progress the individual made toward goals expressed in the Employment Plan;
- Medicaid ID number of the individual receiving service;
- Name of Provider;
- Signature (may be electronic) or initials of the person delivering the service (if signature and corresponding initials are on file with the provider).

Providers of Pathways services must maintain the records necessary and in such form to disclose fully the extent of the service provided, for a period of six years from the date of receipt of payment or until an initiated audit is resolved, whichever is longer. The records will be made available upon request. The

Pathways operating divisions as well as DMMA may audit provider records, including any source documentation supporting Medicaid claims for Pathways services. The provider agrees to fully cooperate with all Pathways operating divisions and DMMA during such inquiry.

Claim Timeliness Standard

It is a federal requirement that claims to DMAP must be submitted no later than twelve months from the date of service (see DMAP General Policy Manual section 1.19.1). Therefore, Pathways claims must be submitted to the Fiscal Agent no later than one year from the end of the month in which service was provided.

Billable Unit

A billable unit is defined the smallest unit of time a provider is authorized to bill a Medicaid HCBS provided by a direct care staff employed by a qualified DMAP HCBS provider.

In addition to documentation of the provision of service through progress notes, in order for a provider to claim reimbursement for direct support provided to Pathways members, the provider must have documentation that the direct care staff met the following conditions:

- Was employed as a direct care employee of the provider agency and met all of the requirements for training, background checks, etc. as demonstrated by personnel files.
- Was scheduled as a direct care worker and worked during the time invoiced as demonstrated by staff attendance records.
- Was compensated by the provider for direct care work as demonstrated by payroll documentation.

The billable units for Pathways services are as follows:

Service	Billable Unit
Employment Navigator	weekly
Career Exploration	15 minutes
Supported employment – Individual and Group	15 minutes
Benefits Counseling	15 minutes
Financial Coaching	15 minutes
Non-medical transportation	Cost reimbursement per trip
Personal care	15 minutes
Orientation and Mobility Services	
o Therapeutic procedure, 1 or more areas (i.e. strength and endurance)	15 minutes
o Therapeutic procedure, 1 or more areas (i.e.	15 minutes

neuromuscular reeducation)	
o Therapeutic procedure, 1 or more areas (i.e. gait training)	15 minutes
o Therapeutic activities, direct one—on one)	15 minutes
o Wheelchair management	15 minutes
o Physical performance test or measurement	15 minutes
o Orthotic(s) management and training	15 minutes
o Prosthetic training	15 minutes
o Checkout for orthotics	15 minutes
o Habilitation, educational	per hour
Assistive Technology	
o Occupational Therapy evaluation and re-evaluation	Session
o Assistive technology assessment with OT	15 minutes
o Assistive technology assessment with AT professional	15 minutes
o Assistive technology assessment with Low vision Therapist	15 minutes

MMIS Pricing Logic

For all Pathways services, the MMIS is programmed to use the rate on the prior authorization to price the claims, as opposed to using a rate in a table. If there is no unit cost rate on the prior authorization, the MMIS will default to the "rate on file". The rate on file for all Pathways services that may be different from member to member, which includes all of the services that can be claimed as a per diem, the rate on file in the MMIS is $1. If a provider submits a claim for which the paid unit rate is $1, this is an indication that the prior authorization was not set up correctly. The MMIS pricing logic for the Pathways Program claims causes the MMIS to pay the lesser of the billed amount or the rate on the prior authorization or the rate on file if there is no prior authorization.

5.5 Prior Authorization

All Pathways services must be prior authorized. Each Employment Navigator enters prior authorizations into the MMIS for all Pathways services.

5.6 Provider Billing - Specific Guidance for Individual Services

5.6.1 Career Assessment and Exploration Services

- Career Exploration and Assessment may be authorized for up to 6 months in a benefit year, with multi-year service utilization and reauthorization only with explicit written Department approval.

- Federal Financial Participation (FFP) is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
  - Incentive payments made to an employer to encourage or subsidize the employer's participation in Job Finding services and payments that are passed through to users of the Career Exploration services.

5.6.2 Supported Employment – Individual Services

- Individual Supported Employment does not include facility-based or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.
- Individual Supported Employment services do not include volunteer work and may not be used for job placements paying below minimum wage.
- Job placement support provided as a component of this service is time-limited, requiring re-authorization every 90 days, up to 6 months in a benefit year. At each 90-day interval, the service plan team will meet to clarify goals and expectations and review the job placement strategy.
- The Individual Supported Employment Services service provider must maintain documentation in accordance with DHSS requirements.
- Except as permitted in accordance with requirements contained in DHSS guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.
- It is the expectation that services billed as Individual Supported Employment Services would include the participant; however, this does not exclude services provided “on behalf of” the participant as billable services.
- Engaging the participant in the activity provides an opportunity for the person to learn, thus potentially becoming more independent in all aspects of their employment and reducing the need for professional supports.
- Prior to providing and billing for services “on behalf of” the participant, the agency must first consider the following:

  1) Why should this service be provided as “on behalf of” vs. engaging the participant?

  2) Could the participant benefit by increasing their knowledge/abilities if they were engaged in this activity?

  3) Would engaging the participant in this activity increase the employer’s ability to support their employee without professional supports in the future?

- It is recommended that agencies clearly document when billing for services provided as “on behalf of” the participant, and include a brief justification for why the services were provided as “on behalf of” vs engaging the participant.

5.6.3 Supported Employment –Group Services

- Continuation of Small Group Supported Employment requires a review and reauthorization every 6 months in accordance with Department requirements, and shall not exceed 12 continuous months without exploration of alternative services. The review and reauthorization should verify that there have been appropriate attempts to prepare the consumer for a transition to Individualized Employment Support Services (IESS) and that the consumer continues to prefer Small Group Supported Employment, despite these attempts.
- Job placement support provided as a component of this service is time-limited, requiring re-authorization every 90 days, up to 6 months in a benefit year. At each 90-day interval, the service plan team will meet to clarify goals and expectations and review the job placement strategy.
- Small Group Supported Employment does not include facility-based or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.
- Small Group Supported Employment services do not include volunteer work and may not be for job placements paying below minimum wage.
- The Small Group Supported Employment Services service provider must maintain documentation in accordance with DHSS requirements.
- Except as permitted in accordance with requirements contained in DHSS guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.
- Agencies will bill based on the staffing ratio for each consumer in 15 minute units, for services provided to the consumer while working at a community work site, in a group setting, and where the consumer is earning minimum wage or higher.
- Expected staffing ratios will be authorized by the DDDS Day Services Unit. One full year of units will be authorized by the Day Services Unit for the expected staffing ratio. An additional set of annual units will be authorized for the group ratio one staffing ratio above and one staffing ratio below the expected staffing ratio as it may be assumed that some variation in the expected staffing ratio may occur throughout the year due to consumer and/or staff absences or other valid reasons.
- Agencies will be permitted to bill the full month at the expected staffing ratio if the staffing ratio is indeed provided at the expected staffing level for 90% of the 15 minute units billed for the month. Example, if the consumer works 3 hours a day for 20 days that would result in 240 billable units. As long as 216 of the units, or 90%, are provided at the expected staffing ratio based on the procedure code, the provider may bill all of the units using the expected procedure code staffing ratio. If the staffing ratio is not provided at the expected staffing level for 90% of the units billed for the month, then the agency must bill at the actual staffing ratios, using the designated procedure codes, for each day of the month.

5.6.4 Benefits Counseling Services

- The benefit is limited to 20 hours per year maximum with exceptions possible with explicit written Departmental approval.

5.6.5 Financial Coaching Plus Services

- Financial Coaching Plus service limited to 5 hours per participant per year.

5.6.6 Non-Medical Transportation Services

- The service does not provide for mileage reimbursement for a person to drive himself to work.
- Individuals may not receive this service at the same time as they receive Supported Employment (individual or group) if the job coach is providing transportation to and from the employment setting.

5.6.7 Personal Care Services

- This service is over and above that which is available to the individual through the State Plan EPSDT benefit, the DSHP Plus program, or another HCBS waiver, as applicable.

5.6.8 Assistive Technology, Orientation and Mobility Services

- This service is limited to assessments, items or services not otherwise available to individuals under the DSHP or DSHP Plus Program.
- Assistive Technology devices must be obtained at the lowest cost.
- The amount of this service for Assistive Technology devices is limited to $10,000 for the participant's lifetime. This amount includes replacement parts and repair when it is more cost effective than purchasing a new device. Exceptions to this limit may be considered based upon a needs assessment and prior authorization by the Department.

6.0 Reserved

HCPCS Procedure Codes for Pathways to Employment

7.0 Appendix B – HCPCS Procedure Codes

The following procedure codes are to be used for billing services under the Pathways to Employment 1915 (i) SPA. To assure that the correct procedure code is used when billing the DMAP; the provider should check the heading at the top of each column.

Procedure Code	Modifier	DMMA Definition	HCPCS Literal Definition
T2022		Employment Navigation (per week)	CM, per month
T2015	U2	Career Assessment and Exploration - U2 Denotes services rendered in the Pathway Program	Habilitation, prevocational, waiver; per hour. (Direct one-on-one contact by provider.) U2 - Medicaid level of care 2, as defined by each state.
T2019		Supported Employment - Individual	Habilitation, supported employment, waiver, per 15 minutes.
T2019	UN	Group Supported Employment – 2 consumers	Group Supported Employment, waiver; per 15 minutes – 2 consumers
T2019	UP	Group Supported Employment – 3 consumers	Group Supported Employment, waiver; per 15 minutes – 3 consumers
T2019	UQ	Group Supported Employment – 4 consumers	Group Supported Employment, waiver; per 15 minutes – 4 consumers
H2014	SE	Benefits Counseling	Skills training and development, per 15 minutes. SE — State and/or federally-funded programs/services.
T2013	SE	Financial Coaching	Habilitation, educational, waiver, per hour. SE — State and/or federally-funded programs/services.
T1019		Personal Care – Home Health Agency	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institute for mental disease, part of the individualized plan of treatment. (Code may not be used to identify services provided by home health aide or certified nurse assistant.)

Procedure Code	Modifier	DMMA Definition	HCPCS Literal Definition
T1019	U1	Personal Care – PASA Agency	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institute for mental disease, part of the individualized plan of treatment. (Code may not be used to identify services provided by home health aide or certified nurse assistant.)
T1019	U2	Personal Care – Self-directed Option	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institute for mental disease, part of the individualized plan of treatment. (Code may not be used to identify services provided by home health aide or certified nurse assistant.)
T2028		Assistive Technology	Specialized supply, not otherwise specified, waiver.
97003		Assistive Technology	Occupational therapy evaluation.
97004		Assistive Technology	Occupational therapy re-evaluation.
97755	GO	Assistive Technology	Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and /or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes. GO — Service delivered under an outpatient occupational therapy plan of care (occupational therapist).
97755	EY	Assistive Technology	Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and /or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes. EY — No physician or other licensed health care provider order for this item or service (assistive technology professional).
97755	GP	Assistive Technology	Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and /or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes. GP — Services delivered under an outpatient physical therapy plan of care (low vision therapist).
K0739		Assistive Technology	Repair of non-routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes.

Procedure Code	Modifier	DMMA Definition	HCPCS Literal Definition
S9445	GO	Assistive Technology	Patient education, not otherwise classified, non-physician provider, individual, per session. GO — Service delivered under an outpatient occupational therapy plan of care (occupational therapist).
97112		Orientation and Mobility	Therapeutic procedure, 1 or more areas, each 15 minutes, neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for setting and/or standing activities.
97116		Orientation and Mobility	Therapeutic procedure, 1 or more areas, each 15 minutes, gait training (includes stair climbing).
97530		Orientation and Mobility	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes.
97542		Orientation and Mobility	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes.
97750		Orientation and Mobility	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes.
97760		Orientation and Mobility	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes.
97761		Orientation and Mobility	Prosthetic training, upper and/or lower extremity(s), each 15 minutes.
97762		Orientation and Mobility	Checkout for orthotic/prosthetic use, established patient, each 15 minutes.
T2013	U2	Orientation and Mobility	Habilitation, educational, waiver; per hour. U2 - Medicaid level of care 2, as defined by each state.
A0090		Non-emergency transportation	Nonemergency transportation, per mile — vehicle provided by individual (family member, self, neighbor) with vested interest.
A0100		Non-emergency transportation	Non-emergency transportation; taxi.
A0110		Non-emergency transportation	Non-emergency transportation and bus, intra or inter state carrier.
A0120		Non-emergency transportation	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems.
A0130		Non-emergency transportation	Non-emergency transportation: wheel-chair van.
A0170		Non-emergency transportation	Transportation ancillary: parking fees, tolls, other.

Procedure Code	Modifier	DMMA Definition	HCPCS Literal Definition
T2003	SE	Non-emergency transportation	Non-emergency transportation; encounter/trip. SE — State and/or federally-funded programs/services. (For the Promise Program, use healthcare common procedure coding system (HCPCS) code T2003 once per calendar month using from and through dates.)
T2003		Non-emergency transportation	Non-emergency transportation; encounter/trip.