

**Statement of Work  
Vocational Skill Building Assistance and Supported Employment Services**

Target Geographical Area for Implementation:

- Arenac County                       Bay County                       Other:

Consumer Populations to be Served:

Persons with Medicaid or Healthy Michigan in the following Populations:

- Adults with Serious Mental Illnesses                       Adults with Developmental Disabilities                       Persons with Substance Use Disorders  
 Children with Serious Emotional Disturbances                       Other:                       Other:

Services to be Provided:

Provider is engaged to render the Services listed and defined below to the consumer populations in the geographic areas identified herein.

Service Definition Number	Service Title	HCPCS Code	Unit Type	Unit Rate
1	Skill Building Assistance (1 staff to multiple individuals)	H2014 TT	1 unit = 15 min	\$2.50
2	Supported Employment - Job Coaching/Follow Along)	H2023	1 unit = 15 min	\$5.00
	Supported Employment – (Job Development)	H2023 HX	1 unit= 15 min	\$10.50
	Career/Job Clubs (1:6 max ratio)	H2023 HX TT	1 unit= 15 min	\$2.63
3	Community Living Supports - Vocational Transition* (For 1 staff to multiple individuals, add TT)	H2015 V TT	1 unit = 15 min	\$2.50
4	Community Living Supports – 1:1 Personal Care**	H2015	1 unit = 15 min	\$2.88
5	Treatment Planning (professional staff attendance at PCP meetings)	H0032	Event	\$40.00

\*Requires prior approval by the Vocational Coordinator

\*\*Amount, scope, and duration of the personal care service must be identified in the PCP

**Description:** The Provider shall provide Employment Services to include Vocational Assessment, Skill Building, and Supported Employment Services such as Job Development, Job Placement, Job Coaching and Follow-along as identified in the individual's Person Centered Plan. The ultimate goal is to assist the individual in developing skills that lead to obtaining and maintaining competitive employment in the community.

BABHA places great value on a person developing skills, having meaningful community based skill building when required and helping people obtain competitive employment in integrated community settings along side people without disabilities. Skill Building will not be needed for everyone and will be tightly authorized and monitored to be sure that it is necessary and time limited. Michigan is now an Employment First State and thus we need to be quickly helping the person obtain a job following their indicating the desire to work. Long periods of skill building, especially for persons with serious mental illness is not appropriate.

Effective March 1, 2016, Persons that have participated at the vocational center for long term and that live independently or with family *and* that do not have an employment goal *may* be authorized on a case by case basis to receive CLS services that are to include quality volunteer, community connecting and relationship building opportunities. Individuals eligible for these services must be approved by the primary worker *and* the Vocational Coordinator. Only existing enrolled individuals (no new persons) will be referred for CLS services.

#### Service Definitions:

1. **Skill Building Assistance.** Skill Building Assistance consists of activities identified in the individual plan of services and designed by a professional within his/her scope of practice that assist an individual to increase his economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. The services provide knowledge and specialized skill development and/or support. Skill building assistance (B3) may be provided in the beneficiary's residence or community setting. Skill training and development (HSW) takes place in a non-residential setting, separate from the home or facility in which the beneficiary resides. Skill Building is to be community based as much as possible, time limited and individualized. The person must have a vocational goal in their IPOS. Documentation must be maintained by the PIHP that the beneficiary is not currently eligible for sheltered work services provided by Michigan Rehabilitation Services (MRS). Information must be updated when the beneficiary's MRS eligibility conditions change. Refer to the Michigan Medicaid Manual for full definition of coverage. Effective October 1, 2017, there will be thresholds set for percent of time that is community based.
2. **Supported Employment.** Provide job development, initial and ongoing support services to and activities as identified in the individual plan of services that assist beneficiaries to obtain and maintain paid employment that would be otherwise unachievable without such supports. Support services are provided continuously, intermittently, or on a diminishing basis as needed throughout the period of employment. Capacity to intervene to provide assistance to the individual and/or employer in episodic occurrences of need is included in this service. Supported/integrated employment must be provided in integrated work settings where the beneficiary works alongside people who do not have disabilities.

Job Development is a time limited phase to assist a person in obtaining a competitive job in the community. During the Job Development phase, contact with the Employment Specialist should be occurring weekly.

Coverage includes:

- Job development, job placement, job coaching, and long-term follow-along services required to maintain employment;
- Beneficiary run businesses (e.g. vocational components of Fairweather Lodges, supported self-employment); and
- Transportation provided from the beneficiary's place of residence to the site of the supported employment service, among the supported employment sites if applicable, and back to the beneficiary's place of residence.

Coverage excludes:

- Employment preparation; and
- Services otherwise available to the beneficiary under the Individuals with Disabilities Education Act (IDEA).

3. **Community Living Supports (CLS)** are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his/her goals of community inclusion and participation, independence or productivity. The supports may be provided in the participant's residence or in community settings.

There are BABHA limits identified for a Vocational Program to bill for Community Living Supports (CLS), the following criteria must be met.

- The person lives independently or with family **and**
- Has already been attending the program for an extended period of time (no new referrals will be made) **and**
- The person does not have the desire to work (no employment goal) **and**
- The Client Services Specialist and Vocational Coordinator have approved the service.
- The "V" modifier must be used when submitting claims for this service.

Types of CLS activities approved for the Vocational Provider includes:

- Volunteering
- Community connecting activities which promote community inclusion, relationship building, independence and skill development.
- Social Skills development
- Money Management
- Use of transportation system

4. **CLS-Personal Care Services:**

A. The person requires one-on-one consistent staff assistance or support for one or more of the following activities:

- 1 on 1 assistance with toileting to include transferring, changing and cleansing
- 1 on 1 assistance with ambulating
- 1 on 1 assistance with eating
- 1 on 1 assistance for the health and safety of the individual in order that he/she may be supported in the most integrated/independent community setting.
- 1 on 1 assistance for health/ medical issues

B. The activity that requires one-on-one staff assistance must require 15 or more minutes of staff time to be a billable activity.

C. Only one code can be billed at any one given time Skill Building, Supported Employment or CLS.

D. **1 on 1** Personal Care services must be authorized through the IPOS/person centered plan **and amount, scope, and duration must be specifically identified.**

#### **Specific Services:**

- **Vocational Profile** (H2023HX) - Utilization of the standard MDHHS Vocational Profile form is a requirement. The Vocational Profile must be completed at intake, updated as changes occur and reviewed annually. A specific employment goal must be identified in the profile before Job Development can begin. The process must include the opportunity for the person served to make their preferences known and they must have an opportunity to change their preferences. A copy of the Vocational Profile will be scanned into the electronic health record within two days after completion. This profile must be completed in the first 30 days after receiving the referral.
- **Placement Services/Job Development** (H2023 HX)- Defined as any activity that assists an individual in becoming competitively employed. This includes but is not limited to: resume development, job exploration activities, career club involvement, job development on the individual's behalf, and job placement services. Per MDHHS-Medicaid policy, these services must be provided face to face with the individual in order to be billable. Services or activities that occur without the person present must be documented, but are not billable. Placement Services/Job Development are designed to be short term and the person should be seen at least weekly by the Employment Specialist during this phase. Caseloads of the Employment Specialist need to be at a level that allows the Specialist to meet frequently with the individual in order to obtain a job. Individual choice and control must be taken into account and should guide the process.
- **Microenterprises** (H2023 HX) - The development of microenterprises (consumer run businesses) is a billable service and are highly encouraged. Before work begins with an individual in this area the Vocational Coordinator at BABHA must be contacted.
- **Job Coaching/ Follow-Along Services** (H2023) - Includes activities on the job or in the community that assists the individual with learning the job they were hired to do including support in maintaining that job. Follow-Along Services must be performed at least monthly during the first year of employment - touching base with the employer as well as the individual. Subsequent year,

the frequency will be based on individual need and the preference of the employee and employer. The use of natural supports on the job must be encouraged so that fading may occur. The method of Follow-Along should be the decision of the individual and their employer in consultation with the Vocational Program.

- All job coaching/ follow along services require a prior authorization. No service will be paid for without prior authorization.
  - If the provider is billing for a one-on one job coach, the individual that is working must in fact be receiving and determined to need a one-on-one service.
  - If more than one individual is working at the same business at the same time and one job coach is being utilized, the job coach must split their time between the individuals accordingly and the billing split between the two individuals (add the TT modifier to H2023).
  - The Job Coach should be an individual that is employed by the provider preferably the one that assisted the individual in securing the position. They should not be employed by the competitive employer where the individual is working. If someone that works at the business is going to assist the individual with his/ her work duties then that is a natural support. This is not a job coach and therefore would not be billed to BABH. Caseloads of Job Coaches need to be reasonable in order to provide the frequency of contact required.
  - For each individual that is working competitively in the community and is receiving any type of support service (job coaching or follow along) a progress report needs to be completed and scanned into the EHR. If the individual is receiving job coaching, a report needs to be completed that is task specific to the duties that they are performing. Each day that they are receiving support should be able to be cross referenced with a progress report, filled out and signed by the staff person that was directly working with them (date, start & stop time, service provided, progress, signed and dated by job coach). This report, in turn should be able to be cross referenced with a claim submitted to BABHA for payment. All billable activities must have documentation that is scanned into the EHR.
  - The same process should be followed for those receiving follow along supports
- **Benefits Counseling (H2023HX or H2023)** – The Vocational Provider will provide individuals seeking employment with Benefits Counseling to assist them in determining the effect of employment on benefits so they may make informed decisions. Benefits Counseling should be an on-going process performed by a person very knowledgeable about benefits planning and the array of options available.  
\*\*Bill with the HX modifier if the person is receiving Job Development. Bill the straight H2023 Supported Employment code if in the follow along/job coaching phase.

#### **Timeframes:**

- The provider must complete the Vocational Profile within the first 30 days of receiving the referral, update it as information changes and then review it annually.
- Job exploration should begin within the first 30 days after a referral for Supported Employment is received. To be noted: BABHA is not interested in on the job evaluation where an individual is paid to try the job or the employer is able to see firsthand if the individual will work out. We are interested in the exploration process to be a "real" experience that anyone would have the opportunity to explore. Also, individuals exiting the skill building programs to proceed to competitive employment should have already been through this exploration and training piece.
- Job Development should begin within the first 60 days after the referral has been received. If an individual has not secured employment after the first 90 days then an integrated team meeting shall take place to include the individual, case manager/supports coordinator, employment specialist, Vocational Services Coordinator and anyone else the person and/or team feels would be beneficial. The meeting should address barriers to employment and identify potential new strategies with specific timelines for completion.

Integrated Team Meetings are encouraged throughout the Job Development/Employment process to ensure success.

Exceptions: N/A

Other Conditions:

1. Effective as of 3/1/2009, **transportation costs** have been rolled into Provider's unit rate for Skill Building. Residential care providers or guardians who are transporting consumers to vocational programs will invoice the vocational program directly for transportation costs. Rate negotiation shall be strictly between the Provider and the guardian or residential provider.
2. **Job Clubs/Career Clubs:** Job Clubs (Career Clubs) are approved for use only during the Job Development phase. Job Development is the period of time when a person is *actively* searching for a job. Job Clubs can be a useful tool, however, billing the Job Development code for this service is only allowed in very specific scenarios.
  - If the person is in Skill Building and is being *prepared for* the next phase of Job Development/Supported Employment then participation in a Club is still considered Skill Building and should be billed as such. (H2014) (See Medicaid Guidelines below)
  - If the person has been referred from Skill Building to Job Development/Supported Employment then the Vocational Provider needs to have communicated with the primary worker who will amend the IPOS and authorize services.
  - Job Development is a very specific phase where the person is *actively* seeking employment through submitting applications for open community positions, participating in interviews for positions, staff are talking with employers about willingness to hire someone, etc. (H2023 HX)
  - Once a person is employed, any activities to support the person is then considered Job Coaching/Follow Along and is to be billed under Supported Employment. (H2023)
  - Billing for groups where multiple individuals are receiving a service at the same time needs to include a TT modifier. Maximum of six people are allowed per group. For emphasis, it is very important to remember that the Job Development rate is a higher rate and therefore was intended to be used when the Provider is actively assisting the person to seek employment through interviews, meeting with employers, etc. Services or activities that occur without the person present must be documented, but are not billable.
3. The **Treatment Planning code (H0032)** is for the Provider to use for attendance at Person Centered Planning meetings (PCP) only. The only time this is an approved code is if the staff person is a Professional with a NPI# *and* only for attendance at the actual PCP meeting which results in the development or amendment of the IPOS. The primary worker is responsible for identifying whether the meeting is a PCP meeting. (H0032)
4. **Medicaid Guidelines**  
(Source: PIHP/CMHSP Encounter Reporting – HCPCS and Revenue Codes)
  - Report Skill Building when there is a vocational or productivity goal in the IPOS and the individual is being taught skills he/she will need to be a worker (paid or unpaid).
  - Report Supported Employment when the goal is to obtain a job (integrated, supported, enclave, etc.) and assistance is being provided to obtain and retain the job.

5. Provider will comply with BABHA expectations that contractual increases in compensation must be distributed to its direct care workers as soon as possible following the date Provider receives compensation increases from BABHA, including lump sum payments and/or per diem increases for such purposes. In addition and upon request, Provider agrees to submit periodic reports to BABHA which shall include the range of rates of pay for employees providing direct care to BABH consumers served under contract. Direct care workers are those working in local residential settings and paraprofessionals and other non-professional direct care workers in (non-residential) settings where skill building, community living supports, training and personal care services are provided. The reports will list each employee position or classification, together with the actual rate or rates of pay for each position or classification for the applicable time period, including the starting rate and each rate/step increase.

#### A.1 Provider Specific Services Requirements.

In addition to the duties and obligations set forth in the Agreement, Provider shall comply with the following specific requirements for Services rendered by **Vocational Skill Building Assistance and Supported Employment Providers**:

##### Training:

- A.1.1 All staff who work with individuals shall have, at a minimum, successfully completed the required training courses in **Exhibit D: Provider Training Requirements**. Training shall be arranged by the Provider and provided by BABHA (where available) or by training organizations or resources that follow a MDHHS curriculum and are approved in writing by BABHA.
- A.1.2 Provider understands and agrees that any untrained staff shall only work with individuals under the direct supervision of trained staff and any person engaged in direct care work shall successfully complete all required training within 90 days of hire, and complete all annual refreshers and updates.
- A.1.3 Training beyond what is required under contract is the financial responsibility of the Provider. Additional trainings secured through BABH will be based on a predetermined fee. Provider's internal training resources should be utilized whenever possible.
- A.1.4 Training in medications for designated staff is based on Provider's internal medication administration policies and procedures. These policies and procedures must be approved in writing by the BABHA Nursing Team Leader. Provider's lead trainer may attend the Basic Medications training class offered by BABHA. Medication will only be passed by a staff member who has been trained.
- A.1.4.1 BABHA requires that remedial education occur if an individual is identified as responsible for undesirable medication occurrences. Provider will develop and implement a remedial education process and retrain staff within 90 days of the medication error occurrence.
- A.1.5 A twenty-four (24) hour cancellation notice is required for all trainings conducted by the BABH Staff Development Center. The Provider will contact the Staff Development Center at (989) 895-2395, or via email to [staffdevelopment@babha.org](mailto:staffdevelopment@babha.org), immediately upon becoming aware of a cancellation, but no later than 24 hours in advance. The first no-show without proper notification will result in a warning letter being issued to the Provider. Subsequent no-shows will result in an assessment fee of \$50.00 per no-show violation applied to the program. Upon the third no-show violation, a written corrective action plan must be submitted by the Provider to BABHA within 10 business days that specifies what will be done to resolve

this issue. Failure to follow through with corrective action will result in further actions, including a decision to limit access to training resources.

#### A.1.6 Skill Building Program Specifications:

##### A.1.6.1 Skill Building Activities must be:

- a) Tailored to each person's individual needs
- b) Be medically necessary
- c) Presented to the person as part of the PCP process
- d) Individualized and customized with NO EXCEPTIONS
- e) Considered time-limited training opportunities
- f) Primarily community based
- g) Activities must involve a maximum of three people
- h) The person must have a goal to be employed

Note: Large group or facility wide social activities are not a billable activity (e.g. picnics, holiday parties, outings to the zoo, sporting events, etc.) Questions about whether an activity is billable should be directed to the Vocational Services Coordinator prior to the event.

##### A.1.6.2 Skill Building Activities may include:

- a) Community connections, 1:1 or in small groups of 3 or less people
- b) In-house production/ assembly work (time limited)
- c) Transportation training
- d) Mentoring
- e) Volunteering
- f) Job shadowing
- g) Training experiences to include hotel cleaning and cleaning crews/enclaves (should be time limited and move to integrated employment when ready)

##### A.1.6.3 Work Preparatory/Prevocational Services are aimed at preparing a beneficiary for paid or unpaid employment, but are not job task-oriented. They should enable each individual to attain the highest possible wage and work which is in the most integrated setting and matched to the individual's interests, strengths, priorities, abilities and capabilities. Services are intended to develop and teach general skills that lead to employment, including but not limited to:

- a) Ability to communicate with supervisors, co-workers, and customers
- b) Generally accepted community workplace conduct and dress
- c) Ability to follow directions
- d) Ability to attend to tasks
- e) Workplace problem solving skills and strategies
- f) General workplace safety and mobility

##### A.1.6.4 BABHA's goal is for people to move from skill building to competitive jobs in the community. The Provider must have an assessment process in place to determine when a



person is ready to move out of skill building to competitive jobs under supported employment. These assessments must occur at intake and at a minimum of every six (6) months thereafter. The assessments may be coordinated with the PCP and periodic review dates. The goal should be a continuous assessment process so that people move quickly out of skill building when they are ready.

- A.1.6.5 Persons who are working should rarely be enrolled in skill building. Persons who lose their job or quit should not automatically be returned to skill building for “something to do” nor should they attend skill building for something to do on days they do not work. As part of the Person Centered Plan, connecting persons served to community activities and resources must be a priority. The provider will not get paid for any beneficiary’s attendance when work is not available and they are not participating in community connecting activities. Under no circumstance will watching TV be reimbursed.

Exceptions may be made with prior approval from BABHA with a written rationale provided. The rationale must be tailored to the individual needs of the beneficiary and be part of the Person Centered Plan. BABH should see written documentation that Provider is providing support, encouragement and empowerment to those who are reluctant to participate in the community.

#### A.1.7 Documentation:

- A1.7.1 After the individual Vocational Profile is complete, a copy is to be scanned into the person's electronic medical record by the Provider within 48 business hours.
- A1.7.2 Reporting on Support Services such as Job Coaching and Follow-Along should be scanned into the electronic health record at least monthly. Coaching reports should be task specific to the job that the individual is performing. Follow-Along reporting should be done at least once per month and more often as needed and scanned into the electronic health record. The method of Follow-Along should be the decision of the individual and their employer.
- A1.7.3 For persons in Job Development, staff need to document clearly what activities have been done with and on behalf of the person served.

#### A.1.8 Referrals and Unit Authorization.

- A1.8.1 Referrals for employment services will be generated by the Client Services Specialist at the referring agency. This contract only serves adults with Medicaid and Healthy Michigan that are receiving a mental health services through BABHA or one of its contract agencies. The referrals will be sent to the Vocational Services Coordinator at BABHA. The Client Services Specialist will generate an authorization for units of service which is connected to the Person Centered Plan. Skill Building Authorizations by the Client Services Specialist are limited to six months at a time for two consecutive six month time periods. After the second six month authorization, authorization approval will also need to be obtained by the Vocational Coordinator.

A1.8.2 Individuals involved in Skill Building may be recommended for. Michigan is an Employment First state and therefore the emphasis is on assisting the person to obtain employment quickly following the expressed desire to work. A person does not have to participate in skill building in order to receive services to obtain competitive employment.

#### A.1.9 Expectations and Outcomes.

A1.9.1 A minimum of 30 new individuals will be placed in competitive community employment via Supported Employment Services during the fiscal year. It is the expectation to see people employed in diverse jobs and at a variety of different employers but always based on the persons preferences,

A1.9.2 All jobs must be competitive in nature. Seasonal jobs (although allowed and valuable for people on their employment journey) will not be counted in the outcome goal of 30 new employed individuals. In calculating the outcome goal, each individual may only be counted once. So if they leave a job and become employed at a new job they count only once. However, we would still want to see the job change and new job in the quarterly reports. Of the jobs that are secured, 90% of them must be in a business that is **not** owned by the provider themselves or owned by another vocational contract provider. The provider will also monitor and report on job retention (length of time employed). The goal is that not only will people become employed at jobs they find interesting and enjoyable but that they stay employed.

A.1.9.3 The provider will increase employment rates for adults with intellectual/developmental disabilities (I/DD). Of the number of people placed in competitive community employment, 40% will be persons with I/DD.

A.1.9.4 The Provider will monitor the following data and report it to BABH quarterly and via an annual report. See attached report templates provided by BABHA which are required to be used.

- Reports due on the following schedule:
  - January 15, 2017
  - April 15, 2017
  - July 15, 2017
  - October 15, 2017 (Annual Report and 4<sup>th</sup> Quarter Fiscal Report)
- Report the number of new referrals for Skill Building and Supported Employment including the source of referral and disability designation.
- Report the number of closed referrals with reasons why and with a list of common barriers.
- Report the number of people currently employed. Data should include all people employed, place of employment, their start date, job title, wage and number of hours working, length of employment, and disability designation.
- The final 4th quarter report to BABH should include the summary for the year with the above but also the average length of time to obtain employment for the contract period, average length of employment over past two years, number of people still employed, etc.
- At least monthly meetings will occur with the Vocational Coordinator to monitor individual progress, program outcomes and to address barriers.

- A.1.9.5 BABH expects to see a **minimum of 15 individuals** move from long term skill building to a competitive job in the community this fiscal year.
- A.1.9.6 Community education and awareness must be a continuous goal. This includes educating persons served, their family, and the community about the appropriate use of skill building, the supports available for supported employment, and the benefits of employing people with mental health and developmental disabilities.
- A.1.9.7 If it is determined that the goals were not met and community inclusion not occurring, sanctions and/ or a rate reduction may be imposed.

## A.2 Performance Requirements and Indicators.

### A.2.1 Community Inclusion:

Consumers who receive skill building assistance services shall be provided with programming to further the community inclusion objectives of the persons served that is consistent with the Inclusion Best Practice Guideline, the Consumerism Best Practice Guideline, the HCBS rules and the Personal Care Technical Requirement (please see the BABHA Provider Manual).

### A.2.2 Consumer Satisfaction:

- a) All CMHSP-sponsored consumers will be requested to participate in a standardized consumer satisfaction process that is adopted by the Provider
- b) The results of the consumer satisfaction measurement process must be available for review by the Provider Network Management Department at least annually, or per the time frame specified in provider policies or procedures pertaining to consumer satisfaction reporting.
- c) The Provider must have a process to evaluate survey data and take appropriate action.

### A.2.3 Home and Community Based Services (HCBS):

The Provider will educate themselves and their staff about the new HCBS revised rules related to settings that do not isolate. The intent of the rules is to ensure that individuals are not isolated from their community, that they have a high level of choice and control in their lives and that they have regular and meaningful community based activities. The Provider will work with BABHA to achieve full compliance with the rules by September 16, 2018. The Provider will cooperate with any assessments of their setting performed through the MDHHS, the PIHP and/or BABHA. Some of the key components that the vocational provider will need to address in achieving compliance are as follows (some of these items are normal contract requirements that we audit for and are not new):

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to see employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
  - The setting provides individuals with contact information, access to and training on the use of public transportation. The information is in a convenient location.
  - Provide individuals the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS services.
  - The setting is physically accessible including access to bathrooms, break rooms, appliances, furniture, hallways and entrances, equipment, etc.
  - The setting is located in the community among other private businesses, professional offices, retail businesses, etc., that facilitates integration into the larger community.
  - The setting allows for individualized schedules that focus on the needs/preferences of the person and allow for individual growth.
  - The setting assures that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCBS.
2. The setting is selected by the individual from among setting options including non-disability specific settings...The setting options are identified and documented in the person centered plan and are based on the individual's needs and preferences.
  - The individual has a high level of choice and control about the services they receive (e.g. type of volunteer or work experience, type of employer, etc.). There is evidence the person made an informed choice meaning they know the options available.
  - The setting is selected by the individual from among setting options including non-disability specific settings.
  - Competitive employment is in a non-disability-specific setting. Volunteering, community connecting, and skill building is in the community in non-specific-disability settings.
  - The Provider has a process for ensuring that the person's preferences are honored and individuals are empowered to make decisions and to share their preferences and desires.
3. The setting ensures an individual's right of privacy, dignity and respect and freedom from coercion and restraint.
  - Information about the person is kept private. There are no posted schedules for individuals on the walls in open areas and staff do not talk about the person in common areas.
  - Persons receive personal care services in private and with dignity and respect.
  - Persons are treated with dignity and respect at all times
  - There is a secure location for the person's personal belongings.
4. The setting optimizes but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to daily activities, physical environment and with whom to interact.
  - The setting does not have barriers to prevent individuals from accessing certain areas (e.g. gates, velcro strips, locked doors, fences, etc.).

- The setting allows for individuals to have a meal/snacks at the time and place of their choosing (access to a dining area, individuals are treated with dignity and respect (no bibs).
  - The setting affords the opportunity for tasks and activities matched to individual skills, abilities and desires.
5. The setting facilitates individual choice regarding services and supports and who provides them. This includes the opportunity to change their preferences.
- The setting ensures individuals are supported to make decisions and exercise autonomy to the greatest extent possible.
  - The setting affords the individual the opportunity to participate in meaningful activities in integrated community settings consistent with the person's needs and preferences.
  - Staff are knowledgeable about the person's capabilities, interests, preferences and needs.
  - Individuals are informed about how to change their services and preferences.

During fiscal year 2016, BABHA is requiring providers to be well informed of the rules, educate staff, assess where they need to change practices, protocols, documentation and policies and procedures. Regular meetings and progress reports with BABHA will be required.

#### A.2.4 Vocational Services Strategic Plan:

- A.2.4.1 The provider will work to increase supported employment for consumer employees, the number of worksites, and other work options all at minimum wage or higher.
- A.2.4.2 The Provider will ensure that in-house work assignments are paid at minimum wage or higher for persons they serve, unless the variance is detailed in an approved person-centered plan of service.
- A.2.4.3 "Make work" or other "alternative programming" is not acceptable for consumers in attendance at a work program.

#### A.2.5 Billing and Claims:

- a) Provider is encouraged to submit claims using the online billing module available to BABHA providers.
- b) If submitting paper claims, at least 90% of submitted claims will be accurate for purposes of immediate processing and reimbursement.
- c) All Coordination of Benefits (COB) claims shall be submitted using paper claims with a copy of the Explanation of Benefits (EOB) from the primary insurance(s) attached.
- d) Standard practices shall be to submit claims as soon as practical after the delivery of service. All claims must be submitted within 90 days of the delivery of service, or within 90 days of receipt of the EOB from the primary insurance.

