

**Prevocational Services in the
Family Care and Family Care Partnership Programs
Q&A Document #1**

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General Questions about the Policy Change

Question	Answer
<p>1. Is the new service definition and technical guidelines going to apply to IRIS? When? Do the ADRCs (esp options counselors) know this so they can correctly inform people considering their long-term care options.</p>	<p>Yes. The IRIS waiver will be renewed with the Federal government at the end of this year. As part of the renewal, the service definition for prevocational services will be changed to match the one now in place for Family Care and Family Care Partnership. ADRC staff are receiving the information on the policy change.</p>
<p>2. Who is excluded from this policy change? What about people we don't see as being able to hold a minimum wage job? What about people who are in day services but not in prevocational services?</p>	<p>This policy change applies to everyone in Family Care, Family Care Partnership or PACE who is receiving prevocational services or for whom an IDT is considering authorization of prevocational services. This policy change does not apply to individuals receiving day services although the opportunity to explore and/or pursue employment should be offered at every member-centered planning meeting. It is not appropriate for care managers or others to presume anyone is not employable in the community; there are many examples of individuals with complex needs working successfully in integrated community jobs. DVR has a similar policy in place - federal law requires that DVR counselors presume people are able to benefit from DVR services and achieve an integrated community job at minimum wage or higher.</p>
<p>3. If Family Care members aren't interested in employment of any kind, will these changes result in their non-employment services (e.g. day services) being reduced or cut? Is funding through Family Care now hinging on whether members work or not?</p>	<p>Day services continue to be an available service under Family Care. There is no change in day services policy. The Family Care funding that the state provides to the Managed Care Organizations does not change if an individual chooses to pursue outcomes that are not associated with employment.</p>
<p>4. Does the state believe that unemployment is a better alternative than working at a Work Center?</p>	<p>No. We do not believe that unemployment is a better alternative than working at a work center. The changes to prevocational services are designed to ensure that people maximize their employment opportunities, their employment potential and their experience of community integration. Integrated employment and group supported employment offer a very broad range of employment options for members who wish to work. Unemployment is not the only alternative to center-based employment.</p>

Questions Regarding Employability of People with Disabilities

Question	Answer
<p>1. The vast majority of persons served in sheltered work environments are effected by cognitive impairments severe enough to make the aforementioned goals of community based employment without significant and sustained supports highly unlikely. Many persons currently served at "pre vocational agencies" achieve highly productive rewarding and meaningful careers in an environment which is nurturing, accepting and cost effective. Has anyone else expressed such concerns.</p>	<p>There are individuals successfully working in integrated employment who have cognitive and other impairment equal to those working in work centers. Supported employment services are designed and intended for individuals who need on-going intensive supports to maintain integrated employment.</p>
<p>2. For Members that have worked in a prevocational work program for years and may not be capable of working in the community, how do we handle these situations if the main goal the prevoc work program is to get them ready for integrated job? Is it appropriate to keep them working at the prevocational work program?</p>	<p>Length of time spent in a prevocational program isn't something that would make a person incapable of working in the community. The Department believes that with the right job match and supports, every person currently working in a prevocational program is capable of working in integrated employment. Performance at a work center may differ from a person's ability to perform successfully in integrated, supported employment, where the job is individualized and customized to the strengths and skills of the individual. Some people who are successful in integrated/supported employment would not be very successful in a prevocational work program. Someone's performance in a prevocational work program shouldn't be taken as a definitive indication of whether or not the person could succeed in integrated, supported employment.</p>
<p>3. Is supported employment an option for those members who will never make it to integrated employment due to lack of available jobs or skill level?</p>	<p>There are individuals successfully working in integrated employment who have cognitive and other impairment equal to those working in work centers. Supported employment services are designed and intended for individuals who need on-going intensive supports to maintain integrated employment. Customized supported employment offers a method to match an individual's discrete skills with an employer's needs in order to create a customized position that is both valuable to the business and suited to the individual's abilities. People with very significant</p>

	disabilities have been successfully employed using customized supported employment.
4. How will you communicate to those seeking services about what their options are if employment at this time is not one of them (for example the person is transitioning from school or someone who has lived in an institution and is transitioning to their home community)?	Employment is always an option that a member can pursue in Family Care. In addition to DVR services, there are a variety of Family Care services that can support members in employment. The member's care manager will discuss the option of employment with each member and will make sure the member's plan reflects any employment outcomes identified.

What Counts as Integrated Employment?

Question	Answer
1. What are some examples of jobs that can be considered integrated employment? And how will prevocational services relate to these job examples?	Any job with pay at or above minimum wage, which takes place somewhere other than a work center (sheltered workshop) or similar specialized facility for persons with disabilities, and which involves no more than two individuals with a disability placed and supported to work together is considered integrated employment. Prevocational services are services that help people build general skills that would typically be needed to fill most any integrated job. Some examples are: an ability to communicate effectively with supervisors, co-workers and customers who do not have disabilities; an awareness of general expectations regarding etiquette and dress in different types of community workplaces; an ability to follow directions when given in a manner that reflects the member's communication abilities and any reasonable accommodations that would be needed; an ability to attend to tasks assigned, with assistance as needed; an ability to demonstrate workplace problem-solving skills and strategies, including ability to ask supervisor and co-workers for assistance when needed; an awareness of general workplace safety rules applicable to different types of community workplaces; an ability to travel to and from a workplace, with assistance as needed, including adequate comfort with traveling using different means of transportation that is typically available to individuals working in integrated employment.

<p>2. Further explanation of integrated vs. supported employment needed.</p>	<p>Supported employment includes integrated employment and group supported employment. There are two main differences between integrated employment and group supported employment:</p> <p>(a) Number of people with disabilities placed and supported to work together: Integrated employment involves no more than two individuals placed and supported to work together. Group supported employment can involve three or more individuals placed and supported to work together</p> <p>(b) Wages earned by individuals: People who work in group supported employment may or may not earn minimum wage or higher. Integrated employment involves an expectation that pay will be at minimum wage or higher. (Note: People who work in the community on an individual basis, or with just one other person, may start at sub-minimum wage; but these positions would not be considered integrated employment until the wages had reached at least minimum wage.) With well-matched jobs and appropriate supports, individuals with complex needs can work in integrated community employment.</p>
<p>3. Why does a person have to work by themselves, or with only one other disabled person, in order for the job to be considered integrated employment?</p>	<p>To enhance community integration, the Department has chosen to require that members are individually placed and supported in integrated employment, or placed and supported with no more than one other member with a disability. Research has found that people with disabilities are more included and connected to their co-workers without disabilities if they are placed and supported individually or with no more than one other person with a disability.</p>
<p>4. We have many people that work in community settings where there are more than two people working with a disability. There are only a few area businesses, where are these individuals to go?</p>	<p>The guidelines state that integrated employment involves no more than two persons with a disability (long-term care recipients) placed and supported to work together. A person would be considered to be working in integrated employment if that person is working in a business where other people with disabilities are already employed, so long as that person is not placed and supported in a group that is larger than two.</p>

<p>5. I may have missed this, but it seems the goal is integrated employment (no more than 2 people working together) -- can you explain why this is the goal and seems to be preferred over more than 2 (such as a work crew or enclave)?</p>	<p>An individual's opportunity for community integration, including opportunities for interaction and development of relationships with community members, is increased to the extent that people with disabilities are supported to participate in community life on an individualized basis. When people with disabilities participate in the community as part of a larger group, this typically draws attention to their differences and reduces the likelihood that other members of the community will interact with them.</p>
<p>6. How is working in your home considered integrated employment?</p>	<p>The definition of integrated employment in the Technical Guidelines states that "the employment must be in a work setting where, to the extent the employment typically involves interaction with others, the interaction is predominantly with co-workers or business associates who do not have disabilities or with the general public. While home-based employment may typically involve less interaction with others, this is the case regardless of whether a person working from home has a disability or not. The interactions that people working from home will have are still likely to be with co-workers or business associates who do not have disabilities or with the general public; therefore, home-based employment is considered integrated.</p>
<p>7. If a member is working and making minimum wage in a company that has a prevocational setting, does this qualify as integrated employment?</p>	<p>It depends where in the company the member is working. If the member is working in the prevocational setting, this would not qualify as integrated employment. If the member has been hired as a staff member (with equivalent pay and benefits), this would be considered integrated employment. [See page 2 of the Technical Guidelines, footnote #1.]</p>

Questions Relating to Process of Facilitating Informed Choice Regarding Integrated Employment

Question	Answer
<p>1. Is it possible for you to produce some examples of the process for particular individuals? Can you give a step by step example of how to proceed? Where do you start? Who do you contact? Do you start with DVR after you determine the</p>	<p>The decision tree tool is very helpful in walking through how the process should work for members in different sorts of situations. As a general rule of thumb, a care manager would start with the member and determine if s/he is interested in pursuing integrated</p>

Member could work at some level and is in agreement with working?

employment. This involves ensuring the member has enough information to understand what integrated employment is. If the member is unsure or hesitant, the opportunity to explore and learn more about integrated employment should be offered as a way to help the member make an informed decision. If the member is not opposed to this, the prevocational service authorization should in part reflect activities that will help the member explore integrated employment. These could include:

- The prevocational service provider connecting the member with supported employment staff in their agency (or another agency if the prevocational provider does not provide supported employment services) so that the member can learn about how supported employment works and how members are supported to find and keep integrated jobs.
- Hearing presentations from supported employees already working in the community
- Hearing presentations from local employers on what they look for in employees
- Hearing presentations from local community members who can talk about the job they have, how they got it, why they like it, what their duties are, etc.
- Informational interviewing of businesses
- Job shadowing of jobs in the community
- Volunteering

If the member expresses concerns about integrated employment, the prevocational service plan should include further discussing and constructively addressing each of those concerns. For example, if a member is worried about benefits, the prevocational service provider would help the member get accurate information on how working in integrated employment would impact his/her benefits and overall income. As a general rule of thumb, the care manager should assist the member to apply to DVR once the member is clear that s/he wishes to pursue integrated employment.

<p>2. What is a sufficient period of time for addressing a member's concerns and hesitations? Is there a minimum amount of time?</p> <p><i>Similar Question:</i> Please define "sufficient period of time."</p>	<p>What is "sufficient time" will differ from person to person. Judgment, based on having as full a picture of the relevant variables and issues involved, needs to be exercised on a case-by-case basis. As a general rule of thumb, if any amount of progress is being made in addressing a member's concerns or hesitations, the effort should continue.</p>
<p>3. How long does the Prevocational Provider and the IDT have to work with the member/guardian on their hesitations and concerns regarding integrated employment? I could see prevoc providers indicating for years that they are working with the member on their concerns and providing feedback, yet the member continues to refuse. Is there a guideline for the IDTs to say "this is when we will terminate the prevoc services and we can reeval in the future if this becomes more of an outcome for you." ?</p>	<p>Judgment, based on having as full a picture of the relevant variables and issues involved, needs to be exercised on a case-by-case basis. As a general rule of thumb, if any amount of progress is being made in addressing a member's concerns or hesitations, the effort should continue. If the IDT believes the provider is not making a good faith effort, and this is why the member's concerns and hesitations are not being effectively addressed, the IDT should establish revised expectations or corrective steps with the current prevocational provider. If such steps have already been taken and the IDT feels the member may be more effectively supported by a different prevocational service provider or by a supported employment provider, the IDT should consider this type of change. Members of the IDT may also talk with the member about his/her concerns or hesitations and what would help address these. Then, the prevocational plan could include these specific activities.</p>
<p>4. What if member wants to work in the community and guardian is against it? Does the member choice over rule?</p>	<p>As a first step, the guardianship order should be reviewed to see if the right to choose one's place of work has been retained by the individual. If it has not, it is important to note that in Wisconsin, case law has established that legal guardianship is a privilege, not a legal right. Legal guardians are held to very high standards which include always acting in the ward's best interests. This includes placing the least possible restriction on the individual's liberties and <i>promoting the greatest possible integration of the individual into his or her community.</i> The guardian is expected to make diligent efforts to identify and honor the individual's preferences. The choices the individual makes may carry some risk, but can be pursued so long as health and safety are still met and the plan addresses the need to protect against abuse, neglect and exploitation. Guardians are expected to assist their wards to</p>

	develop decision-making skills by allowing the ward to make decisions and experience the consequences when there is not a substantial threat to health and safety.
5. What about the "non-negotiables" that were discussed in previous module? Where do these get taken into consideration if they aren't strict requirements? Member choice?	When job development begins, the individual or agency doing job development should ensure they pursue integrated employment opportunities for the member that are not in conflict with these non-negotiables.

Questions Regarding the Role and Members of the Inter-Disciplinary Team (IDT) and the Member-Centered Planning Process

Question	Answer
<p>1. My understanding is that the Inter-disciplinary team is made up of the member, formal/informal contacts, and the Care Manager and Nurse Care Manager. Aren't the providers part of the team?</p> <p><i>Similar question:</i> Can a Family Care member or his/her guardian request to have a work center case manager be a permanent member of his planning team (IDT)?</p> <p><i>Similar question:</i> Why are we not including the service providers in the IDT if the member/guardian requests it?</p>	<p>The formal members of the Inter-disciplinary Team (IDT) are the member (and guardian if one is appointed), the Care Manager, the Nurse Care Manager, and any family members and friends the member wishes to include. A service provider is not a formal member of the IDT; however, the Care Manager seeks input from the member's service providers, prior to each IDT meeting where service authorization or re-authorization decisions will be made.</p> <p>The formal IDT (without service providers) is responsible for:</p> <ul style="list-style-type: none"> ▪ Identifying the member's outcomes; ▪ Using the Resource Allocation Decision-Making Method (RAD) to determine how the member's outcomes will be supported; ▪ Determining which Family Care services will be authorized to support the member's outcome; ▪ Deciding how much of each service will be authorized; and ▪ Deciding which service provider will be given the authorization to provide each service. <p>After the IDT makes a decision to authorize or reauthorize a particular service, and they decide on the service provider to be used (including whether an existing service provider will continue to be used), the care manager will discuss the service delivery plan for the member with the selected service provider.</p>

<p>2. Clarify the responsibility of IDT staff in prevocational service planning.</p>	<p>The Inter-Disciplinary Team (IDT) determines the initial referral and monitors the service plan. The initial referral for service should include member's outcome and should outline expectations for goals to be accomplished in first six month authorization. Reauthorizations will involve reviewing progress made since last authorization, reviewing and approving/modifying proposed plan from prevocational service provider. If prevocational service provider does not submit proposed plan to IDT, the IDT will need to outline expectations and goals to be accomplished and/or worked toward for each period of reauthorization.</p>
<p>3. How often does the IDT need to verify the content of the activities planned for family care members? Do they need to be individualized to a specific member like an IEP or can they be a schedule of generalized activities such as reporting to work on time, punching in and out and other generalized work related skills?</p>	<p>The IDT meets at least every six months and determines whether to authorize or reauthorize services for a member. The IDT should be aware of the content of prevocational activities planned for a member when it authorizes or reauthorizes a period of prevocational services.</p>
<p>4. What can the IDT do if the prevocational program that the member is attending does not meet the standards of what prevoc should be? Some counties have limited choice when it comes to prevoc.</p>	<p>The MCO will need to develop a plan of correction with the prevocational service provider if they are not in compliance with the prevocational definition and technical guidelines. If this is a problem for many or all members served by the prevocational service provider, the MCO will likely need to deal with this through contracting. Continued contracting may need to be dependent on a programmatic plan of correction that is submitted by the provider prior to a new contract being issued by the MCO. Other providers (already working with the MCO or from surrounding geographic areas) could be invited, through RFP, to submit proposals to provide prevocational services in ways that are consistent with the service definition and technical guidelines.</p>
<p>5. What can the IDT do if the provider is unable to find a community job even after much work, and there is no other provider to use?</p>	<p>The requirement to provide "choice of provider" in both Family Care and DVR should ensure that there is always more than one provider in the network. If DVR is funding job development, the care manager will need to talk to the DVR counselor about this since DVR makes the decision (with the individual) about whether to change providers. A change of provider and/or a change in</p>

	<p>strategy is likely needed. Consider customized employment if the provider has just been helping the individual apply for advertised openings. A temporary work experience could also be tried and may lead to the offer of a permanent job or at least help an individual build his/her skills and resume.</p>
<p>6. Pg # 9: "Among all the options identified that could effectively assist the member to achieve those outcomes, the IDT must authorize a service that is determined to be the most cost effective option." With services being equal, are we obligated to pick the most cost effective provider even if the member does not agree with the provider?</p>	<p>The MCO will typically offer the most cost-effective way to provide the necessary supports. If the quality of services offered by two providers is equal but the cost is different and the member prefers the more expensive alternative, then it is up to the IDT to evaluate whether the difference in cost has enough value in terms of member preference to be "cost-effective." If a preference for a more expensive provider is strongly linked to the probability that the member will successfully achieve his/her outcome, then the IDT would more than likely consider the more expensive provider as it is likely to be most cost effective in the long run.</p>
<p>7. How are you going to specifically measure that an IDT's efforts meet the criteria for reasonable effort to move the member who does NOT want integrated employment but prefers and wants to stay in the community-based group employment? What are the specific criteria for measuring "meaningful and purposeful"? Will you be auditing teams' efforts in this area? If so, what are the specific measurements that equal progress that is "meaningful and purposeful." We ask because this seems to be a very subjective statement.</p>	<p>In Family Care, community-based group employment (e.g. work crews or enclaves) is a form of supported employment. This is not a prevocational service. In regard to reasonable and continued progress toward at least part-time participation in integrated employment by someone currently in center-based prevocational services, DHS will, on an annual basis, be monitoring the number of Family Care members who go from receiving prevocational services to receiving a mix of prevocational services and supported employment services. While every member's progress toward integrated employment will vary, a portion of all members in prevocational services are anticipated to voluntarily move into part-time integrated employment each year. We will look at performance data by MCO and by county to determine if transitions are steadily occurring over time, recognizing that the timing will vary for each individual.</p>

Questions Relating to DVR

Question	Answer
<p>1. If a member wants community employment, but DVR is saying that they will not fund the member due to poor skills and the DVR counselor is saying the member must show progress at the pre-voc center first, what, if any, are the member's options?</p>	<p>The member needs to apply for DVR services by submitting a completed application. If a VR counselor states this, it should be questioned. Per DVR Technical Specifications for Supported Employment: "Supported Employment operates on the place-train model of rehabilitation. That is, individuals do not need to engage in work readiness or adjustment training prior to working on real jobs integrated with non-disabled co-workers. Any needed training or adjustment is dealt with through the assistance of supported employment staff and others, including the employer." Performance at a work center may differ from a person's ability to perform in integrated, supported employment, where the job is individualized and customized to the strengths and skills of the individual. If DVR services cannot be accessed, an individual can utilize Ticket to Work or MCO funded supported employment services to pursue integrated community employment.</p>
<p>2. What should MCO's do when DVR has a significant waiting list? Are IDT's to continue to authorize prevocational services for a member who is on a DVR waiting list?</p>	<p>The presence of a DVR wait list for Category 2 and 3 should not prevent or delay applications being made to DVR by MCO members. Most MCO members are likely to be assigned to DVR's most significant Category 1 classification. Currently, there is no wait for DVR services for this group. However, it is important to note that DVR will, after an application is received, make a written request for additional information in order to determine if an applicant belongs in Category 1. If the member does not respond and provide the information, the member will remain in Category 2 and be on the waiting list. MCO care managers should assist members with submitting the information required. The Functional Screen is one verification that should be submitted, with the member's permission. If members submit the additional information and are not moved into Category 1, the members can appeal their category determination. If a member remains in Category 2 or 3, the MCO may authorize prevocational services in any setting and may also consider</p>

	<p>paying for assessment/discovery for the member. When the member is invited from the DVR waiting list, DVR may pick up the cost of continuing the employment services if those services lead to an acceptable VR employment outcome, are requested by the member, and are deemed appropriate as a means to achieve the employment outcome by both the member and the DVR counselor. In this case the services are written into the DVR employment plan, DVR may fund the services and the MCO would fund the long term support when DVR services are completed.. For more information about DVR's Order of Selection, visit the DVR web site or talk to your MCO's Employment Specialist.</p>
<p>3. What's the expectation of the MCO when a member is referred to DVR and placed on a wait list?</p>	<p>If a member is placed in Category 2 or Category 3 in DVR's Order of Selection, at this time, the member is placed on a waiting list for services. This determination can be appealed. The member will need to submit to DVR more information about his/her current level of functioning (e.g. their Functional Screen) so a DVR counselor can determine if the member can be moved to Category 1 where there is currently no wait for VR services. If the member remains in Category 2 or 3, the MCO may authorize prevocational services in any setting and may also consider paying for assessment/discovery for the member. When the member is invited from the DVR waiting list, DVR may pick up the cost of continuing the employment services if those services lead to an acceptable VR employment outcome, are requested by the member, and are deemed appropriate as a means to achieve the employment outcome by both the member and the DVR counselor. In this case, the services are written into the DVR employment plan. The MCO would fund the long term support when DVR services are completed. For more information about DVR's Order of Selection, visit the DVR web site or talk to your MCO's Employment Specialist.</p>
<p>4. It seems that what is being defined as helping establish preferences for prevocational participants is really a duplication in part of the employment plan for DVR. Also, offering job shadow is a duplication.</p>	<p>The employment plan for DVR - the Individualized Plan for Employment or IPE - includes the employment goal. In order for members to be clear about their employment goal, prior to engaging DVR, it is an appropriate prevocational activity to assist</p>

	<p>the member to identify preferences and non-negotiables related to integrated employment. While the DVR counselor will want to discuss this further, MCO members will be much better prepared to take advantage of DVR services if they have a sense of their specific employment goal and preferences before applying to DVR.</p>
<p>5. If the person is no longer involved with DVR and loses their job, who assists the person in finding a new job? Is the prevoc. vendor responsible? We believe that job seeking through DVR has a limited time frame...</p>	<p>As a first step, the person should be assisted to re-apply for DVR services. There is no policy that limits access to DVR services for individuals who previously received DVR services. The prevocational provider may become involved if they are also providers of job development services. The time the provider spends helping the individual to obtain a new, integrated community job would be reimbursed as job development services, rather than prevocational services, although the individual may also be participating in prevocational services.</p>
<p>6. What if someone has recently worked with DVR and it did not work out and the member does not want to work with DVR again and does not want a job in a sheltered workshop either, but still wants a job. This member is also non-ambulatory and has limited use of her hands. Her guardian/mother does not want member working in the community due to her high level of care needs. How would the care manager assist member in meeting the outcome of finding work?</p>	<p>The care manager should inform the guardian about the availability of personal care services for individuals who work in the community. Many people may assume that such services are not available to people who work in the community. The care manager should explore more about why the experience with DVR did not work out and assess whether a different DVR counselor might result in a better outcome. If so, the care manager should discuss this option with the member and encourage the member to consider DVR once again - with the care manager's involvement and support, if necessary. If the member remains opposed to using DVR, the MCO could meet the member's outcome by authorizing job development services through either Supported Employment or Vocational Futures Planning and Support. MCOs typically pay for these services in the same way DVR pays: they pay when the outcome is achieved. This ensures the best possible return on investment for the MCO.</p>

Questions Related to Availability of Community Jobs, Employers, etc.

Question	Answer
<p>1. It seems that there is currently a shortage of jobs in the community, so having people with disabilities compete against non disabled people for minimum wage jobs may not be in the disabled people's best interest.</p>	<p>Even in a good economy, it is difficult for people with disabilities (who may have limited work histories and discrete skills) to compete with other job seekers for advertised jobs. However, most people already in supported employment have done just that...and been successful. Supported employment job developers are skilled at helping individuals with disabilities represent themselves to employers in ways that result in job offers. In addition, the Department is also encouraging the use of Customized Employment - a promising approach to securing integrated employment for individuals with disabilities. It is focused on matching employer's unmet needs with the discrete skills of individuals with disabilities who can meet those needs. The approach avoids the pitfalls of competition for open jobs, and it has been shown to work well, even in a bad economy. Staff from approximately 20 CRPs from around the state have already received training on Customized Employment. As well, supported employment agencies and transition staff from school districts have also received the training. DVR is currently piloting the approach in four Workforce Development Areas, which together cover 32 counties. DHS's Pathways to Independence Initiative is providing incentive payments for providers to learn and use Customized Employment strategies. For more information on Customized Employment, visit this website: http://www.dol.gov/odep/topics/CustomizedEmployment.htm</p>
<p>2. Being from a small community, it is difficult to find our members community employment. Any suggestions?</p>	<p>Non-traditional approaches to job development are needed. Consider Customized Employment. In 2007, DHS launched a comprehensive Customized Employment initiative. Customized employment is a new approach to securing integrated employment for individuals with disabilities. It is focused on matching employer's unmet needs with the discrete skills of individuals with disabilities who can meet those needs. The approach avoids the pitfalls of competition for open jobs, and it</p>

	<p>has been shown to work well, even in a bad economy. Staff from approximately 20 CRPs from around the state have already received training on Customized Employment. As well, supported employment agencies and transition staff from school districts have also received the training. DVR is currently piloting the approach in four Workforce Development Areas, which together cover 32 counties. DHS's Pathways to Independence Initiative is providing incentive payments for providers to learn and use Customized Employment strategies. For more information on Customized Employment, visit this website: http://www.dol.gov/odep/topics/CustomizedEmployment.htm</p>
<p>3. What if your community does not offer enough jobs? DVR indicates there are not enough jobs in our community for our high needs developmental disabilities population.</p>	<p>We have not seen any published report from DVR or another source that has concluded this to be true. DVR policy requires that job opportunities be identified based on the individual's specific capabilities, interests, etc. and not as a member of a disability group. As is the case for all of us, the job search process will take different amounts of time for different people and will be impacted by the economy in a given area. While people with developmental disabilities may have a harder time competing successfully for advertised jobs, there are other ways to secure employment for them. Customized employment is a new approach to securing integrated employment for individuals with disabilities. It is focused on matching employer's unmet needs with the discrete skills of individuals with disabilities who can meet those needs. The approach avoids the pitfalls of competition for open jobs, and it has been shown to work well, even in a bad economy. In 2007, DHS launched a comprehensive Customized Employment initiative. Staff from approximately 20 CRPs from around the state have already received training on Customized Employment. As well, supported employment agencies and transition staff from school districts have also received the training. DVR is currently piloting the approach in four Workforce Development Areas, which together cover 32 counties. DHS's Pathways to Independence Initiative is providing incentive payments for providers to learn and use Customized Employment strategies.</p>

<p>4. Are there incentives for an employer that hires disabled individuals? Are the new entrants' salaries subsidized by other sources or tax incentives for the employer?</p>	<p>Yes, there is a work opportunity tax credit for an employer that hires a person with a disability. DVR also has an on-the-job training initiative that pays the first 90 days of wages and benefits for a person with a disability who is hired into integrated employment.</p>
<p>5. There are certain employers in our county that tend to employ people with developmental disabilities. Our county has a large DD population. Will there be assistance in getting new employers on board with participating in expanding integrated employment?</p>	<p>The Department and the Division of Vocational Rehabilitation work closely on outreach to employers regarding the benefits of hiring people with disabilities. A request for targeted assistance can be made to the Office for Independence and Employment. Contact John Reiser, Director, at 608-266-3063.</p>

Questions about Prevocational Services: Expectations and Coverable Activities

Question	Answer
<p>1. What type of work place activities are reimbursable?</p>	<p>Any activities that enhance a participant's employability in integrated, community settings are reimbursable. Services are intended to build a member's general skills that can contribute to successful employment in integrated, community settings. Some examples include: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; general workplace safety and mobility training.</p> <p>We encourage prevocational service providers to be as creative and innovative as possible in developing prevocational activities relevant to successful participation in integrated employment.</p>
<p>2. Is there a time limit? Will pre voc be stopped after a certain amount of time?</p>	<p>There is no specific time limit for prevocational services in Family Care; however all services, including prevocational services, must be reviewed and reauthorized every six months using the Resource Allocation Decision-Making (RAD) method. In Family Care, services are authorized or reauthorized if they meet an assessed need that the member has, and if they are considered an effective and cost-effective way of meeting the member's</p>

	<p>outcomes or helping the member successful progress toward his/her outcomes. The intended use of the service must also be consistent with the federally approved service definition. A prevocational service would continue to be authorized if it meets these criteria.</p>
<p>3. Prevocational services are intended to help members reach their "highest possible wage" in the "most integrated setting". Does the state believe that the most integrated setting could be a work center?</p>	<p>Most integrated setting is defined in state statute as the "setting that enables an individual to interact with persons without developmental disabilities to the fullest extent possible." "Persons without disabilities" is intended to mean persons who are not paid support staff or other types of professionals providing human/social services to individuals with disabilities. If one is comparing a work center to participation in integrated employment, it is typically integrated employment that would best meet the definition of most integrated setting.</p> <p>The Department does not consider work centers to be integrated employment settings. They are specialized facilities operated for the primary purpose of providing services to individuals with disabilities. This position is consistent with national policy.</p> <p>However, it is important to note that the prevocational services definition and technical guidelines allow individuals to spend part of their week in integrated community employment and part of their week in center-based employment. As well, individuals may return to center-based prevocational services if they lose an integrated job.</p>
<p>4. If a person is working in a work center and getting paid by the piece will that still be covered under Prevoc Services? Or if they are working and getting paid by the piece do they have to be pursuing other outside employment to be covered under Prevoc Services. What if they do not want to work outside the Center, can they still be covered under prevoc?</p>	<p>A person enrolled in Family Care and working in a center-based prevocational services program can do paid work as part of that program. Per the Technical Guidelines, the activities of the prevocational service program should be specifically relevant to preparing people for voluntary participation in integrated employment. Best practice is that the prevocational services plan should include a reasonable amount of individualized or small-group community-based activities (i.e. activities outside a work center or other specialized facility) that can contribute to preparing the member for participation in integrated employment (e.g. volunteering, learning how to navigate the community,</p>

	activities that offer the opportunity for interaction with community members without disabilities, employment preparation classes held at an appropriate community site, etc).
5. Why is choice trying to be taken away from these people with disabilities? I thought there was a choice of where they wanted to work?	People continue to have a choice of where they want to work. The Department's long-term care programs are designed to enable individuals to participate fully in their communities. Consistent with federal policy, prevocational services are intended to prepare individuals for subsequent employment beyond the prevocational services program. The Department is allowing maximum flexibility by permitting the on-going reauthorization of prevocational services (including center based services) if an individual is also involved in, or making reasonable and continued progress toward, some amount of integrated employment. This includes permitting individuals to participate part-time in center-based prevocational services while working part-time in integrated employment.
6. Is it possible that some of the current programs that are called "Pre-Vocational" Programs will now be called "Day Programs" instead?	What programs are called is determined by the services they provide. A Prevocational Program and a Day Services program have different service definitions and requirements, so changing the service name while not changing the service activities is not permissible. Federal guidelines make it clear that day services cannot be used for center-based employment (sheltered work) services.
7. So if a client says that , e.g. , " I want to work in a large place with many other people and staff there to help me with the job when I need help, and also a place where I can see my friends during lunch and break time. " -----That isn't an Outcome? According to this definition, that is a service. Many people want to work in large settings, because it meets their social needs as well as their vocational needs.	Working in a large business with many co-workers and staff to support a member in doing his/her job is an employment outcome. Being able to connect with friends during non-work hours and breaks is also an outcome. However, waiver funding (Family Care funding) cannot be used to support individuals to participate in sheltered employment as an explicit employment outcome. The only service that can be authorized for someone working in center-based employment is prevocational services. Prevocational services are services that prepare people for subsequent employment. The Family Care service that is intended to help people maintain employment is Supported Employment. The federal government explicitly prohibits supported employment

	services being used to support people in sheltered work.
8. Can you supply a one page handout of possible benefits and opportunities associated with pre vocational employment suitable to give to new members?	Please check the following webpage in October: http://www.dhs.wisconsin.gov/familycare/mcos/prevoc.htm We will develop the handout on the potential benefits of prevocational services (including prevocational work activities, community-based prevocational services, etc.) as they are defined in the revised service definition.

Questions Regarding Community-Based Prevocational Services

Question	Answer
1. What is an example of a prevocational service that is not center-based employment?	Volunteering; informational interviewing of various local businesses; job shadowing of jobs in the local community; attending classroom-based activities in appropriate community venues (e.g. One Stop, technical college, school for adults, library, business center. These activities could include: <ul style="list-style-type: none"> ▪ Career exploration and career planning activities ▪ Learning about DVR services and how to apply ▪ Interviewing skills/practice and learning etiquette/dress for interviewing ▪ Working on developing a visual resume/portfolio ▪ Learning and practicing self-advocacy skills relevant to working ▪ Classes on communicating effectively and getting along with supervisors and co-workers ▪ Hearing presentations from supported employees already working in the community ▪ Hearing presentations from local employers on what they look for in employees ▪ Hearing presentations from local community members who can talk about the job they have, how they got it, why they like it, what their duties are, etc. ▪ Universal workplace safety training ▪ Inter-personal and social skills training relevant to work

	<p>environments</p> <ul style="list-style-type: none"> ▪ Wellness classes relevant to maintaining health and stamina for work
<p>2. We understand that we can authorize services in a community setting which is not a sheltered workshop/work center. Where do we find what the settings are?</p>	<p>The three most relevant community-based prevocational opportunities that will help a member decide if s/he wishes to pursue integrated employment are these:</p> <ul style="list-style-type: none"> ▪ Informational interviewing of businesses ▪ Job shadowing of jobs in the community ▪ Volunteering
<p>3. Wondering what community setting other than a CRP are prevocational services offered? Or are we just saying the CRP has to find a location different than their own work center to offer learning opportunities?</p>	<p>At this time, we are not aware of any free standing community based prevocational programs. CRP's across the state are beginning to develop models for community based services for members. Many of them already assist prevocational and day service participants to access the community from time to time. Places like businesses, job centers, technical colleges, schools, government buildings, parks and public outdoors spaces, community centers, libraries, non-profit organizations are all places where community-based prevocational activities can take place.</p>
<p>4. Can you give me an example of community pre-vocational work that isn't a work crew or at a prevocational center? I thought that would be integrated employment or job coach, or DVR services.</p>	<p>Examples of community-based prevocational services include supporting members in:</p> <ul style="list-style-type: none"> ▪ Volunteering ▪ Informational interviewing of businesses ▪ Job shadowing of jobs in the community ▪ Career exploration and career planning activities ▪ Learning about DVR services and how to apply ▪ Hearing presentations from supported employees already working in the community ▪ Hearing presentations from local employers on what they look for in employees ▪ Hearing presentations from local community members who can talk about the job they have, how they got it, why they like it, what their duties are, etc. <p>Community based prevocational services are not expected to</p>

	involve paid work. Paid temporary work experiences or internship experiences are other options typically provided by DVR, or if not available to the member through DVR, these can be paid for through supported employment services funded by the MCO.
5. What is the difference between community-based prevocational services and working in a work crew or enclave?	Working in a work crew or enclave is considered "group supported employment." While not integrated employment, it is a community-based employment option that can be supported as an outcome for Family Care members. The service used to support people to obtain and maintain employment in a work crew or enclave is supported employment. Community-based prevocational services, like all prevocational services, are not an employment outcome; they are services to prepare people for subsequent participation in integrated employment. If some people are not sure about pursuing integrated employment, the IDT could consider community-based prevocational services and/or group supported employment to assist members to get a better sense of what working in integrated employment would be like. Group supported employment and community-based prevocational services should offer different types of opportunities so members have a choice. While group supported employment is clearly paid work, community-based prevocational services could include a range of other things like: volunteering; job shadowing; informational interviewing; learning to use different forms of available transportation; etc.

Questions Regarding Down Time

Question	Answer
1. Could you give specific examples of appropriate activities for down-time.	<p>Appropriate activities for downtime could include:</p> <p>Classroom-Based:</p> <ul style="list-style-type: none"> ▪ Career exploration and career planning activities ▪ Learning about DVR services and how to apply ▪ Interviewing skills/practice and learning etiquette/dress for interviewing

	<ul style="list-style-type: none"> ▪ Working on developing a visual resume/portfolio ▪ Learning and practicing self-advocacy skills relevant to working ▪ Classes on communicating effectively and getting along with supervisors and co-workers ▪ Hearing presentations from supported employees already working in the community ▪ Hearing presentations from local employers on what they look for in employees ▪ Hearing presentations from local community members who can talk about the job they have, how they got it, why they like it, what their duties are, etc. ▪ Universal workplace safety training ▪ Inter-personal and social skills training relevant to work environments ▪ Wellness classes relevant to maintaining health and stamina for work <p>Community-Based:</p> <ul style="list-style-type: none"> ▪ Informational interviewing of businesses ▪ Job shadowing of jobs in the community ▪ Volunteering
<p>2. How are MCOs to verify that the downtime is being filled appropriately?</p>	<p>This will happen in two ways: First, as part of the contracting process with the provider, the MCO should request information on the content and structure of the programs offered to members during work center downtime to confirm that these programs will contribute to a member's work experience, work skills or work related knowledge. Second, when a member is participating in center-based prevocational services and down time is occurring, the IDT should verify with the provider and the member that the member is engaged in activities that contribute to the member's work experience, work skills or work related knowledge.</p>
<p>3. What if we see no downtime activities being done with member? Can we ask for weekly report from the facility?</p>	<p>The technical guidelines for prevocational services require activities to be provided during downtime that can contribute to a member's work experience, work skills or work related knowledge. The member's care manager should be informed and the care</p>

	<p>manager should speak with the provider network staff that handle the prevocational service provider's contract. The care manager could also ask the provider to submit a list of activities that will be provided to the member if downtime occurs. However, the care manager will have to verify that the activities are actually being delivered, either by visiting or talking with members attending the work center.</p>
<p>4. There are times when there is no paid work for our member's participating in a center-based prevocational service. If there is no paid work, the members participate in work that will help them increase their productivity. Is this still considered pre-voc under the definition?</p>	<p>Any activity that assists a member to develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings is considered a legitimate prevocational activity. However, labor laws, including wage & hour laws, need to be followed if people are engaged in any kind of work activity.</p>

Questions Regarding Supported Employment

Question	Answer
<p>1. Who specifically can Family Care pay to provide on-the-job support and personal care assistance for Members needing help with eating and/or toileting?</p>	<p>In Family Care, either supported employment service providers or personal care providers can be paid to provide these supports.</p>
<p>2. What is the difference between Supported Employment Services and Prevocational Training? The definition for the former is not given, but the term is identified throughout and contrasted.</p>	<p>Supported employment services is the provision of support to participants who, because of their disabilities, need intensive on-going support to obtain and maintain competitive or customized employment in an integrated work setting. Supported employment services typically funded by the MCO involve job coaching, work place personal assistance, and work place personal care. The MCO can also pay for assessment and job development if DVR is not providing these services to the member. Supported employment may also include support to maintain self-employment, including home-based self-employment. In short, supported employment services are a waiver service to maintain people in employment, while prevocational services are a waiver service to prepare people for employment.</p>

3. Can pre voc and supported employment agencies be more flexible with hours worked. Members need help when the jobs are available, which is weekends, evenings and holidays. It may require a restructuring of the current way of thinking in our state.	Yes, in many cases flexible supports are necessary for members to obtain jobs. Many supported employment providers already do provide supports outside of normal business hours. MCO's are able to include this expectation in their contracts with supported employment providers.
4. What Family Care service category should be used for services provided to a member in an enclave or work crew situation? Would this be supported employment?	Yes, supports for enclaves and work crews are supported employment in Family Care.
5. What is an example of a "work crew"? We have an employer that hires a group of dishwashers, they all work together.	If this group is three or more individuals with disabilities, and they are hired, placed and supported as a group, this would be considered a work crew.

Questions Regarding Participation in Mixed Employment Services

Question	Answer
<p>1. If a member decides to find a part-time job in the community, will that member also be allowed to continue to work part-time at a work center so that the member's overall work hours remain the same?</p> <p><i>Similar Question:</i> My son is now allocated 32 ½ hours of service per week at the work center. If he gets an "integrated employment" job for 10 hours per week, is he able to continue to receive prevocational services at the work center as a "wrap-around" service for the remaining 22 ½ hours to fill the remainder of his week?</p>	<p>The technical guidelines state that a member participating in part-time integrated employment may receive prevocational services in addition to supported employment services if the IDT determines that this is an effective and cost-effective way to meet the member's need for additional vocational supports. Mixed services, individualized to the member, are encouraged.</p>
<p>2. If an individual's prevocational services cost approximately \$12,000 per year for 35 hours of service per week, and if this individual then gets an "integrated employment" job for 15 hours a week where he needs 50% job coaching which also costs \$12,000 a year, will this individual be able to continue to receive prevocational services at a work center for the remaining 20 hours of services he needs to fill his week?</p>	<p>Services are authorized based on a member's needs. There are no spending caps established for individual members, although all services authorized must be: (1) necessary; (2) effective in helping the member pursue or achieve his/her desired outcomes; (3) cost-effective when compared to other alternatives available; and (4) used in ways that are consistent with the federally approved service definition.</p> <p>The technical guidelines state that a member participating in</p>

	<p>part-time integrated employment may receive prevocational services in addition to supported employment services if the IDT determines that this is an effective and cost-effective way to meet the member's need for additional vocational supports. Mixed services, individualized to the member, are encouraged.</p>
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Questions Regarding Prevocational Service Providers

Question	Answer
<p>1. How are the work centers being notified of the new service definition and guidelines? Will prevocational providers be made aware of the definitions of integrated employment?</p>	<p>Prevocational service providers were very involved in the development of the definition and technical guidelines. Information has been included in the Providers Newsletter that goes out from the Department. MCOs are sharing the revised service definition and technical guidelines with their prevocational service providers as part of contracting. It is expected that MCOs will include the definition and the guidelines (or a reference to the guidelines) in their contracts with prevocational service providers. The Technical Guidelines and prevocational services training are available to all prevocational service providers. Both of these resources provide the definition of integrated employment. The Guidelines and training can be found at: http://www.dhs.wisconsin.gov/familycare/mcos/prevoc.htm</p>
<p>2. Are prevocational service providers required to have this same training or can we, as an MCO, offer it to them?</p>	<p>DHS does not contract with the providers directly; and therefore cannot require them to be trained. However, since an MCO is responsible for the policy being applied correctly and this necessarily involves ensuring that their providers apply the policy correctly, an MCO could require key staff in provider agencies to view the training. This would have to be done through the MCO-provider contractual relationship. We expect most prevocational service providers will want to view the training so they understand the expectations that are now in place. MCOs should certainly make sure their prevocational service providers know where they can access the training.</p>

<p>3. If a provider follows the new prevocational services definition and technical guidelines, could CMS audit the provider and find the provider out of compliance with federal regulations and guidelines? If so, would DHS or the involved MCO cover any fines imposed on the provider?</p>	<p>The new prevocational service definition has been approved by CMS as consistent with federal regulations and guidelines. If CMS reviews Wisconsin's use of prevocational services, they will be looking at whether the state, MCOs and providers are following the definition the state proposed and CMS approved.</p>
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Questions Regarding Policy and Expectations for New Entrants

Question	Answer
<p>1. If a person who enrolls in Family Care after September 1, 2010 previously participated in prevocational services for a short time only, years before, would they be considered a new entrant or a current prevocational recipient?</p>	<p>If the time spent in prevocational services was not funded by the long-term care system, the member is a new entrant. If the time spent in prevocational services was funded by the long-term care system but, in the judgment of the IDT, it was either a negligible amount of time, or it occurred so long ago, the IDT can treat the member as a new entrant. Judgment is required in this situation.</p>
<p>2. If someone is enrolled in FC prior to 9/1/10, and they previously participated in prevocational services but not while enrolled in FC, are they considered a new entrant?</p> <p><i>Similar Question:</i> Would a current Family Care member who is not currently participating in prevocational services - but who participated in pre-voc in the past - be considered a new entrant? If so, how far back would the pre-voc participation need to be for a person to be considered a new entrant?</p> <p><i>Similar Question:</i> What if someone is a current Family Care member but was previously involved in prevocational services at a point that was over 12 months ago. Are they still considered a "current prevocational service recipient"? What is the time frame for determining someone is a "current prevocational service recipient" when there has been a gap in the period of involvement/participation in pre-voc services?</p>	<p>The person would be considered a new entrant if the person's most recent participation in prevocational services was prior to his/her enrollment in Family Care.</p>
<p>3. For new entrants, the policy states that in order to participate in center-based prevocational services, you must have a</p>	<p>Federal policy, beginning with the ADA, progressing through the Olmsted Supreme Court decision reflect the government's position</p>

<p>voluntary goal of community employment. Why is the state restricting the choice of Family Care members who want to permanently participate in center-based employment without ever transitioning to part-time integrated employment? Why won't the state allow prevocational services to be used to support someone to work in center-based employment on a permanent basis?</p>	<p>that people with disabilities should be as fully integrated into their communities as possible. The Department's long-term care programs support the principle of community integration as well. In Wisconsin, our prevocational service definition clarifies that the goal of prevocational services is to help members reach their highest possible wage in the most integrated setting. By allowing people to receive waiver funded supports to participate in center-based prevocational services indefinitely, so long as they are also participating in part-time integrated employment, Wisconsin has maximized flexibility and choice, while also adhering to federal regulations and guidelines necessary to ensure federal match funds are not jeopardized.</p>
<p>4. Do new entrants need to start working part time in the community as soon as they start in a prevocational service? Or is it true that so long as the Outcome is for the new entrant to ultimately get a job in the community, it is ok for them to start in a prevocational service (which could be in a work center)? If they are not ready to work in the community yet, is it correct that they can start in prevoc to develop some skills and then move out into the community when they are ready?</p>	<p>No a new entrant does not have to start working in the community at the same time s/he starts prevocational services. So long as the new entrant has an outcome/goal of at least part-time integrated employment, the member can start in prevocational services, including center-based prevocational services. If the new entrant doesn't have an outcome of at least part-time integrated employment, but is open to learning more about what this is, the member can be referred for prevocational services based in the community (not in a work center or other specialized facility). Some members may not want to pursue integrated employment right away, but may want to work in group supported employment (e.g. a work crew or enclave) for awhile before pursuing an integrated job. Members may do this and the supports would be funded under supported employment services.</p>
<p>5. If the new entrant does not identify a personal goal or outcome for part-time employment, are we "forcing" them into prevocational services?</p>	<p>No. In this situation prevocational services would only be considered if the new entrant was interested in learning more about integrated employment and exploring whether s/he wants to pursue integrated employment. In this situation, the prevocational services authorized would need to be based in the community.</p>
<p>6. I am hearing that paid work at a work center has no intrinsic value. Is this correct? For new entrants, is there no going back to the practicing of work skills at a work center program.</p>	<p>Prevocational services, including center-based services, have value in Family Care. This is evidenced by the fact that the Department continues to include prevocational services in the list of Family</p>

	<p>Care services available to members. New entrants are not barred from participating in center-based employment as part of a center-based prevocational services program. However, new entrants are expected to have a goal of at least part-time integrated employment. This ensures the service being delivered is consistent with the service definition approved by the federal government.</p>
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Questions Regarding Transition Age Youth

Question	Answer
<p>1. Is it considered supplementing or a duplication of services if an MCO provides authorization for pre vocational services during the summer months for a member when that member also receives pre vocational services via school during the school months?</p>	<p>It is not a duplication if the MCO is paying for certain hours while the school is paying for different hours. It is duplication if the MCO and school both pay for the same hours of service. However, the revised prevocational services definition and technical guidelines must be followed, even though the member may still be in school.</p>
<p>2. If students, who are going to graduate from high school next spring and will be a new entrants to Family Care, choose to receive prevocational services at a work center, and express no interest in working in an integrated employment position, will they have that service choice?</p>	<p>Please view the on-line prevocational services training, which can be found at: http://www.dhs.wisconsin.gov/familycare/mcos/prevoc.htm Modules 3 and 4 are particularly relevant to answering this question. Family Care members have choice with regard to the personal outcomes they wish to pursue. Services that can help the member achieve those outcomes are determined through the Resource Allocation Decision-Making process. That process ensures that all services authorized are: (1) necessary; (2) effective in helping the member pursue or achieve his/her desired outcomes; (3) cost-effective when compared to other alternatives available; and (4) used in ways that are consistent with the federally approved service definition.</p>

Questions Regarding Policy and Expectations for Current Prevocational Service Recipients

Question	Answer
<p>1. What should occur if a current recipient of prevocational services does not want to identify an integrated employment outcome in his/her member-centered plan but wishes to remain in prevocational services indefinitely.</p> <p><i>Similar questions submitted:</i></p> <ul style="list-style-type: none"> ▪ If an individual currently receives prevocational services at a work center, and has made an informed decision not to pursue integrated employment "at any time" will he be allowed to continue in a work center? If not what would his options be? ▪ What happens to a consumer if the consumer has no interest whatsoever in community-based employment. What would be their options? ▪ If an individual currently works at a work center and has decided not to pursue work in the community, will the individual be allowed to continue to work at the work center for as long as the client is able? ▪ I have some members who have worked in a pre-voc center for many years, and their future outcomes do not include community employment. Will they be "grandfathered in" to this policy if they wish to stay at the pre-voc setting? 	<p>For current participants in prevocational services, sections 6 and 8 of the Technical Guidelines describe the process that will be used to ensure each individual is making an informed choice about whether to pursue integrated employment. This process involves the IDT and the prevocational service provider. The Department expects that the IDT and prevocational provider will explore the reasons why the member states that s/he is not interested in integrated employment, particularly if the member has little or no direct and recent experience of integrated employment. Exploring options is a critical part of making an informed choice. If the member is unsure or hesitant, the opportunity to explore and learn more about integrated employment should be offered as a way to help the member make an informed decision. If the member is not opposed to this, the prevocational service authorization should in part reflect activities that will help the member explore integrated employment. These could include:</p> <ul style="list-style-type: none"> ▪ The prevocational service provider connecting the member with supported employment staff in their agency (or another agency if the prevocational provider does not provide supported employment services) so that the member can learn about how supported employment works and how members are supported to find and keep integrated jobs. ▪ Hearing presentations from supported employees already working in the community ▪ Hearing presentations from local employers on what they look for in employees ▪ Hearing presentations from local community members who can talk about the job they have, how they got it, why they like it, what their duties are, etc. ▪ Informational interviewing of businesses

- Job shadowing of jobs in the community
- Volunteering

If the member expresses concerns about integrated employment, the prevocational service plan should include further discussing and constructively addressing each of those concerns. For example, if a member is worried about benefits, the prevocational service provider would help the member get accurate information on how working in integrated employment would impact his/her benefits and overall income.

However, if, after a sufficient period of time has passed, and a good faith effort has been made by the prevocational service provider, the Family Care member and the IDT to resolve concerns and hesitations and consequently the member continues to decline the opportunity to pursue integrated employment, the guidelines outline the next steps. Section 10 of the Guidelines states:

"If the IDT concludes that the existing prevocational service provider is making a concerted, good faith effort [to facilitate the member's reasonable and continued progress toward at least part-time participation in integrated employment, including resolution of concerns regarding participation in integrated employment], and a different provider would not be able to do better, the IDT should reauthorize the member's prevocational services plan with alterations designed to increase the service's effectiveness and ensure the service is at least partly focused on activities outside of facility-based work that are specifically relevant to preparing people for voluntary participation in integrated employment at a future date. Best practice is that the prevocational services plan should be altered to include a reasonable amount of individualized or small-group community-based activities (i.e. activities outside a work center or other specialized facility) that can contribute to preparing the member for possible future participation in integrated employment (e.g. volunteering, learning how to navigate the

	community, activities that offer the opportunity for interaction with community members without disabilities, employment preparation classes held at an appropriate community site, etc)." [p. 8]
<p>2. I am still not sure what to do for the member and/or guardian who absolutely refuses to consider integrated employment and feels that their employment goal is being met by the Prevoc provider. This refers to the situation where the IDT has addressed concerns and the IDT feels the provider has made a good faith effort.</p>	<p>See Technical Guidelines, Section 10, paragraph 2:</p> <p>"If the IDT concludes that the existing prevocational service provider is making a concerted, good faith effort [to facilitate the member's reasonable and continued progress toward at least part-time participation in integrated employment, including resolution of concerns regarding participation in integrated employment], and a different provider would not be able to do better, the IDT should reauthorize the member's prevocational services plan with alterations designed to increase the service's effectiveness and ensure the service is at least partly focused on activities outside of facility-based work that are specifically relevant to preparing people for voluntary participation in integrated employment at a future date. Best practice is that the prevocational services plan should be altered to include a reasonable amount of individualized or small-group community-based activities (i.e. activities outside a work center or other specialized facility) that can contribute to preparing the member for possible future participation in integrated employment (e.g. volunteering, learning how to navigate the community, activities that offer the opportunity for interaction with community members without disabilities, employment preparation classes held at an appropriate community site, etc)." [p. 8]</p>
<p>3. Why continue services for a current prevocational services participant? To me, this is not cost effective?</p>	<p>If continued participation in prevocational services enables the member to make reasonable and continued progress toward the member voluntarily choosing and achieving at least part-time integrated employment, the service is contributing to members enjoying the benefits of community integration and increased economic self-sufficiency. The Department views these as positive outcomes for individuals with disabilities.</p>

Questions Regarding the Sample Six-Month Progress and Status Report

Question	Answer
<p>1. The six month status report is a long and voluminous. Do we really want to bury providers in paper rather than service provision? Have you researched other type of summary documents that may be more efficient?</p>	<p>While the report template is long, filling it out for any particular member will not require the provider to complete the whole form. The provider only needs to answer those questions that relate to the member's actual situation. If providers "try out" the form, they will discover this for themselves. The form ensures the IDT has the information it needs to determine if the criteria for reauthorization of prevocational services has been met for the member in question. The Department is open to suggestions as to possible ways to streamline the form.</p>
<p>2. When will the six-month progress and status report form be finalized and released as a recommended form for all MCOs?</p>	<p>The target date for issuing the finalized report form is January 1, 2011. The form will be posted on the Family Care Program Operation's dedicated prevocational services web page when it is completed.</p>
<p>3. I work for a Prevocational Services provider and have a question about the 6-month report. Will DHS allow the flexibility for the report's content to be incorporated into a provider's existing software/reporting system? We utilize an electronic client record system that houses all client forms and documentation. Will it be okay to transfer the DHS content into a provider-specific form so long as the intent of the information remains consistent with the guidance from DHS?</p>	<p>The suggested sample report that DHS released is a suggested sample. It contains the basic information that we believe Inter-Disciplinary Teams will use to make decisions regarding reauthorization of prevocational services. However, each MCO will establish reporting requirements for its prevocational service providers. It should be possible for providers to build the required content established by their MCO into their own reporting system, so long as the reports contain the information that the MCO wants reported.</p>

Questions Related to the Impact of Paid Work on Benefits

Question	Answer
<p>1. Is a Family Care member's income never counted as an asset?</p>	<p>Income is not counted as an asset unless it is saved. People in Family Care have access to the Medicaid Purchase Plan (MAPP) which allows them to have \$15,000 in saving and then to add earned income to that savings over time without impacting their eligibility for Medicaid (including programs like Family Care).</p>

	Earned income is counted for purposes of determining SSI and SSDI payments/eligibility. A person on only SSI can earn just over \$17,000 a year without losing eligibility for SSI. A person on SSDI can earn up to \$12,000 a year without having their SSDI payment reduced.
2. Many ask about how their benefits from Social Security will be affected if they work. It would be nice to have some sort of info page or cheat sheet available to IDT's and also available to be able to pass to the member's to keep.	We will develop a basic fact sheet and post it on the website where you found this training. A summary of the key factors is: Earned income is counted for purposes of determining SSI and SSDI payments/eligibility. A person on only SSI can earn just over \$17,000 a year without losing eligibility for SSI. A person on SSDI can earn up to \$12,000 a year without having their SSDI payment reduced.

Miscellaneous Questions

Question	Answer
1. The last slide refers to the "Division". Who is the Division?	The Division of Long-Term Care at the State Department of Health Services. This is the Division that administers Family Care.
2. Where can I find a list of pre-vocational service providers for Milwaukee County?	Ask your managed care organization or IRIS consultant. If you are not yet enrolled in either program, ask the Milwaukee County Aging and Disability Resource Center.
3. Who are the contracted providers?	Contracted providers are those service providers under contract with a managed care organization. They are used to provide services to Family Care members.
4. Can we get a list of Dane County CRPs? Will our MCO be providing a list of contracted prevocational service providers?	Please contact Dane County Human Services for this list. Dane County is not yet a part of Family Care.