Peers Helping Each Other

Providing Evidence-Based Supported Employment

Austin Area Mental Health Consumers

Hope and Recovery
Acknowledgements

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This manual reflects what has been learned by the Austin Area Mental Health Consumers (AAMHC) about providing evidence-based supported employment services. These services were provided by peer specialists/employment specialists. We know that peer specialists are capable of being successful in helping their colleagues who want to participate in the workforce. This manual is intended to be a starting place for any peer specialists who would like to begin providing evidence-based supported employment.

We have found there are two important things that you will need to think about before you decide to become a service provider: 1) what services you will provide; and 2) how you plan to pay for those services. These are very large questions, and are beyond the scope of this manual to fully answer. Every person looking for work will be different, and exactly what they need to be successful will vary. Every community is different, and the resources available to help people find work will vary. This manual is intended only to be a starting point to find the answers for your community and the people you want to serve. It will provide you with some important information and resources, but each service providing group will have to find its’ own specific answers to questions, and the answers will probably change over time.

The first section of this manual is focused on the partnerships you will need to build to have a successful program. Generally speaking, most peer operated groups do not have a lot of resources of their own. You will need to build partnerships as a way to find the resources you need to operate a successful program. We have found Medicaid Rehabilitation to be a valuable and underutilized resource. Many people don’t think about Medicaid Rehabilitation as a resource for funding employment services, because Medicaid specifically does not cover “employment services”. Medicaid defined “employment services” decades before evidence-based supported employment was developed. The evidence shows us that people with mental illness tend to need a combination of things to be successful. Some of these things are specifically related to finding jobs and learning how to do them (for example, filling out applications, practicing for interviews, finding job openings, on the job training, etc.). Medicaid generally will not pay for those things. However, people with mental illness also need help in managing their symptoms, understanding how these symptoms might interfere with their ability to work, and learning more positive coping skills and behaviors. Medicaid will generally pay for all of those things for covered individuals who have employment as a goal. Medicaid is an important resource peer provider groups may be able to access, and this manual will place a special emphasis on it. Often, the two kinds of services
Symptom related and employment task related activities are intertwined, and an employment specialist will perform both activities in a single meeting. Medicaid can be billed for the portion of the time spent on symptom related activity. Medicaid is an important resource, but it will not pay for every service people will need in a supported employment program. While Medicaid can be an important funding stream, additional resources must also be available to provide evidence-based supported employment.

Throughout the manual, we refer to those peers assisting with supported employment as employment specialists. Employment specialists are peer specialists who specialize in employment. The best way to prepare to be an employment specialist is to first be a Certified Peer Support Specialist. The training for this certification will provide you a meaningful knowledge base on which to build. It will also provide you and your program with credibility. We will discuss this further in the manual.

The second section of this manual is focused on eight evidence-based principles of supported employment. Research has shown us that programs that implement these eight principles will produce the best employment outcomes for people with mental illness. Activities related to all eight of these principles are very important to include as part of an evidence-based supported employment program. This manual will explain these principles, contrast them with previous practices, and give guidance on how to implement them. Many different activities can occur that are consistent with these principles. Some of these activities are billable to Medicaid, and some are not, and this manual will provide you with examples of each. For a few of these principles, no activity is likely to be billable to Medicaid.

The third section of the manual focuses on quality control. This manual will advise what kinds of information you should keep to help you evaluate and continuously improve your program. Making improvements is something that is never completely finished. There is always room to improve. Also, you will have partners who are interested in what results you are achieving. At some point, you may need/want additional partners to provide resources, or want existing partners to provide additional resources. They will be much more willing to do that when you can demonstrate, with data, the results you have achieved. The last chapter of the manual focuses on how peer specialists can help take care of themselves and avoid burnout. Burnout is a common malady in the helping professions, and we think it is important to learn the symptoms, and things that can be done to avoid it. We have also included some special considerations for the peer workforce, and tips for staying well.
We have included a Glossary of Terms and Acronyms at the back of the manual. There are resources throughout this manual, and a list of major resources is also included at the back of the manual as well.

We want to discuss how we have managed labels in this manual. That is, how we refer to people as a group. No one likes labels, and we don't either. We understand that people with mental illness are particularly sensitive to labels. Labels have been used in the past that have made us feel different, and maybe inferior. We believe that all people have more in common with one another than they have things that make them different from one another. People generally like to be referred to by their names, or in the aggregate as "people". However, in writing this manual we found we needed a way to distinguish the people performing one role, and the people performing the other role. To make this manual understandable we chose to label the roles people play in supported employment. The people providing the service are referred to collectively as "employment specialists", and the people receiving the service are referred to collectively as "consumers or clients". All of the people to whom we are referring are people first, and as we are describing peer provided services, happen to also all be people with the lived experience of having a mental illness. It is our sincere hope that no one who reads this manual takes offense at the labels we felt we had to use to distinguish the different roles played in the supported employment process.

We hope you will find this manual useful. It is intended to be a starting point. We have included many different resources you can find on the internet for additional information. We hope you will want to establish a peer-provided, evidence-based supported employment program, and will find partners to help you. When we talk to people who come into the Self Help and Advocacy Center (SHAC), they tell us that the things they want the most are jobs, homes, and friends. We have helped many of them make progress in reaching their goals. You can help people in your area as well.

Shannon Carr
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Austin Area Mental Health Consumers (AAMHC)
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Why Develop Evidence-Based Supported Employment?

The high unemployment rate of people living with mental illness is both unnecessary and very costly. As a society, we pay a high price in terms of lost productivity, earnings and human potential. It has been proven that people with serious mental illness can be successful in employment when they are provided evidence-based supported employment services.

There is a need for evidence-based supported employment programs. Early research indicates that trained peers are successfully providing the services and supports that people need to find and keep jobs.

For people living with mental illness, work can be an important part of recovery. Experts increasingly acknowledge that work is a key factor in supporting mental health.

Five factors found in employment provide and promote mental well-being:

- A way of organizing your day
- A chance to be with others
- A chance to be part of group, and share accomplishments
- A sense of who you are in the world
- Something to do regularly

Every person wants to be engaged in meaningful employment; although each individual may define it differently. Work that means something to each individual is an important part of a balanced and happy life.

Although employment helps recovery, 60-80% of people who live with mental illness are unemployed. For people living with the most severe mental illnesses, unemployment rates can be as high as 90 percent. The majority of people living with mental illness report they want to work. They represent one of the largest disability groups referred to the federal Vocational Rehabilitation (VR) system. This indicates that people with mental illness are looking for help to go to work.

Unfortunately, employment outcomes in the VR system are not as promising as we might hope. Many people with mental illness served in the VR system are served by programs that have not implemented...
evidence-based supported employment that targets the needs of people with mental illness. There is substantial evidence that people with mental illness can be successful at employment when provided services consistent with proven principles.

An important study conducted in the 1990’s focused on employment services for people with serious mental illness. This study measured the kinds of services people received, and their outcomes. The study focused on people with serious mental illness in programs in seven states, including Texas. In each of the sites people were assigned to a program implementing evidence-based principles, or a “control” group (a program not based on these principles). Those receiving services consistent with evidence-based principles were more successful than those receiving other services. Some important findings of this study were:

- The experimental programs of supported employment were significantly more effective than services as usual in achieving positive vocational outcomes.
- People with serious mental illness that received well integrated vocational and clinical services had significantly better employment outcomes than those who received non-integrated services.
- Integrated employment services resulted in positive employment outcomes regardless of consumers’ personal characteristics, diagnoses, work histories, receipt of Social Security benefits and functioning level.

This study provided a lot of the “evidence” that the principles discussed in this manual were important to success.

Participants in the study referenced above earned over $3.5 million dollars and worked more than 850,000 hours in a two year follow-up period. Over the two year period, study participants held an average of 2.2 jobs, and worked an average of 19 hours a week.

There have not been many studies done yet demonstrating that peer specialists are effective providers of evidence-based supported employment because it is a relatively new idea. There has been one recent study, and it provided some evidence that this approach can be successful. The evidence of the effectiveness of this
approach is likely to increase as more peer provided programs are implemented and studied. Peer specialists can be successful providing evidence-based supported employment, but will need partners.

**Why we Need Partners**

Peer specialists tend to be independent and may wonder why they need partners in order to provide evidence-based supported employment services. The answer to that question is simple: RESOURCES! Most Consumer Operated Service Programs (COSPs) and other peer provided programs are small businesses with limited resources. It is extremely unlikely that a Consumer Operated Service Program (COSP) will have everything they need to fully implement a program that includes the elements required of an evidence-based supported employment program (described in Section 2). Just some of the areas resources are likely to be needed are:

- Accessing funding for the program
- Accessing a full array of mental health services
- Accessing available jobs
- Accessing training for supported employment specialists

We will discuss why you need these resources, and give you some ideas about where you might find them in your community. We will also give you some tips about engaging partners, and provide you some additional places to look for ideas. Of critical importance will be your relationship with your LMHA. It will be very difficult if not impossible to develop a successful program without the partnership of your LMHA. A section on this important partnership will be found on page 19.

**Accessing Funding**

Funding is needed to operate a program. A program needs offices and equipment to provide services, and most importantly, staff. Funds exist in state and federal budgets that are intended to help people find employment. These funds are usually directed to established local organizations and difficult (if not impossible) for COSPs to access directly from the state and federal agencies. Again, that means partnerships will be needed to access funds.

This manual will also briefly discuss the Vocational Rehabilitation System, grants and state and local funds as well. Because not
enough supported employment programs take advantage of the funding that is available through Medicaid, this manual will provide a special focus on Medicaid.

It is critically important that COSPs and Peer Providers hoping to establish evidence-based supported employment programs take full advantage of any funding that might be made available to them. Evidence-based supported employment does not have a specific funding stream under the direction of service providers or mental health agencies. Providers have to put together the funds they need from a variety of sources. Finding funding for your program may seem like more trouble than it should be, but it is the reality at the current time. Efforts to integrate funding between agencies are underway, but could take a long time to sort requirements out in a way that would benefit your organizations.

Every dollar of funding will have requirements. Nearly all funds will have requirements for evidence that you have spent the money as the funder intended when they granted it to you. For most, that documentation comes in the form of case notes on activities and services provided directly to consumers. It will be important for employment specialists to understand the requirements of any funding their program is accessing. It is very important that your program documents services provided in a way that will support their use of funds.

Most of the funds you might find are restricted, and can only cover certain things needed in an evidence-based supported employment program.

The VR Program Operated in Texas by DARS

The Vocational Rehabilitation (VR) Program is a national program with funds allocated to every state. Each state has an agency that is responsible for overseeing the program based on rules established by the federal government. In Texas, the Department of Assistive and Rehabilitative Services (DARS) operates the federal VR program.

The VR program provides grants to states to support a wide range of services designed to help individuals with disabilities prepare for and engage in gainful employment. Eligible individuals are those who have a physical or mental impairment that interferes with employment. Services are provided to
individuals based on needs. Some of these services are:

- Medical, psychological and vocational evaluation to help determine the nature and degree of disability and the consumer’s job capabilities
- Counseling and guidance to help the consumer plan vocational goals.
- Training to learn job skills
- Training in appropriate work behaviors
- Job placement assistance

Individuals are subjected to an eligibility process at DARS. When found to be eligible for services, they are assigned to a counselor who will then decide what services they should receive. The counselor will refer the consumer to a provider that has been approved by DARS to provide those particular services.

DARS services are not intended to be long-term, but are generally expected to end at the point a person has gotten a job, learned how to do the job, and has become stable on the job. It is important to know that the VR program has providers who offer supported employment, but this may or may not be evidence-based supported employment targeted to people with mental illness. There are many programs that provide “supported employment”, but most do not follow the principles of evidence-based supported employment. While these programs may get good outcomes for people with other types of disabilities, they are often less effective with people with mental illnesses.

Your Consumer Operated Service Program (COSP) could look into becoming a DARS provider, or partnering with another organization that is a DARS Provider.

There are many requirements to be qualified as a DARS Community Rehabilitation Provider (CRP), making it very difficult for a COSP with limited resources to meet these requirements on their own. However, many of the LMHAs are or could be qualified DARS CRPs. If a COSP, or other peer operated program, is operating under the auspices of an LMHA, then it can be possible for the LMHA (if they are a DARS CRP) to be reimbursed for services provided, and then direct those funds to the COSP. Working with your LMHA to become a DARS provider is preferable (and probably more likely to be successful) to attempting to get a separate provider contract with DARS.

Funds from the VR system can be used to pay for all aspects and activities needed in an evidence-based supported employment program, except the time-unlimited services. Because VR services are designed to end at some point, the time-unlimited service (see page 47) aspect that is required of evidence-based supported employment cannot be supported by these funds. If a COSP or other
peer provider group is able to access DARS funding, employment specialists will need to understand DARS requirements, and document the services they provide in the way DARS requires them to be documented.

**Grant Funds**

Sometimes grant funds can be found to operate services. Generally, there are two categories of grants: Services/Research Grants and Operating Grants. Grants can be a big help, but are difficult to find, and are nearly always time limited.

![Grant Funding](image)

**Services/Research Grants**

Occasionally, service/research grants are available. In a services/research grants funds are made available that will pay for services, but research is the desired goal. In such a project the funder will want to be able to conduct research and collect data to learn about the program. The principle purpose of these projects is to learn about effective practices. These grants are not often available, and are always time limited. As peer-provided evidence-based supported employment is a relatively new and interesting program concept, it would not be surprising for grant funds to be made available sometime in the next few years. In other services, these grants have given programs a boost, and allowed them to operate for a few years, and prove they are valuable. At the same time, these projects can contribute to the important knowledge base helping everyone to know which practices are the most effective. When grants like this become available, they are highly competitive. Grants like this usually are awarded to groups that have had some experience providing service with partners who have experience conducting service research. Although there are occasionally other organizations that provide these kinds of grants, the Substance Abuse and Mental Health Services Administration (SAMHSA) is the primary source of service/research grants that would be of interest to COSPs and other peer provider groups. In many cases, a peer provider group will not be eligible to apply for these grants by themselves. All grants define who the “eligible applicants” may be. In some cases, only the State Mental Health Authority (the Department of State Health Services in Texas) is an eligible applicant. Even when that is the case, if you have built partnerships at the local and state levels, you can propose a project to your partners that would involve your program. To see what grants are currently being offered by SAMHSA, visit their internet page at:

http://beta.samhsa.gov/grants
Operating Grants

Programs providing operating grants are extremely rare. Much more common are operating grants provided to a COSP or other peer provider group by an LMHA. In several areas of the state, LMHAs provide funding to COSPs and other peer-provider groups.

Local foundations and the United Way have been known to provide operating grants to COSPs and other peer operated groups. Local groups should look into options that may be available in their communities. Operating grants, when they can be found, tend to be very flexible and can be used in most any way the provider needs to use them.

State and Local Funds

Generally, state and local funds are allocated to well-established organizations such as LMHAs, Hospital Districts, or City/County Health and Human Services Divisions. It is usually difficult for a small COSP to get these funds directly. This is another reason for having partners in your community. If any of the organizations receiving state and local funds are your partners, and you are able to demonstrate that the services you provide will support recovery for the people they are responsible for serving, they might be inclined to offer you a grant or contract to operate your service.

The State of Texas allocates funding for mental health services. These funds are generally directed to established providers who can use them in a variety of ways. Generally, the funds from the State of Texas that are targeted to provide mental health services (including evidence-based supported employment) are directed to LMHAs, who then contract for services in specific areas of the state. These state funds, also known as General Revenue, are limited and are very much in demand. LMHAs first have to use them to match Medicaid. Then, they have to use those funds for all services that people need that cannot be covered by Medicaid and for all the people they serve who do not have Medicaid. State funding is limited, and in great demand. However, if you are able to demonstrate that the services you provide will support recovery for the people the LMHA is responsible for serving, they might be interested in offering you a grant or contract to operate your service.
Many counties and cities also allocate funds to mental health. These funds are usually not enough to meet all the mental health needs of citizens in the city/county, but help fill some of the gaps. Local funding sources generally allocate whatever funds they make available to the same or similar established providers discussed above. Again, if any of these entities are your partner, and you are able to demonstrate that the services you provide will support recovery for the people they are responsible for serving, they might be inclined to offer you a grant or contract to operate your service.

**Medicaid**

It is important for COSPs and peer specialists to understand a few things about Medicaid when considering developing an evidence-based supported employment program.

Medicaid is the health care insurance that all people who have Supplemental Security Income (SSI) will have, and others may have as well. It is an important source of funds that could potentially be accessed to provide many services in your evidence-based supported employment program. The Medicaid program covers many different services under different sections of the Medicaid Program. All the covered services discussed in this manual are provided under the Medicaid Rehabilitation Option. There are many important details regarding who can bill Medicaid, who is an eligible provider under Medicaid, and what services can be billed.

**Peer Providers and Medicaid**

Peer specialists are considered qualified providers, and are authorized to provide Medicaid rehabilitation services. However, only those peer specialists working under the auspices of their local LMHA will be eligible to have their services billed to Medicaid as discussed in this manual. The LMHA will bill Medicaid for the services you are contracted to provide, and then pay you to provide services. Should you want to pursue becoming a service provider, you will interact with the LMHA in accordance to the agreement you have with them. They will need to give you specific direction about how they want you to document the services you provide, and bill them, and what rate they will pay you.

Your LMHA will have processes and forms they want you to use. You should always follow the instructions given by your LMHA regarding how to bill and document services. We have provided information for you based on our experiences, but recognize that your
LMHA may have slightly different processes and expectations.

**Who is Eligible to be a Provider?**

The Rehabilitation Services Rule can be found in the Texas Administrative Code-Title 25, Part 1, Chapter 416, Subchapter A. The rule defines the types of positions that can provide rehabilitation services, the supervision requirements, and the types of services that may be provided.

A lot of different professions can be Medicaid providers, among them are peer providers. In order to be eligible as a “peer provider”, you must first meet these minimum requirements:

- Have a high school diploma or a G.E.D.
- Have at least one cumulative year of receiving mental health services for a disorder that is treated in the target population for Texas (that is, major depression, bi-polar disorder, or schizophrenia.)

In addition, there are other training requirements and/or strong recommendations.

- A peer provider that wants to become a Medicaid Provider will also need to attend Illness Management and Recovery (IMR) training. Pre-service training is required, including Department of State Health Services sponsored training. This training is not required by Rule, but is required by the contract between the State and the Local Mental Health Authorities, and is therefore required of your organization if you are contracted by your LMHA to provide Medicaid Services.
- Although not required by the rule, completing training to be a Certified Peer Specialist is strongly recommended, and may be required by your LMHA.

In addition to completing these requirements, there are supervision requirements. According to the rule, “The direct clinical supervision of a peer provider….must be provided by an LPHA”. Licensed Professionals of the Healing Arts (LPHAs) are mental health service providers who are licensed such as: Doctors, Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, etc. There may be some peer specialists who are also LPHAs, but usually this is something the LMHA will have to provide for peer providers in order for them to be able to bill Medicaid.

Although you will not be dealing directly with Medicaid, it is important for you to understand the Medicaid rules that affect your program. The LMHA will require certain
things of you, because Medicaid requires these things of them.

**What Services does Medicaid Cover?**

You may have heard that Medicaid does not cover employment services. In one sense that is true. However, that is based on a certain definition of employment services, and many of the services provided by an evidence-based supported employment will be billable to Medicaid. This section will help you more clearly understand what employment related services are covered by Medicaid, as well as some other services peer specialists may provide.

Below we will discuss the kinds of services Medicaid will cover, but in addition to services that are eligible to be billed, there are a few things you also need to consider for each individual to ensure that eligible employment services are Medicaid billable.

Providers must first make sure that the services provided meet the definition of medical necessity (see page 60 for definition). It is likely that your LMHA partner has already made this determination before an individual seeking employment services is referred to you. The second thing that must be present is a treatment plan or Person Centered Recovery Plan (PCRP) that has been developed in collaboration with the individual, and includes seeking employment as a goal. Your LMHA partner will most likely have completed this step as well before referring to you, but it is important for you to know it is required. For services to be billable, they must be consistent with the stated goals in an individual consumers’ PCRP. A service that is billable for one consumer may not be for another if the activities are not directed to accomplishing goals in his/her PCRP. In the case of services related to evidence-based supported employment, an individual must first have employment as a goal in his/her PCRP for those services to be billable.

The kinds of services that are likely to be billable to Medicaid are those that address the symptoms and deficits related to medical conditions. People who are looking for help from an evidence-based supported employment program are very likely to have symptom related issues that affect their ability to successfully accomplish everything that needs to be done to find and keep employment. Generally speaking, if activities focus on helping an individual to learn to manage their symptoms or develop skills that help them cope with or accommodate any disability related issues, they will be billable to Medicaid, assuming these activities are consistent with goals articulated in the PCRP.

Medicaid will not cover those services that are directly related to the task of finding a job and/or learning how to do that job. Think about the kinds of things everyone needs to
be able to get a job. Examples include filling out applications, completing a successful interview, and learning how to do the job. People looking for help from an evidence-based supported employment program will probably need help in these areas. Medicaid will not cover those kinds of services. Also, certain activities that involve anything other than direct service provision to the consumer will not be billable, for example outreach to employers, and meeting with other members of the service team.

When deciding if a service is billable to Medicaid or not, it is important to think about why you are providing the service. If the intervention is directed toward the management of a symptom of the mental illness or involves application of illness management strategies to reduce the negative impact of symptoms, it is most likely a Medicaid service. We refer to these services as “employment related” services, and they are a critical part of an evidence-based supported employment program.

Employment related services are those services that provide supports and skills training that are not job-specific and focus on developing skills to reduce or manage the symptoms of mental illness that interfere with an individual’s ability to make vocational choices or get or keep employment. Such services include:

- Instruction in dress, grooming, socially acceptable behaviors, and etiquette
- Training in task focus, maintaining concentration, task completion, and planning and managing activities to achieve outcomes
- Instruction in obtaining appropriate clothing, arranging transportation, using public transportation, accessing and using available resources related to finding employment, and accessing employment-related programs and benefits (e.g., unemployment, workers compensation, and Social Security);
- Interventions or supports provided on or off the job site to reduce behaviors or symptoms of mental illness that interfere with job performance or that interfere with the development of skills that would enable the individual to get or keep employment; and
- Interventions designed to develop natural supports on or off the job site to compensate for skill deficits that interfere with job performance.

You may also find that consumers pursuing employment goals need a variety of other services not directly related to their job and job finding activities. Many of these will be billable. These include:
Coordination Services - These services assist an individual in gaining and coordinating access to necessary care. These services may include:

- Referral to the appropriate medical, social, educational, substance use providers or other programs and services;
- Referral to support services and advocacy groups; and
- Monitoring and follow-up to ensure that the treatment plan is implemented effectively and adequately addresses needs.

Independent Living Services - These services assist an individual in acquiring the most immediate, fundamental functional skills needed to enable him/her to live in the community and avoid more restrictive levels of treatment. Such services include training in symptom management, personal hygiene, nutrition, food preparation, exercise, and community integration activities.

Medication Related Services - These services provide training regarding an individual’s medications.

Crisis Related Services - These services respond to an individual in crisis in order to reduce symptoms of severe and persistent mental illness to prevent admission of the individual to a more restrictive environment.

Documentation

Exactly how and when to document the Medicaid services you provide will be directed by your LMHA partner. It is likely that a part of what they will want you to document will include case notes in a consumer’s record. It will be very important for you to correctly document the Medicaid service you provide. This note will support the billing, and if a note does not exist, or does not support the billing, whatever was billed for the service may have to be paid back.

Activities that can be billed to Medicaid are often intertwined with those that cannot. When you have finished meeting with a consumer, consider what you did, and how much time each activity required. When some activities are billable to Medicaid, you will need to write a note in the record that describes what services were provided, and what Medicaid service was provided. For example, a note might look something like:

This employment specialist met today with John to prepare for a job interview. In the course of a mock interview, John became anxious and could not continue. We stopped the mock interview, and I began to work with John about his anxiety. We practiced deep breathing, and I offered two other coping strategies. John and I practiced those. After 45 minutes, John was prepared to continue with the mock interview.
In this example, the time spent working on the mock interview would not be Medicaid billable activity, but all the time spent addressing anxiety would be billable activity (providing it is consistent with goals established in the PCRP). It is important that your case note specifically identifies and discusses the Medicaid billable activity. If the case note does not support the bill, you (or the LMHA) may have to pay back the funds received from Medicaid for the services. For example, a note that did not address the specific Medicaid service might look something like:

*I met with John today. We conducted a mock interview. He got upset, but calmed down and after a while we were able to finish.*

This note describes the activity, but it doesn’t completely describe it. Most important, it doesn’t describe any Medicaid billable service. A note like that could result in having to pay back the Medicaid funds that were billed. Even though a legitimate Medicaid service was provided, it was not documented.

**Procedures used by AAMHC**

Our LMHA gave us training about the different codes and the services included in these codes. Consumers were offered a choice of services to be provided by Austin Area Mental Health Consumers (AAMHC). The LMHA staff facilitated referrals of Medicaid eligible consumers to us for services. We provided the services and then documented them in the consumer’s electronic medical record (EMR). The LMHA trained us to use the EMR. The software package they trained us to use simplified the process of documenting and billing services for us. Some LMHAs will use a similar software package. Some will not. You will need to follow whatever instructions your LMHA gives you about how, when and where to provide documentation.

The information you will need to document will always include the date and the start and stop times the service was provided. You may have spent part of the time providing Medicaid billable service, and part of the time providing service that was not billable. It is important that your note include all services provided, and also, and what specific Medicaid service was provided. You will need
to record and the start and stop times of those services as well.

Consider the following example:

**Case Note**:

1-15-14 Jane was referred to our program for help finding employment. Employment specialist met with Jane to assess and plan services.

The information on the bill would look like:

<table>
<thead>
<tr>
<th>Name</th>
<th>Service Date</th>
<th>Start Time</th>
<th>Stop Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>1/15/14</td>
<td>9:00 a.m.</td>
<td>10:00 a.m.</td>
</tr>
</tbody>
</table>

All time in the service episode was spent on Medicaid billable service.

Here is another example:

**Case Note**:

1-20-14 Jane attended a medication group conducted by certified peer specialist. The importance of taking medication as prescribed was covered. Jane received training on how to use a weekly medication box.

**Billing Information**:

<table>
<thead>
<tr>
<th>Name</th>
<th>Service Date</th>
<th>Start Time</th>
<th>Stop Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>1/20/14</td>
<td>3:00 p.m.</td>
<td>3:45 p.m.</td>
</tr>
</tbody>
</table>

All time in this service episode was spent on a Medicaid billable service.

Here is a more complicated example:

**Case Note**

1-25-14 Employment specialist was scheduled to accompany Jane to Workforce Commission to review job openings. Jane arrived at 9:00, but she had not showered and her clothing was dirty. Employment specialist reviewed with her the importance of being properly groomed, then escorted Jane to her home, and supported her efforts to get cleaned up and changed to clean clothing. Jane completed grooming, and we left for Workforce Commission at 10:30. We were there until 12:00, and Jane found several job leads she would like to pursue.

This is complicated because there is a Medicaid service embedded in a service that is not billable to Medicaid. The employment specialist worked with Jane from 9:00 until 12:00, but only the period of time where they are working on training related to grooming was a billable service.

The information for this service episode would look this:

<table>
<thead>
<tr>
<th>Name</th>
<th>Service Date</th>
<th>Start Time</th>
<th>Stop Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>1/25/14</td>
<td>9:00 a.m.</td>
<td>10:30 a.m.</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>1/25/14</td>
<td>10:30 a.m.</td>
<td>12:00 p.m.</td>
</tr>
</tbody>
</table>

Everything done to help Jane learn about the importance of good grooming is Medicaid billable service. However, the job search
activity at the Workforce Commission will not be billable service.

It is very important that you bill only the time that you spent on the Medicaid billable service, and that your note discusses the Medicaid service you provided. However, even though there is time you spent with the consumer that is not billable, it will be important to maintain a record of that time as well. Note the example above that keeps a record of all the time spent in the service episode, but distinguishes between the time spent on a Medicaid billable service, and the time spent on service that is not billable.

The Department of State Health Services (DSHS) has developed an array of services based on the needs of those served in the system throughout the state. Based on severity of symptoms and an individual’s needs, they will be assigned to a Level of Care, and eligible to receive services appropriate to their needs. This array of services is explained in the DSHS Utilization Management (UM) Guidelines. Information on the UM Guidelines can be found at:

http://www.dshs.state.tx.us/mhsa/trr/um/

The UM Guidelines include details explaining the Levels of Care (LOC) and the services allowed within each level.

Before an individual comes to you for employment services, they have likely already been authorized into services by your LMHA partner and assigned an LOC. This authorization along with medical necessity determination and development of a recovery/treatment plan is required prior to service delivery.

Check with your LMHA partner if you are unsure about the individual’s LOC and if there are any limits in the employment services you can provide.

Within this manual you will notice some tables (pages 26, 28, 33 & 49). Those tables make reference to the LOC and have some information about the services that are allowed in those Levels of Care relating to employment. They are included in this manual to serve as a guide to what is allowable for Medicaid billing, and what you should consider when billing Medicaid.

Each LMHA will have an Information Technology (IT) system into which billing data will be entered. IT systems vary from LMHA to LMHA, so specific information about what codes to use and where and how to enter them will be provided by your LMHA partner. You will need to know this information to make sure you are capturing the correct billable activity in the IT system. You will also need to be sure that the billing information you enter matches the narrative in your notes.

Remembering these key points will ensure that you remain consistent with Medicaid
requirements, and are not putting your organization at risk of having to pay back money to Medicaid.

It is important for any organization offering evidence-based supported employment to have sufficient resources to permit full access to services needed. Many services are likely to be needed to help consumers find a job of their choosing, get that job, and keep that job. Certain program activities cannot be financed with Medicaid funds, so it is important to make sure that other funds are available for activities that might be needed, and can’t be billed to Medicaid. Funds from an additional source will be needed for many important activities in an evidence-based supported employment program than cannot be billed to Medicaid.

**Accessing Mental Health Services**

The people that want your help finding a job most likely have other service needs as well. Consumers may need medications, or perhaps they are receiving therapy, counseling or other services provided by mental health professionals. Even if consumers are not currently receiving any mental health services, it is still important for a program to have access to mental health treatment professionals. Consumers may later have symptoms and/or experience psychiatric crises that interfere with their ability to be successful finding and keeping employment. “Integrated Employment and Mental Health Services” (See page 29) is one of the eight evidence-based principles of supported employment. It is not sufficient to know that people are receiving mental health services. It is important for employment specialists to work closely, as part of the same team to achieve the best possible outcome for the people served.

In most cases, consumers that want help with finding and keeping a job are already receiving other mental health services. Generally, the LMHA will be the provider of these services. For this and other reasons discussed in a separate part of the manual, (See page 19) your LMHA will be a critical partner in implementing evidence-based supported employment.

**Accessing Available Jobs**

In order to help people find jobs, it will be necessary for a supported employment program to understand what jobs are available in your community. There are two primary sources for finding information about job openings, although there may be additional resources in your community:

**Texas Workforce Commission and Worksource Centers**

The Texas Workforce Commission (TWC) is the agency in Texas that administers the unemployment benefits program. TWC also provides services related to employment for eligible individuals. For those looking for
work, TWC offers career development information, job search resources, and training programs.

TWC works with 28 Local Workforce Development Boards to provide employment assistance. There are Worksource Centers all across the state.

An online directory will help you find the Texas Worksource Center nearest you. This directory can be found at:

http://www.twc.state.tx.us/dirs/wdas/directory-offices-services.html

The Workforce Center has many resources that can be accessed on the internet as well. Information about thousands of jobs in all areas of the state can be accessed at:

https://wit.twc.state.tx.us/WORKINTEXAS/wtx?u=1395243194016&pageid=BROWSE_POST_BY_TEXT&mid=0.5075800047521926

The above link will take you to a page where you can browse the jobs in TWC’s job bank. You will need to enter a search term. The name of your town or county should return the list of all the posted job openings in that area.

Additional tools are available on the internet as well. These tools can be helpful to job seekers and employment specialists helping them. For example, there is an on-line interest inventory that can help people understand the kinds of jobs they would like to have.

http://www.texascaresonline.com/wowmenu.asp

Additional resources such as child care and job training may also be available through local Worksource Centers to eligible persons.

Worksource Centers have a responsibility to serve people with disabilities, and to make those services accessible to them if they otherwise qualify. Many Worksource Centers have staff members assigned to support those efforts. This person can be a valuable resource. Employment specialists should visit their local Worksource Centers, and request a contact person to call when they have clients in the supported employment program that could benefit from their services.

Employment specialists should make an effort to understand what services are available, and who might qualify for them. When you encounter someone in your
supported employment program that has a need that might be filled by a TWC service, you can take him/her to meet your contact. Your contact can them help them access the services offered by TWC.

**Employers**

Supported employment programs build relationships with local employers. “Systematic Job Development” is one of the eight evidence-based principles of supported employment (See page 47). An evidence-based supported employment program will have a network of employers they can contact when clients need extra help finding a job opening that will meet their needs.

Friends, parents and other relatives can all also be employers. Perhaps some of the members of the local National Alliance for the Mentally Ill (NAMI) chapter are employers, and would be a good place to begin developing a network of employers. When you have a few employers with whom your program has had some success, they will often be willing to be references for other employers as you continue to develop your employer network.

**Accessing Training for Supported Employment Specialists**

Before peer specialists/counselors get specialized training in supported employment, they will find it helpful to be trained and certified as peer specialists. This training will teach skills that are needed to competently provide any peer delivered services. Peer specialist training is made available in Texas through an organization called Via Hope. The course is taught by experienced trainers and by Texas Certified Peer Specialist trainers.

The Certified Peer Specialist course is a forty hour training followed by a written certification exam. Participants must successfully complete both to become certified. Once certified, a peer specialist must continue to attend training events to maintain his or her certification and continue developing skills. Additional information about this training can be found at:
After people are trained and certified as peer specialists, they will need to have specialized training in how to provide supported employment. Peer specialists in existing Consumer Operated Services Programs (COSPs) may have already received a basic training in evidence-based supported employment. For those who have not had the opportunity to attend this training, a good place to look for training events for evidence-based supported employment is:

http://www.viahope.org/events/basic-certified-peer-specialist-training-applications

After this training is completed, a peer specialist can be considered an employment specialist, but training for the job will go on forever. There are always new things to learn and know.

**Relationship with Local Mental Health Authority (LMHA)**

The Local Mental Health Authority (LMHA) is the organization that is responsible for ensuring that mental health services are available in your county. The LMHA provides the services through their own operations or through contracts for services with other providers. Most LMHAs do some of both (contracting and providing services). In the state of Texas, COSPs already work in close partnership with their LMHAs through a relationship facilitated by the Department of State Health Services (DSHS). In some instances, the LMHA and COSP are co-located and work collaboratively to engage individuals in services. In other instances, the partnering is not as apparent. The relationship between COSPs and LMHAs is an important one. Strong relationships are critical to getting the best outcomes possible in helping people recover.

At the current time, COSPs are not independently able to bill Medicaid. This can only be done on contract with, or under the auspices of your LMHA.

**Our Experience**

We have a good working relationship with our LMHA, Austin Travis County Integral Care. We had an advocate inside the organization, and we knew who to call when we decided we wanted to provide evidence-based supported employment.

Our advocate was receptive to the idea of our providing the service. She suggested we pursue a contract with the LMHA and explained how the LMHA contracts for services. Our LMHA uses a Request for Application (RFA) process to solicit contractors, and she explained how it worked. She believed this would be the best way for our organization to become a provider. First, the LMHA had to decide what services it needed, and issued a RFA. Any organization interested in providing those services could have submitted an application.
in response to that RFA. Our advocate helped us understand that the LMHA would offer a contract to the organization that submitted a proposal that met the criteria of the RFA. We had done a good job convincing the LMHA of the need for evidence-based supported employment and Medicaid rehabilitation services.

Our advocate helped us understand what the LMHA wanted in a provider, but we had to write a proposal. We submitted our proposal and were awarded a contract to provide evidence-based supported employment and Medicaid rehabilitation services, and other Medicaid billable services.

We were awarded a contract to provide certain Medicaid billable services at a certain rate. Pre-service training was required, including Department of State Health Services sponsored, Illness Management and Recovery (IMR) training. The LMHA provided us detailed training in how they needed services to be documented. They had software we were trained to use. Every month, we would send a bill for the services we had provided, and we would receive a check for these services.

If your experience is anything like ours, you can expect there will be some problems along the way. As long as you have built a strong relationship with your LMHA, you will be able to work through any problems that arise. It is important to keep communication open and discuss problems in an open, honest way. It is very important that you understand that when you contract with the LMHA, you must follow the same laws and rules they are required to follow. Sometimes they cannot do exactly what you would like them to do, but if you will try to understand what they tell you, you can find a way to work with your LMHA.

We started slowly. The first year, we provided services to only two peers for three months. We currently provide services to ten of our peers and are proud of our outcomes. We have expanded our services under this contract and our organization has developed and grown stronger. Development continues to be a slow process, as we expected it to be. We wanted to be sure that our service delivery was acceptable to our LMHA, and was respectfully and compassionately delivered to our peers. We think you can replicate our experience if you are diligent, and patient.

There are three important things you will need to do to develop a relationship with your LMHA that would ultimately lead to your organization having the capacity to provide evidence-based services and bill Medicaid for them. You will have to:

- Find an advocate
- Do your homework
- Understand the strengths and limitations of your organization
Find an Advocate

By advocate, we mean someone who has some authority in your LMHA, has been persuaded that your goals are worthy, and is willing to help you persuade others. We knew who to call when we had an interest in developing evidence–based supported employment and skills training.

You may already have an advocate. If someone from the LMHA has been working with your organization and has been helpful in facilitating a working relationship, you may have your advocate, or at least have your starting point. Ask the person you work with if he/she would be able to help you establish the kind of working relationship that could allow you to deliver evidence-based supported employment and skills training services, and bill Medicaid for them. Work with the person you know unless they are unwilling or unable to help you.

If you don’t already have someone supportive in your LMHA, you will need to find someone to be your advocate. We would recommend you go directly to those in leadership positions such as the Chair of the Board of Directors, the Chief Executive Officer, or the Mental Health Director. Should you not be able to get an appointment with any of these people, you should be able to speak directly to the Board of Directors at one of their regular meetings. Every meeting will have a public comment period, and that would be a good time to introduce your organization, talk about your goals, and ask for help.

Before going to any of these people to ask for help, you will first want to be prepared so you can make a good presentation and get a favorable response.

By failing to prepare, you are preparing for failure.

- Benjamin Franklin

Do Your Homework

You will need to have a basic understanding of the processes used by the organization to contract for services. This information is public information and can be found on the LMHAs website. It is in different places on each LMHAs website, but will say something like “Provider Enrollment”. This information will describe the LMHAs process for
contracting providers. Generally, you will find they have a process known as Request for Proposals (RFP) or a Request for Applications (RFA) where the LMHA will describe what providers they need, and what is required to become one. You don’t have to be an expert in all of this to reach out, but a general understanding will show the LMHA that you are really interested in working with them to become a service provider, and understand it will take some work on the part of your organization to be able to fulfill that goal.

The second part of doing your homework is developing some information about the people you are currently serving, and what they want and need. To the extent that you can provide data about need, your credibility will again increase. When you can describe the need for the service, and substantiate the need with data, you will get attention.

Consider this statement:

“110 people came to the Drop-in Center last month. We asked each to complete a brief questionnaire. All but 14 agreed to complete the questionnaire. Among other things, we asked what three goals they would most like to accomplish in the upcoming year. Of the 96 people responding, 72 of them told us they would like to get a job. Of the remaining 24, 14 reported they already had a job. Finding a job was the goal most stated by the people who attend our program”

Gathering data does not need to be complicated (See page 49 on data collection). You don’t have to have data about the need you have identified, but it helps, and can tell a compelling story. You do need to be able to describe the need you are trying to fill, and how you know this information.

**Know your Organization’s Strengths and Limitations**

It will be important to have a clear understanding of what you can really do and any limitations you may have. If you are not honest about these things, you may end up agreeing to provide services you know you are not able to successfully perform. When you can’t deliver on promises you made, you undermine yourself and possibly future opportunities.

Consider the following examples. Assume you have one staff person in your organization that will provide evidence-based supported employment. He/she has been
trained and is ready to go to work. You plan to add two more staff over the year as you begin to generate revenue from the contract. Now, assume the LMHA wants you to serve 10 people per month. You agree to do this even though you know it is too many people for the current staff person to serve effectively. If you agree to serve 10 people each month, you may fail to deliver, or not deliver quality services.

However, if you explain your plan to ramp up capacity, the LMHA may very well work with you. You may agree to serve 3 or 4 people per month for the first 4 months. After 3 months you can hire and train another staff person, and then serve 6-8 people a month for months 4-7. You can hire the second staff person in month 6 and agree to serve 9-12 persons a month in months 8-12. This plan is more realistic and reflects real capabilities.

When you have a champion, this person can be tremendously helpful in finding ways to help you determine how best to expand your organization, develop capacity, and deliver on your promises.
1. Focus on Competitive Employment

Background:

Competitive employment is the goal of evidence-based supported employment services. Competitive jobs are regular jobs, they are not jobs set aside for people with disabilities. Employment specialists in evidence-based supported employment programs help consumers find regular part-time or full-time jobs that pay minimum wage or more, and pay the same as other people who perform similar work. Historically, traditional “employment” programs focused on positions that were “sheltered” or noncompetitive. That is, “special” jobs that were set aside for people with “special” needs. Some of these jobs did not pay even minimum wage. All the research tells us that to be most successful, employment programs should focus on competitive employment. That is, jobs for which anyone can apply, and that pay at least a minimum wage.

There are several reasons that competitive jobs are a better choice:

- Research has demonstrated that consumers like competitive employment better than sheltered work.
- Competitive jobs reduce stigma and discrimination by exposure. That is, consumers work with people who do not have psychiatric disabilities doing the same jobs, making them colleagues.
- Competitive jobs are more likely to lead to financial stability, and provide opportunities for advancement and/or career development.

**Examples of Medicaid Billable Activities:**

- Helping people understand if they want to work.
- Helping people understand what symptoms might interfere with their desire to have a job.
- Helping people understand what they can do to address symptoms and behaviors that might interfere with their desire to work

**Examples of Program Activities Not Billable to Medicaid:**

- Going to various job sites with the consumer to explore the world of work
- Arranging interviews with people working in various occupations to help consumers explore the world of work.
<table>
<thead>
<tr>
<th>Medicaid Service/Package Eligibility</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills Training- (LOC1 and LOC2)</td>
<td>Billable only if a consumer is already in a service package and the consumer is present during the service</td>
</tr>
<tr>
<td>or</td>
<td></td>
</tr>
<tr>
<td>Psychosocial Rehabilitation-(LOC3 and LOC4)</td>
<td>Client must have employment or preparation for employment as a goal in the treatment plan.</td>
</tr>
<tr>
<td></td>
<td>If the intervention was directed toward the management of a symptom of the mental illness or application of illness management strategies to reduce the negative impact of symptoms on the person’s ability to function (including function at work), it is most likely a Medicaid service.</td>
</tr>
<tr>
<td></td>
<td>For Medicaid billing, it is important that the activity focus on addressing the consumer’s mental illness, not specific employment goals.</td>
</tr>
</tbody>
</table>
2. Eligibility Based on Choice

Background:

A program may have eligibility criteria related to program capacity, or targeted funding. However, a professional’s assessment of an individual’s ability to be successful in employment is not one of these criteria. All eligible people who want to work are eligible for employment services and receive help even if they have issues that would make their job search more difficult. Examples of complicating factors include:

- Losing jobs in the past
- Having no work experience and not knowing how to fill out an application or talk to employers
- Experiencing symptoms of mental illness
- Having a criminal history

Evidence-based supported employment programs do not place conditions on program admission related to assessment of readiness to work, or difficulty of finding and/or keeping work. Any person, without consideration of disability related issues (or other factors that might make finding and keeping employment more difficult) can get help. Any otherwise eligible person that wants to work, and asks for support will be admitted to the program.

In the past, employment programs for people with mental illness admitted only those who professional staff believed were “ready” for employment. For example, if people had active symptoms or other factors that might make employment more difficult, such as a history of arrests, then they were not allowed into programs that result in competitive employment.

Research has found that those most likely to be successful in employment programs are those who want to be in them, regardless of their disability or other complicating factors. The evidence tells us that all the issues that used to be considered barriers to employment can be managed if people want to work. In fact, the reasons that people used to be refused admission to employment programs are exactly the same reasons they need the help and support of employment programs.
Examples of Medicaid Billable Activities:

- Employment specialists may periodically (at least monthly) discuss employment with consumer to monitor the needs of the consumer and progress towards goals.
- Employment specialists can gather information for and/or coordinate services with a benefits counselor, training the individual how to access these services by themselves in the future.

- Employment specialists can gather information and/or coordinate services with DARS or other community programs and agencies (e.g. Easter Seals, Goodwill, etc.)

<table>
<thead>
<tr>
<th>Medicaid Package/Service Eligibility</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills Training (LOC1 and LOC2)</td>
<td>Any assessment/gathering of information needs to be done separate from the ANSA Assessment; otherwise it is not billable to Medicaid.</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation- (LOC3 and LOC4)</td>
<td>Client must have employment or preparation for employment as a goal in the treatment plan.</td>
</tr>
<tr>
<td></td>
<td>For Medicaid billing, it is important that coordination services under psychosocial rehabilitation be done by teaching the consumer how to do these activities independently.</td>
</tr>
</tbody>
</table>

Examples of Activities not Billable to Medicaid:

- Employment specialists can conduct a mock interview with a consumer to prepare them to meet with an employer.
- Employment specialists can use interest and preference inventories to help a consumer know more about their employment-related interests and preferences.
3. Integration of Rehabilitation and Mental Health Services

**Background**

Evidence-based supported employment is integrated with mental health services. What are integrated mental health treatment and employment services? Simply, mental health service providers such as case managers, psychiatrists, and other mental health professionals, and employment specialists on the same “team”. All work together closely to help consumers achieve their employment goals. Team members openly discuss and find solutions for issues that affect work and recovery, such as:

- Side effects of medication
- Unresolved symptoms
- Cognitive difficulties like problem-solving skills or memory issues

In the past, employment programs were completely separate from mental health treatment programs. People would sometimes get very different messages from their mental health service providers, and their providers of employment services. For example, a case manager might not know about Social Security Work Incentives, and counsel a client against working for fear of losing benefits. Likewise, an employment specialist might not understand some of the details that professional/medical staff might understand. For example, John is often late to work because he oversleeps and misses the bus. An employment specialist might not know that sleepiness is a side effect of his particular medication, and a medication timing adjustment could help him be better able to get to work on time. With the right knowledge available from both mental health professionals and employment specialists, a consumer will have the best chance of success.

**Medicaid Billing**

Communication between staff is an important part of providing evidence-based supported employment. Attending meetings and other communication activities between staff are not billable Medicaid activities. However, these planning activities are critical to achieving the best possible outcomes, and need to be a part of an evidence-based supported employment program.
4. Attention to Client Preferences

**Background:**

Service providers focus on the employment goals of people they serve, not their own ideas about what plans should be. Employment specialists help individuals identify their personal strengths, skills, and job interests. Individual preferences guide the employment process, including decisions about:

- What jobs to look for
- When (or if) to disclose personal/disability related issues to employers
- The kind and amount of ongoing support an individual needs

In the past, employment programs would make decisions about what jobs and careers were realistic and attainable without regard to an individual’s specific choices and goals. Decisions about employment goals were made based on results of evaluations and the judgment of professionals. Evidence demonstrates that approach is much less effective than working with an individual’s own goals, helping to achieve the things he/she is interested in achieving.

Sometimes a person’s goals may not be immediately achievable. We all occasionally need help seeing how to get from where we are to where we want to be. The same is true for consumers in employment programs. A consumer may tell an employment specialist that he/she wants to be a doctor, but he/she has not graduated from high school. Without regard to their preference, he/she may be told that the goal was just not realistic and he/she should find something else they were qualified to do. That approach is disrespectful to the individual, and although the consumer might go along with it for a while, they will be less likely to be successful.

It is safe to say that this person is not likely to be a doctor in the short term, but who really knows about what is possible in the long term? There are two important things an employment specialist can do to help this person achieve his/her goals. First, help him/her understand what it is about being a doctor that is so attractive. Perhaps he/she wants to be a doctor because of a belief doctors help people, or perhaps he/she believes doctors get to play golf a lot. Depending on what you learn about why being a doctor is attractive, you can suggest some other jobs that might be easier to get and still be consistent with his/her goals.

The second important thing an employment specialist can do is help the person understand all of the things that he or she would need to do become a doctor. If the
person is still interested in becoming a doctor after learning about all the school and hard work that is necessary, then an employment specialist can help him/her take the first step. In the example given, the first step might be enrollment in adult literacy courses, or a GED course. Will they stay with the goal until they get through Medical School? No one knows what the future holds. Maybe they will find another goal while working towards this one. Most people discover their life’s work, and what they really want to do almost by accident. They are much more likely to be successful at an available job when they can see they are making progress toward their long-term goals.

Evidence tells us that people will be more successful if they are supported in focusing on goals they have defined. People are much more successful when taking steps, however small, toward a goal they have defined. People who find jobs that they want tend to be more satisfied and tend to keep their jobs longer.

*Reasonable Accommodations*

Sometimes people will have symptom related issues that can interfere with performance on the job. Accommodations are those changes in the environment that can help a person be successful. Consider the following example:

*John has a job stocking shelves, and usually does a good job. However, John sometimes hears voices and gets distracted. When he hears voices, he stops working and his assignments are not completed. John may tell you that he never gets distracted by voices when he listens to music. An employment specialist might observe that John would be much more able to work successfully at his job if he had an MP3 Player with ear buds playing music during working hours.*

Wearing his ear buds and having an MP3 player would be considered to be an accommodation. It is important to understand that an employer is obligated under the ADA to provide “reasonable accommodations”. However, whether or not a requested accommodation is reasonable depends on many things, and will probably be the employer’s decision. Considering the example above, the suggested accommodation would probably be reasonable if John’s work is usually done alone. This accommodation may not be reasonable if John is expected to interact extensively with co-workers and/or supervisors in completing his duties.
**Examples of Medicaid Billable Activities:**

- Employment specialists can help identify the negative effects of symptoms on working (e.g. erratic or irregular work history, criminal history).
- Employment specialists can help identify the impact of symptoms on work choices and goals for employment (work environment, hours, location, transportation needs, etc.)
- Employment specialists can coordinate efforts to help a person access additional training or education that might be necessary to accommodate disability related shortcomings.
- Employment specialists can help consumers identify strengths, problems, and potential accommodations to help the consumer be more successful on the job.
- Employment specialist can help a consumer develop the skills to negotiate a reasonable accommodation with his supervisor.

<table>
<thead>
<tr>
<th>Medicaid Package/Service Eligibility</th>
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<tr>
<td><strong>Skills Training (LOC1 and LOC2)</strong></td>
<td>Client must have employment or preparation for employment as a goal in the treatment plan.</td>
</tr>
<tr>
<td>or <strong>Psychosocial Rehabilitation (LOC3 and LOC4)</strong></td>
<td>If the intervention was directed toward the management of a symptom of the mental illness or application of illness management strategies to reduce the negative impact of symptoms on the person’s ability to function (including function at work), it is most likely a Medicaid service. For Medicaid billing, it is important that the case note focus on addressing the consumer’s mental illness, not specific employment goals.</td>
</tr>
</tbody>
</table>
Examples of Program Activities Not Billable to Medicaid:

- Using interest and preference inventories to increase a consumer’s personal knowledge of employment-related interests and preferences.
- Helping a person understand what interests him/her about a particular job or occupation that might be beyond his/her skill level.
- Helping a person consider what steps he or she would need to take to pursue a particular job or career goal (including interviews with people working in the occupation).
5. Personalized Benefits Counseling

Background

It is important for individuals to know how earnings could impact benefits they are receiving such as Medicaid, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), housing subsidies, and others (including SNAP or TANF). All of these assistance programs are provided to people based on their income and/or their inability to work. Going back to work will impact these benefits. This should not discourage people from going to work, but it is important they understand how work will impact their benefits.

To help people make informed choices and not get into financial trouble or unexpectedly lose their benefits, employment specialists in evidence-based supported employment programs help consumers understand the basics of how work will impact their benefits. It is important that before accepting a job, employment specialists:

- Help consumers understand the rules and regulations they are expected to follow related to benefits and employment
- Help consumers find benefits planners, who can calculate the impact that income from employment will have upon various benefits and assist with identifying and applying for any available work incentives.

After finding work, it is important that employment specialists assist with reporting income to different benefits providers in the time and manner expected.

In the past, employment programs did not provide benefits counseling. Without the important knowledge of how earnings affect benefits, people would find themselves in the position of losing benefits or having to pay back benefits they had received. People are sometimes afraid to go to work because they have heard frightening stories about how benefits had been negatively affected. Sometimes case managers and/or other mental health professionals discourage people who want to work because they have heard these stories. Benefits counseling and support can help prevent consumers from losing their benefits until/unless they are able to support themselves without those benefits.

Individualized benefits counseling is a field of its own, and there is too much information to
include it all in this manual. This manual will address some of the basics of the most common benefits consumers receive that might be affected by work, and a way to find more information and assistance.

**Social Security**

Social Security is an important provider of benefits to many consumers served in employment programs. Consumers generally qualify for Social Security because they have been proven to be disabled, or “unable to engage in substantial gainful activity”. That means the person has been determined to be disabled because they have a medical condition, and as a result they are not able to work and earn much money. Consumers rely on their Social Security check as their source of income, so it is important to know how those benefits will be affected by earnings. It is very important for a consumer to know what his/her responsibilities are when returning to work.

There are two different Social Security benefit programs that consumers are most likely to be receiving that provide a monthly check. These two programs are a little different from one another. Social Security Disability Insurance (SSDI) is an insurance program for which people pay when they work. If a person has worked enough, and is then found to be disabled, he/she will receive SSDI. The amount of his/her check will be determined by the amount he/she has earned when working.

When a person has never worked, (or not worked enough to qualify for SSDI), he/she will receive Supplemental Security Income (SSI) benefits if found to be disabled. SSI is not an insurance program for workers, but a poverty program for people who are elderly or disabled that have little or no income. The most a person will receive on SSI will be $721.00 per month, (2014) minus any “countable” income. “Countable income” will include any earnings, any regular gifts from family, and other things. Even the value of housing, if provided by family at no cost, is considered “countable income”.

Some people receive both SSDI and SSI. That would mean that a person determined to be disabled had worked enough to qualify for SSDI, but the amount of their check was less than the amount of an SSI check for which they would qualify. In that case, they would be eligible to receive an SSI check as well as an SSDI check so that their total countable income was equal to the amount they would receive under SSI.

**How Earnings Affect a Social Security Check**

Earnings impact the monthly check a person gets from Social Security, and SSI and SSDI are affected differently. For SSI, a monthly check is reduced by $1.00 for every $2.00 earned after any exclusions. It is true that
working will make an SSI check smaller, but a person can have more income when they work. A working person receiving SSI would not lose their check unless they were found to no longer be disabled. Generally if a person earns $1070 dollars a month averaged over a year, they are considered to have been working at the level of substantial gainful activity (or SGA) and are no longer considered to be disabled by Social Security.

For SSDI, the amount of a monthly check is not reduced by earnings. Every month an individual works and earns more than $770.00 is considered a month of successful work in a Trial Work Period. When a person has nine months of successful work in a five year period, then work will be considered "successful", and he/she will no longer receive a check from Social Security. These nine months do not have to be consecutive.

However, if a person completes a trial work period, and stops getting an SSDI check, he/she will enter an "extended period of eligibility". During the 36 consecutive months after a trial work period, eligibility to receive a monthly SSDI check is determined on a month-to-month basis. Any month an individual doesn’t earn above the SGA amount ($1070 in 2014) in a particular month, he/she can still get an SSDI check without filing a new application, but the check does not come automatically.

It is also important to know that if a person loses Social Security benefits because they have returned to work, there is a process known as "Expedited Reinstatement" (EXR) for benefits to easily be started again. This process is used for people who get an SSI check, an SSDI check, or both. If cash payments ended because of work and earnings, and work is stopped within five years of when benefits ended, it may be possible to have benefits started again right away through a request for Expedited Reinstatement (EXR). Generally, if a person is unable to work because of reasons related to his/her disability, he/she will be likely to be able to qualify for an EXR.

**Reporting Earnings to Social Security**

If the consumer receives SSDI and/or SSI benefits, he/she must report any changes in work activity. He/she must report right away if:

- He/she starts or stops work;
- He/she already reported their work, but his/her duties, hours, or pay have changed;
- He/she starts paying for expenses that he/she needs for work due to his/her disability.
These changes can be reported by phone, fax, mail, or in person. You can call a toll-free number 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday, or visit the local SSA office. The locations of local offices can be found by going to the Social Security Administration website:

www.socialsecurity.gov

When changes in work activity are reported, a receipt to verify that the individual has properly reported will be issued. This receipt should be kept with other important papers from Social Security. It is important to keep this receipt, and an employment specialist might request a copy from the consumer to help with record keeping. People are required to report, and can be at risk of having to pay back funds received from SSA if they don't. Sometimes paperwork gets lost or delayed at Social Security and it could be important for the person to be able to prove he/she did report their earnings.

**Social Security Work Incentives**

There are a number of things that will help people keep their benefits until they are able to support themselves without receiving a monthly check from Social Security. These are complicated, and some require counselors who have been trained to help the person apply for them. An employment specialist can help the person access this counseling. A guidebook to available work incentives can be found at:

http://www.socialsecurity.gov/redbook/

Social Security will provide a beneficiary with information needed to plan for a work through a Benefits Planning Query (BPQY). A BPQY provides information about disability cash benefits, health insurance, scheduled continuing disability reviews, representative payee, and work history, as stored in SSA’s electronic records. The BPQY is an important planning tool to help develop a plan for anyone who wants to start working or stay on the job while receiving Social Security benefits.

Consumers can request a BPQY by contacting their local SSA office or by calling SSA’s toll free number, 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. To help understand the information on the BPQY statement, a BPQY Handbook is located at:

Work Incentives Planning and Assistance (WIPA) Projects

WIPA projects are community-based organizations that help people with disabilities who receive Social Security to make informed choices about work. There are 157 WIPA projects that provide WIPA (benefits counseling) services in Texas. You can search for one near you by going to:

http://www.choosework.net/resource/jsp/searchByState.jsp

This link will take you to a page with a map of the United States. There is a field where you can enter your zip code. There is also a menu (“I’m Looking for”) where you can drop down and choose WIPA. Enter to find nearby WIPA projects.

Medical Benefits (Medicare and Medicaid)

People who receive benefits from Social Security also qualify for medical benefits. As long as a person is receiving a Social Security check, they will also qualify for medical benefits. If a person is receiving a check from the SSDI program, their medical benefits will be provided by Medicare. If a person is receiving a check from the SSI program, his/her medical benefits will be provided by Medicaid. If receiving both SSI and SSDI, an individual will be covered by both programs. As long as an individual is continuing to receive a check from Social Security, medical benefits will continue to be provided. When a person has worked long enough or earned enough to no longer get a check, his/her medical benefits could stop as well. There are ways to extend medical benefits using work incentives which would be discussed as part of work incentive counseling.
Housing Assistance

Many consumers receive housing assistance which helps them pay the rent. Whether one qualifies for assistance and the amount of assistance one receives is based on income, and any increase in income will have an effect.

Public housing is limited to low-income families and individuals. Local areas have Housing Authorities that implement programs based on federal guidelines. Housing Authorities determine eligibility for assistance based on: 1) annual gross income; 2) whether you qualify as elderly, a person with a disability, or as a family; and 3) U.S. citizenship or eligible immigration status.

Contact information for your local Housing Authority can be found at:

http://www.hud.gov/offices/pih/pha/contacts/states/tx.cfm

Rent in housing assistance programs is based on an individual's or family's anticipated gross annual income less deductions, if any. Based on the information in an application, the Housing Authority representative will determine if any of the allowable deductions should be subtracted from the individual/family's annual income.

Working will increase monthly income, and may decrease the amount of assistance provided, resulting in a rent increase, or even in losing eligibility for assistance.

In an effort to encourage people with public housing assistance to work, an incentive known as an Earned Income Disregard (EID) exists. The EID can prevent any rent increases for a year. After one year, rent will increase, but not as much as would be required without the EID for another year. As with most incentives in income-based programs, the rules are complicated and for the county or metropolitan area in which the consumer lives. Income limits vary from area to area, mostly as a result of demand and available resources. A person may be eligible at one Housing Authority for assistance, but not at another. The Housing Authority serving your community can provide the income levels for your area and family size. You can also find income limits at:

http://www.huduser.org/portal/datasets/il.html

Housing authorities use income guidelines developed by Housing and Urban Development (HUD). HUD sets the lower income limits at 80% and very low income limits at 50% of the median income for the county or metropolitan area in which the consumer lives. Income limits vary from area to area, mostly as a result of demand and available resources. A person may be eligible at one Housing Authority for assistance, but not at another. The Housing Authority serving your community can provide the income levels for your area and family size. You can also find income limits at:

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beyond the scope of what can be addressed in this manual. The property manager at the consumer’s property should be able to explain how an individual’s housing assistance will be affected, or should be able to refer to someone who can.

The important thing for an employment specialist to know about benefits a consumer is receiving is that they will most likely be affected by earnings and that earnings are required to be reported. Explaining the specifics of how each program/benefit is affected is best left to a benefits planner/counselor.

A benefits planner/counselor can help a person understand exactly how all their benefits will be affected by earnings. As these rules are complicated, it would be helpful for an employment specialist to understand the implications. Most people are willing to have an employment specialist come along and participate in counseling. This is highly recommended unless, of course, the consumer expressly does not want the employment specialist to help. Even then, the employment specialist has a responsibility to do his/her best to ensure the consumer has gotten counseling and understands how his/her benefits will be affected.

It is sometimes hard to find benefits planners/counselors who are knowledgeable and able to provide counseling on all benefits a consumer might be receiving. When no knowledgeable benefits planner/counselor can be found, the employment specialist will need to help the person discuss the impact of earnings with representatives from each of the agencies providing benefits (e.g. Social Security, Housing, etc.). At first, this may seem difficult and/or be time consuming, but it is very important. Eventually, an employment specialist will develop contacts within each of the agencies who have been helpful, and it will get easier. If an employment specialist does this long enough, it will become a very easy part of the job.

**Medicaid Billing**

Providing benefits counseling is a service that is not billable to Medicaid, however coordinating referrals to benefits counselors is a billable service. Allowable coordination services assist an individual in gaining and coordinating access to necessary care and services appropriate to the needs of the individual. Making sure that people have received counseling regarding the impact of earning on benefits they are receiving is critical to achieving the best possible outcomes. When providing a coordination service, employment specialists should not just make the referral. Instead, they should use the time to teach consumers how to access service for themselves.
6. Rapid Job Search

*Background:*

Evidence-based employment programs quickly begin helping clients get jobs. As soon as people express an interest in employment, they are connected with employment specialists. Usually in just a few weeks employment specialists are helping consumers explore the job market, fill out applications, and interview with potential employers.

In the past, people were often required to complete lengthy pre-employment assessments, training, counseling, workshops, and intermediate work experiences. These efforts were intended to help people learn the skills that would help them get and keep a job. Sometimes pre-employment efforts would go on for years. Often, these efforts never resulted in competitive employment.

Generally, the activities associated with this principle are not billable to Medicaid. However, should a consumer have problems or need coaching related to their symptoms of mental illness, and the employment specialist is teaching him/her how to cope with those symptoms that are preventing him/her from accomplishing these activities, then those activities are Medicaid billable. Symptoms may interfere with progress on job search activities. Activities to address
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7. Systematic Job Development:

**Background:**

In evidence-based supported employment programs, employment specialists build an employer network by developing relationships with local employers through making regular contacts. Employment specialists build relationships with employers over time. By calling on employers, employment specialists become aware of the quality of work environments, the potential for flexible hours, and the potential for workplace adjustments that will accommodate individual strengths, skills, symptoms, and coping skills. When visiting employers, employment specialists keep in mind the job preferences of the people they represent. They ask about and listen for many different opportunities at each worksite. Getting to know employers helps an employment specialist help consumers find jobs consistent with their strengths, needs, abilities, and preferences.

The relationship between employment specialists and employers allows them to work together to find good opportunities for everyone to win. For example, an employer may have a position that requires 80% of the time to be spent on office work, and 20% of the time spent making contact with the public. Let’s say, for the purpose of this example, there is a consumer in the supported employment program who has skills, and wants to do the office work, but cannot or will not make contact with the public. Without individualized job development, this would not be a job that interests the client. However, if an employment specialist had a relationship with the employer, he/she might discuss a job modification. He/she might learn that the employer has another similar position, and the employee in this position doesn’t really like office work that much, but loves making contact with the public. The employer might be willing to consider modifying both jobs. He could create a job that is 100% office work that would interest your client very much. The employer could reduce the other employee’s office work, and allow him/her to spend more time on public contact. Based on his/her relationship with an employment specialist, the employer might view the idea favorably. In this example, everyone wins. The consumer gets a job opportunity consistent with his/her skills and interests, the other employee gets to spend more time doing the part of his/her job he/she likes best, and the employer gets two employees who are happy with their jobs.
In the past, finding competitive jobs was accomplished strictly through the job search activities available to the general public. These strategies continue to be useful, but may not meet the needs of every consumer. Some people need introductions, job modifications, and/or on the job support to be successful. For consumers that want and need this kind of support, it is important for an employment specialist to develop a network of employers.

Medicaid Billing

Contacts made with employers are not billable Medicaid activities. However, these activities are critical to achieving the best possible outcomes and need to be available in evidence-based supported employment programs.
8. Time-Unlimited and Individualized Support

**Background**

In evidence-based supported employment programs, follow-along supports are individualized and continue for as long as the client wants and needs the support. A part of the employment process is planning for the kinds of support that will help people keep the jobs once hired. These supports should be thought of very broadly, and can be provided by anyone the consumer believes best able to provide the support. This can include employment specialists, case managers, other service providers, and family members, friends, co-workers, and other peers. Examples of follow-along services include:

- Social supports
- Instrumental supports (for example: transportation support, support to ensure adequate clean laundry, etc.)
- On-the-job supports (for example: job coaching)

While the goal of service is to help individuals become as independent as possible, it is important to not remove support while it is still needed. Even after supports have been reduced or eliminated, it is important for people to be able to get additional support at any time in the future they need help.

Employment specialists should be aware that job transitions (for example: changes in supervisors, new roles within a business, new jobs at different businesses) are difficult for everyone, and are particularly good times to increase support for consumers.

In the past, employment specialists considered their job complete when the client got a job, and had been successful for just a short time. Supported employment was created for people who need help not only getting a job, but also in staying on the job.

Think long-term

In the early days of supported employment, employment specialists were required to visit their clients on the job at least once a month. The evidence now tells us that the consumer should direct decisions about what supports are needed, and when, where, how often and how long supports are provided. Evidence tell us people will be more successful on the job when they have taken the lead in deciding what support they need, and how long they need it. Employment specialists will provide requested support as long as it is wanted and needed.
Some of the things that an employment specialist might need to do to support a person over the long term will be billable to Medicaid, and some will not. Generally, anything that involves training, teaching, or reinforcing behavior that is associated with mental illness, and is designed to help manage symptoms or related behaviors will be billable to Medicaid. This will include interventions to help consumers function more effectively in the community, and at work. Support activities that are not billable to Medicaid will generally involve specifics about the job (for example, on site job coaching to teach a new task) or other things unrelated to his/her mental illness. Also, communication with others on the consumer’s behalf will not be billable. (for example, meeting with employer to discuss problems, meeting with family to discuss supports).

As mentioned earlier, it will be important to make sure your case note reflects the Medicaid billable service.

**Examples of Program Activities Billable to Medicaid**

- The employment specialist can assist the consumer with examining the impact of employment on his/her mental health, and the ways in which mental health and employment are related.
- The employment specialist can assist the consumer with examining how challenges, disruptions, and conflicts in their lives can negatively impact his/her mental health and ability to work.
- The employment specialist can help avert crises and/or provide crisis intervention to minimize disruptions at work.
- The employment specialist can help a consumer find ways to communicate effectively with his/her employer in order to reduce anxiety.
- When a consumer is considering leaving a job, the employment specialist can assist him/her in understanding and evaluating the consequences of leaving or keeping a job and how his/her symptoms may be affected by this decision.
<table>
<thead>
<tr>
<th>Medicaid Package/Service Eligibility</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills Training-(LOC 1 and LOC 2)</td>
<td>Client must have employment or preparation for employment as a goal in the treatment plan.</td>
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<td>or</td>
<td>If the intervention was directed toward the management of a symptom of the mental illness or application of illness management strategies to reduce the negative impact of symptoms on the person’s ability to function (including function at work), it is most likely a Medicaid service.</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation- (LOC 3 and LOC4)</td>
<td>For Medicaid billing, it is important that the case note focus on addressing the consumer’s mental illness, not specific employment goals.</td>
</tr>
<tr>
<td></td>
<td>Job loss is not a reason to discontinue participation in supported employment.</td>
</tr>
</tbody>
</table>

**Examples of Program Activities Not Billable to Medicaid**

- Employment specialists can work with the supervisor to establish effective supervision and feedback strategies.
- When the consumer intends to leave a job, an employment specialist can help him/her accomplish the things that all employees should do to be respectful to his/her employer and get a good reference. Tasks include coaching regarding giving notice, helping the consumer write a letter of resignation and providing coaching on how to obtain a letter of reference.
- When a consumer is terminated from a job, an employment specialist can help a consumer see his/her work accomplishments despite job termination.
- When a consumer leaves a job, an employment specialist can help him/her understand how job experiences, even if these experiences were not successful, will build his/her effectiveness as a worker.
Section 3: Improving Quality

Why Data is Important

It is important to keep data on services provided to consumers. With this data, a program can demonstrate that it has been effective. This is important for a variety of reasons, including:

- Demonstrating to current and potential funders the kinds of outcomes the program achieves
- Demonstrating to current and potential clients the kinds of outcomes the program achieves
- Measuring program effectiveness so you will know when you have changed/improved.

The term “data” sounds technical, and like it might require a great deal of specialized knowledge. While it is true that data can become complicated, it can also be very simple. The most important data your program can keep is outcome data. That is, did your program accomplish what it planned to accomplish? In the case of employment programs this measure is simple: Did consumers get jobs?

Consider a simple data table that each employment specialist could use to keep track outcomes for their clients. Something as simple as this example can provide you and your program with a wealth of valuable data.

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Start Date</th>
<th>End Date</th>
<th>Weekly Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>JB</td>
<td>Taco Bell</td>
<td>1/10/14</td>
<td>3/5/14</td>
<td>$112.50</td>
</tr>
<tr>
<td></td>
<td>B&amp;B Landscaping</td>
<td>4/20/14</td>
<td>8/1/14</td>
<td>$200.00</td>
</tr>
<tr>
<td></td>
<td>Home Depot</td>
<td>8/5/14</td>
<td></td>
<td>$240.00</td>
</tr>
</tbody>
</table>

What can you see from this data? You can see that JB has had three jobs since January. You can see that JB has held each job for a longer period of time. You can see that the period of time between jobs two and three is three days, which is an improvement from the time between jobs one and two (five weeks). You can see that at each job, JB has earned more money.

You can see that JB has been very successful in your program. You might not have thought he was successful when he walked off the job in March. Generally, people have setbacks, and that is simply a part of the process. You need to look for progress over time to identify patterns to determine trends. Not every pattern is as easy to see as this example, but if you are not keeping track of the information, you will not be able to see the patterns as they emerge.
Funders and potential funders will usually be less interested in a single person’s success, as the success of your program in general. It is important to funders and potential funders that your program is successful, and that you can demonstrate that with this data if you keep it on all the clients you have served. Let’s say that in the last six months, you have served five clients, and have similar data on each of them. There are several things here that would be of interest to potential funders.

What outcomes any particular person achieves in your program are confidential, and should be treated like any confidential information. You must not ever publish or use any person’s individual data without their permission. Data can be used without permission when not identifiable to any particular person, but reflecting the outcomes of your program as a whole. For example, you could not tell a potential funder that “JB had three jobs since January, each one better”. When you have data on several people, you can say things like “In the last six months, our program has helped seven clients find ten jobs”. You can say “In the last six months, our employed clients have earned an average of $184.00 per week”. This kind of information is not hard to put together, and makes a big difference when funders are deciding whether to invest in your program.

The example above is a story of success. That is not always the case. What if people are staying shorter periods on a job, or have longer periods between jobs, or make less money? You will notice these things have happened if you are keeping track of information. Then, you will want to try to understand why these things have happened, and what you can do to improve outcomes.

Any number of things could explain these changes, and some of them you may not be able to do anything about. Perhaps the people you are serving in the current six months have more serious problems than those you served in the previous six months. Perhaps there has been a downturn in the economy, and jobs are a lot harder to find. Some of the possible explanations might involve things that you can do something about. Suppose you find out that employment specialists had previously been working with no more than six people at a time. In an effort to serve more people, the caseload was raised to an average of eight. Since this change coincides with the change in performance, you speculate this could explain why consumers are not doing as well. You will probably not know what the reason for a change would be, but you will probably have a theory.

How do you know which theory is correct? The answer to that question is simple: you test it!
In the example above, two of the possible causes considered for the change in outcomes are beyond the scope of your operation to change. For now, let's set those aside and focus on the example that you could change. One theory is that your outcomes have been negatively affected because employment specialists are working with more people this period than last. If that theory is correct, you could choose to make a change in an effort to achieve better outcomes for the people you serve. Following is a tool that will allow you to plan for improvements, test your theories and continually improve your program.

*Plan-Do-Study-Act*

This tool is known as the *Plan-Do-Study-Act (PDSA) Cycle*. This tool was promoted by Dr. W. Edward Deming. In Japan, Dr. Deming gained a reputation as he taught business managers how to improve product quality, testing, and sales by a variety of techniques, including the continuous collection and review of relevant data. Deming made a significant contribution to Japan's reputation for innovative, high-quality products, and for its economic power.

This tool (PDSA cycle) is simple, and is used widely today in American businesses and government agencies who want to continually improve their products and services.

The cycle begins with the *Plan* step. This involves identifying a goal or purpose, developing a theory, defining what success would be and how it would be measured. Referring back to the example above, let's say that success would be helping the clients you serve get better paying jobs and hold them longer. Your theory is that caseloads of not more than six consumers in the active phase of service will better accomplish this goal. You will measure success by tracking the jobs consumers are hired into, how long they hold them, and how much they are paid (compared to the last time you measured).

The activities in the *Plan* phase are followed by the *Do* step, in which the components of the plan are carried out. In our example, it would be advising employment specialists to have caseloads not larger than six in the active phase of services at the same time, and collect data about the jobs consumers have, how long they have them and rates of pay.

The *Study* step comes next, where the data you have collected is studied to test the plan.
for signs of progress and success, or problems and areas for improvement. Perhaps after six months, you will find that consumers are holding jobs longer than they were in the period of time in which employment specialists had larger caseloads. This data would lead you to believe that your theory was correct.

The Act step is the final step in the cycle, integrating the learning generated by the entire process. In our example, you would probably permanently have employment specialists have caseloads no larger than six.

In the example we have discussed, the theory you tested in the Plan and Do phases appeared to accomplish your goal. We will now consider an example where your theory does not appear to achieve your planned goal.

With the same example as above, let’s say we get to the Study phase of the cycle and learn that there does not appear to be any difference in outcomes between the times that you reduced caseloads to the time when they were higher. There must be some other explanation. Based on this information, there appears to be no reason you can see to lower the employment specialists’ case loads to six. You still don’t know exactly why outcomes are not as good as they once were, and it is still your goal to improve them.

You are back at the Plan stage. You could not have much impact on your’ other theories, (economy worse, consumers more disabled), but you don’t give up. You develop a new theory about what might improve outcomes, and test it. You might think that consumers would get better jobs and keep them longer if your program was better known and had better relationships in the business community. In the Do phase, the program could assign someone to do outreach to the business community on behalf of your program. Study the outcome and Act based on what you learn.

These four steps are repeated over and over as part of a never-ending cycle of continual improvement. When you always look for ways to improve your program, it can’t help but get better. Sometimes you will focus on resolving problems. Sometimes there will be no problems, and your focus will just be on getting better. There is always something that can improve.

Some changes can be tested in a few days. Some changes take much longer to assess. You should always be looking for ways to solve problems, and make your program more effective. Improvement projects will be
completed, and new ones will begin. Quality improvement will never be completed, but will always be a work in progress.
Burnout

Helping other people to achieve their goals is very rewarding work. It can also be very difficult and taxing work. People working in the helping professions need to monitor their own well-being. If you are not well, you will not be in a very good position to help others. Burnout is a condition for which all helping professionals are at high risk. It is very important to understand the causes, symptoms and treatment of burnout.

Symptoms of Burnout include:

- Blunted Emotions—that is, emotions are not expressed, either verbally or nonverbally in the way that you might expect
- Loss of motivation, ideals and hope
- Detachment
- Feeling exhausted all the time
- Feeling like nothing you do makes a difference or is appreciated

If you cannot feel hopeful, how can you possibly expect to help others? It is very important to monitor yourself for signs of burnout and intervene with yourself to stay well.

Causes

There are a number of things that can lead to symptoms of burnout. Many of them relate directly to your work and/or work environment. For example, if you feel like you have no control over your work, and/or work in a chaotic or high pressure environment chance of burnout can rise. Burnout can result when you feel underappreciated or unclear about what you are supposed to do at your job. Some or all of these things are typical elements of the workplace.

It is very important for those who provide services to others to take very good care of themselves. Common things that increase the probability of burnout include taking on too many responsibilities, without enough help from others, not getting enough sleep, not having supportive relationships, and working too much, without enough time for relaxing and socializing.

Interventions:

There are many things you can do to help yourself to avoid burnout. Here are just a few:
• **Take care of yourself**-Get enough sleep, eat a healthy diet and get regular exercise. To these basics, add some relaxing rituals. These rituals might include deep breathing exercises, stretching, journaling or reading inspirational literature, or about anything that will reliably make you feel happy and relaxed. It is a good idea to start every day with a relaxing ritual.

• **Set Boundaries**-It is important to recognize when you are doing all you can do, and be able to say “no” when asked to do more. This is not always easy when work is demanding. When feeling overwhelmed by the amount of work you have, you should schedule a meeting with your supervisor to discuss. Sometimes your supervisor can be helpful in setting priorities and telling you which things can wait.

• **Celebrate Success**- Create a workplace environment that honors success. Consumers should feel celebrated when they have achieved a goal and the employment specialists should feel that as well. Spontaneous celebrations that bring the staff together to honor a success with a treat (for example, a cake, or donuts, or vegetable tray) go a long way to help staff and clients avoid burnout.

• **Don’t Confuse Setbacks with Failure** - There are successes and setbacks nearly every day when working to help people achieve their recovery goals. When all you can see are the setbacks, you run the risk of disempowering the people you are serving. Learn to celebrate successes, and remember that setbacks are just a part of the recovery process. A setback can be a valuable learning tool. For example, you may have worked very hard to help a consumer you work with to find a job, only to have him walk off the job after a week. It would be very easy to feel downhearted about that, and view it as a failure. You don’t know whether it is a failure or a setback on the road to a success. If you are downhearted, or angry at the consumer, he/she will probably not try again. In that case, it will definitely be a failure. However, if you work with him to understand why he left the job, it can help both of you
know more about what would work better next time. The only real failure is to give up.

- **Use your supervisor and colleagues for support**
  It is important to have regular meetings with your supervisor and your colleagues where you can discuss issues, concerns and successes. Your colleagues are the most likely to understand what you are dealing with, and be able to support your efforts. Support can sometimes be as simple as understanding. Sometimes, your colleagues will have tips, and ideas about work related strategies that can help you be more successful.

  Burnout is not an illness, but it is a condition that can make you ineffective in working with others, and helping them achieve their recovery goals. It is important for each peer provider to take responsibility for monitoring their own status, and asking for help if they start to have symptoms of burnout.

**Additional Considerations for the Peer Workforce**

- **Use the support given by your supervisor, who is also an LPHA.**
  Your supervisor should be helpful to you in the ways noted above, but they can also help you monitor your own symptoms of mental illness. As a peer specialist, you will encounter issues that may be similar to those you have faced. It may be easy for the issues and events facing your clients to trigger your own issues.
  You should use your supervisor to help you monitor you own symptoms, so you do not sacrifice your own health and wellness in your efforts to help others.

- **Have a personal wellness plan in place.** Use your plan to help you avoid or work through any triggers and symptoms that may result through stress associated with your work. Qualifications for doing this work require that you have experienced mental illness, and recovery. As part of your recovery, you should have developed a wellness plan that helps you identify triggers, and strategies for managing symptoms and staying well. It will be more important than ever to have a plan, and to follow it.

- **Make sure you have a support system in place.** Your peers, colleagues, family members, support groups, etc. are an important part of a wellness plan, and a healthy and balanced life. Make sure you have a support network that you see regularly, and trust. Not only is it helpful to have friends and colleagues for support, bit also there are times members of your support
network may be able to see that you are having stress related issues before you can. The earlier you notice you are having symptoms of burnout, or of your mental illness, the easier it will be to return yourself to health and balance. Besides, sometimes just knowing you have people who support you reduces the stress you can otherwise experience when you feel isolated with your problems.
Section 4: Glossary of Acronyms and Terms

**AAMHC**

**Austin Area Mental Health Consumers**, Inc. is one of the largest consumer operated service centers in Texas; serving approximately 1000 members. AAMHC operates the Self-Help and Advocacy Center (SHAC) in Austin, Texas, The SHAC supports consumers in becoming independent members of society and encourages them to act on their own behalf. Services reflect eight core values: empowerment and self-determination; promoting recovery; consumer-control; education emphasis; peer support; advocacy; inclusiveness and diversity, and collaboration.

[http://www.austinnmhc.org/](http://www.austinnmhc.org/)

**ADA**

**Americans with Disabilities Act**: The ADA is a wide-ranging civil rights law that prohibits, under certain circumstances, discrimination based on disability. It affords similar protections against discrimination to Americans with disabilities as the Civil Rights Act of 1964,\(^1\) which made discrimination based on race, religion, sex, national origin, and other characteristics, illegal.


**COSP**

**Consumer Operated Service Program**: Consumer-Operated Service Providers (COSPs) are independent organizations operated and governed by individuals in recovery, and include a fundamental component of COSP services of peer support. COSPs have a unique and valuable role in a recovery-oriented system of care. In an effort to strengthen the presence and impact of COSPs in Texas, Via Hope has been funded by the Texas Department of State Health Services to coordinate the COSP Institute.


**DARS**

**Texas Department of Assistive and Rehabilitative Services**- Texas State Agency that administers a number of state/federal programs in the state of Texas, including Disability Determination Services and the Vocational Rehabilitation program.
The Department of State Health Services: a Texas State Agency that provides health, mental health and substance abuse services to Texans.

(http://www.dshs.state.tx.us/policy/compact.shtm)

Interest Inventory: A test for helping people find a suitable job by matching their interests with the interests of people in particular jobs:

(http://dictionary.cambridge.org/us/dictionary/business-english/interest-inventory)

Local Mental Health Authority. Community mental health centers, also referred to as Local Mental Health Authorities (LMHAs) provide services to a specific geographic area of the state. DSHS requires each authority to plan, develop policy, coordinate and allocate and develop resources for mental health services in the local service area. DSHS contracts with 39 LMHAs/CMHCs and NorthSTAR to deliver mental health services in communities across Texas.

(http://www.dshs.state.tx.us/mhsa/lmha-list/)

Level of Care: When entering services, each individual is assessed using a standardized tool known as the Adult Needs and Strengths Assessment (ANSA). Based on the assessment, each person is assigned to a level of care related to their needs. Each Level of Care authorizes certain services/service intensity. People with greater need are assigned to a higher level of need, and more services are authorized for them.

Licensed Practitioner of the Healing Arts: A term used in Medicaid/Medicare to describe a group of licensed health care practitioners such as MDs (doctors); Licensed Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, etc. Medicaid requires LPHAs certain services be delivered by LPHAs.

Medical Necessity is defined in the Texas Administrative Code (Rule 412.303) The need for a service that:

(A) is reasonable and necessary for the diagnosis or treatment of a mental health disorder or a co-occurring psychiatric and substance use disorder (COPSD) in order to improve or maintain an individual's level of functioning;
(B) is provided in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;

(C) is furnished in the most clinically appropriate, available setting in which the service can be safely provided;

(D) is provided at a level that is safe and appropriate for the individual's needs and facilitates the individual's recovery; and

(E) could not be omitted without adversely affecting the individual's mental or physical health or the quality of care rendered.

SAMHSA  **Substance Abuse and Mental Health Services Administration**: A part of the U.S. Public Health Service, SAMHSA was established in 1992 and directed by Congress to target substance abuse and mental health services to the people most in need and to translate research in these areas into the general health care system. The agency's centers include: The Center for Mental Health Services (CMHS) which focuses on the prevention and treatment of mental disorders.; The Center for Substance Abuse Prevention (CSAP) which seeks to prevent and reduce the abuse of illegal drugs, alcohol, and tobacco; The Center for Substance Abuse Treatment (CSAT) which supports the provision of effective substance abuse treatment and recovery services.; The Center for Behavioral Health Statistics and Quality (CBHSQ) which has primary responsibility for the collection, analysis and dissemination of behavioral health data.


SSA  **Social Security Administration**: The United States Social Security Administration is an independent agency of the United States federal government that administers Social Security, a social insurance program consisting of retirement, disability, and survivors' benefits.

(http://en.wikipedia.org/wiki/Social_Security_Administration)

SSDI  **Social Security Disability Income**-Cash benefits provided to insured persons when disabled. Insurance contingent upon how long and how recently one has worked.
SSI  **Supplemental Security Income**—Cash benefits provided to disabled and elderly persons contingent upon income and assets. This benefit is paid to disabled persons who have not worked long or recently enough to qualify for SSDI.

UM  **Utilization management** is the evaluation of the appropriateness, medical need and efficiency of health care services procedures and facilities according to established criteria or guidelines and under the provisions of an applicable health benefits plan. Typically it includes new activities or decisions based upon the analysis of a case.

VR  **The Vocational Rehabilitation Program** is a state-federal program partnership that helps people with disabilities prepare for, find and keep jobs. Work related services are individualized and may include counseling, training, medical treatment, assistive devices, job placement assistance, and other services. Eligibility criteria for this program include: the presence of a physical or mental disability that results in a substantial impediment to employment, whether the individual is employable after receiving services, and whether services are required to achieve employment outcomes. Each state has an agency that operates the VR program. In Texas, that agency is DARS
The following documents and websites are resources that may be valuable to you as you implement evidence-based supported employment. Some of these have been referenced throughout the manual, but are also provided here for ease of reference.

1. SAMHSA Supported Employment Evidence-Based Practices (EBP) KIT

This document provides practice principles about supported employment, an approach to vocational rehabilitation for people with serious mental illnesses. The toolkit can be downloaded at no cost at:

http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365

2. Social Security Redbook


https://www.socialsecurity.gov/redbook/

3. Via Hope

Texas Mental Health Resource provides training, technical assistance and consultation to individuals in recovery from mental illness, their family members, youth who are interested in mental health, and mental health professionals throughout the state of Texas. Via Hope provides training and certification for Peer Specialists.

http://www.viahope.org/

4. Dartmouth University Psychiatric Research Center

Dartmouth University developed the Individualized Placement and Support Model of Supported Employment, and is a leader in the development of evidence based practices for persons with psychiatric illnesses. The site includes a video explaining IPS Supported Employment.

http://prc.dartmouth.edu/
5. University of Illinois, Chicago, Department of Psychiatry

Dr. Cooke (of UIC) was the principal investigator on a large, multi-site study that gathered much of the evidence in evidence-based supported employment. The Employment Intervention Demonstration Project involved project sites in eight states, including Texas. Reports and information on that study can be found at:

http://www.psych.uic.edu/eidp/

6. Work Incentives Planning and Assistance (WIPA) projects

WIPA projects are community-based organizations that help people with disabilities who receive Social Security to make informed choices about work. There are 157 WIPA projects that provide WIPA (benefits counseling) services in Texas. You can search for one near you by going to:

http://www.choosework.net/resource/jsp/searchByState.jsp

7. The State/Federal system of Vocational Rehabilitation (VR) and the Texas Department of Assistive and Rehabilitative Services (DARS)

The State/Federal Vocational Rehabilitation (VR) program is funded by the federal government, but operated in each state by a state agency. There are federal laws and rules each state agency must follow. At the link below, there is a brief history of the evolution of the laws affecting VR.

http://www.in.gov/fssa/files/History_and_Regulations.pdf

In Texas, the agency responsible for the VR program is the Texas Department of Assistive and Rehabilitative Services (DARS). Visit the DARS website to find services in your area

http://www.dars.state.tx.us/drs/index.shtml

8. Texas Workforce Commission

The Texas Workforce Commission is a governmental agency in Texas that provides unemployment benefits and services related to employment to eligible individuals and businesses. TWC works with 28 Local Workforce Development Boards to provide employment assistance and promote self-sufficiency for customers. The boards oversee the delivery of child care services, employment and training programs for welfare recipients, as well as planning employment services in their area's Texas Workforce Centers. They also direct the services called for under the Workforce Investment Act. You can find services in your area at:

http://www.twc.state.tx.us/dirs/wdas/directory-offices-services.html
9. The Rehabilitation Rule

This is the section of the law (Texas Administrative Code-or TAC) that governs the Medicaid billable services discussed in this manual. The Rule can be found at:


10. UM Guidelines- Utilization management (UM) is the process by which a local mental health authority (LMHA) ensures that:

- People receive timely, quality, cost-effective services in the most appropriate treatment setting; and
- LMHAs have an effective mechanism to manage the utilization of clinical resources.

By implementing UM activities, the LMHA strives to achieve a balance between the demand for services, availability of resources, and the needs and well-being of people who need mental health services. The clinical guidelines identify the evidence-based services, amount, duration, and scope of the delivery for the services, as well as the population being served. The guidelines can be found at:

In addition to the resources mentioned in the text of this manual, information used in this report can be found at:

http://www.reintegration.com/reint/employment/workplace.asp


http://www.psych.uic.edu/eidp/

http://www.centerforebp.case.edu/practices/se

http://www.deming.org/theman/theories/pdsacycle

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