

## Questions from BHDDA and MRS Roll-Out Webinars

3.20.18

BHDDA = Behavioral Health and Developmental Disabilities Administration

CMHSP = Community Mental Health Services Program

GF = General Funds

I/DD = Intellectual/Developmental Disabilities

IDEA = Individuals with Disabilities Education Act

IPE = Individualized Plan for Employment (MRS)

IPOS = Individualized Plan of Service (BHDDA)

IPS = Individual Placement and Support

MOU = Memo of Understanding

MRS = Michigan Rehabilitation Services

SUD = Substance Abuse Disorders

WIOA = Workforce Innovation and Opportunity Act

This document is a response to questions raised during the three BHDDA and MRS Memo of Understanding (MOU) Roll-Out Webinars conducted January 19, 23, and 31, 2018.

- 1. How are other CMHSP's working with MRS to braid financial resources? Best practices/innovative arrangements? And when this occurs how do they assure the billing is not duplicated? What are the codes being used by MRS to delineate services?**

**Question restated: How do MRS and BHDDA braid resources? What best practices or innovative funding arrangements are available?**

Ideally both the CMHSP/contracted provider network and MRS will allocate their resources to make services available, without duplicating services, so the individual has the best possible chance to obtain and retain individual competitive integrated employment.

In the BHDDA and MRS MOU page 7 section j. provides braided resources examples:

- 1. A contracted provider network is supporting an individual in a group employment (recognized by MRS as nonintegrated) setting, and MRS provides vocational counseling, job placement and job coaching, towards a competitive integrated employment setting, or;*
- 2. A contracted provider network provides long-term follow-along services (recognized as extended services by MRS) and MRS provides job development to help an individual advance in competitive integrated employment, or;*
- 3. A contracted provider network supports career exploration or job shadows while the individual is applying for MRS, and after the IPE is developed MRS covers the cost of job placement and job coaching until the transition to the contracted provider network for long-term follow-along services (recognized as extended services by MRS).*

- 2. How do MRS and BHDDA ensure the same services provided by MRS are not also provided by CMHSP and billed for at the same time? What are the codes being used by MRS to delineate services?**

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MRS does not have codes that correspond to vocational rehabilitation services nor does MRS utilize the same Management Information System as CMHSPs.

For CMHSPs/contracted provider networks, please refer to the MOU language, Page 8, 2<sup>nd</sup> Paragraph noting:

*Documentation is maintained by the authorizing contracted provider network specifying that the Supported Employment service component(s) being provided with funding from the contracted provider network is not otherwise available at the same time to the individual under a program funded under Section 110 of the Rehabilitation Act of 1973 or Workforce Innovation and Opportunity Act (MRS or BSBP). "Not otherwise available" may include situations where the service components(s) needed by the individual are not available without undue delay that would prevent an individual's ability to achieve her/his desired employment outcome (e.g. a job offer otherwise available to the individual could not be accepted and therefore the job offer would be lost; or a job secured could not be started or kept/maintained due to lack of necessary supports).*

- 3. In the past we have served individuals who received funding from MRS to attend college (as recent as two years ago); i.e. accounting, computer tech, General Ed to enhance their employability. Currently it is the practice of our MRS to deny these requests, noting our IPS program at CMHSP/contracted provider network is a 'place and train' program and consumers are therefore not eligible to receive those funds. Was there a policy shift? Will they reconsider this practice (or policy) given the most recent MOU?**

MRS develops IPEs based on comprehensive vocational needs assessments which include customer choice and input from involved parties. After assessment, if an individual and MRS counselor agree upon a vocational goal that necessitates requiring vocational/college training, the IPE is developed to identify the job goal, services, and supports to be provided.

Supported Employment and the IPS model are traditionally thought of as a place and train approach. The optimally desired result is individual competitive integrated employment. Typical services provided are job placement, on-the-job supports i.e. job coaching. Vocational/college training should not be automatically ruled out for this population. Each MRS customer receives a comprehensive assessment of rehabilitation needs and it is through this process a job goal and services are determined. MRS is unable to support multiple job goals at the same time.

- 4. The local CMHSP refused to provide Supported Employment and one of the excuses they would use was that they could not provide it to a student still in school because the school should provide that service. Is that true? Is it still true today?**

**Question restated: Can a CMHSP refuse to provide Supported Employment Services to a student who is still enrolled in secondary education because the school is responsible?**

No, under IDEA schools do not have a responsibility to provide Supported Employment Services. BHDDA and Education both have responsibilities to serve students eligible for services. The school system has responsibility under IDEA and BHDDA has responsibility under Michigan Mental Health Code, Act 258 of 1974, as amended.

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For example, some school systems use IDEA funds to buy specific services from a CMHSP, their providers, or other providers in the community during regular school hours. Some CMHSPs, or their providers, have assisted youth/young adults during the summer or weekends when the person is still in the education system to enhance or advance the individual's employment to better assure successful transition to adult life. As in the case of braiding and blending of resources, payments cannot be made for the same service at the same time.

### 5. **What information do they need exactly? What information do they need in the referral process?**

**Question restated: What referral information does MRS need from BHDDA?**

The MRS eligibility process is expedited by any available disability-related information that assist in identifying the disability and potential barriers to employment. This may include a medical report, psychological report, mental health report, etc. signed by a qualified provider such as a psychiatrist, psychologist, physician or licensed social worker. Any documentation that addresses the individual's career interests, work experiences, previous employment, or any other vocational/career information is beneficial to MRS to complete the comprehensive assessment of rehabilitation needs.

An individual applying for services can hand-carry this information to MRS, or the referring CMHSP can obtain a release of information, signed by the individual to allow the CMHSP to communicate directly with MRS.

### 6. **Aside from level of documentation, they need follow-through on the decision for the customer?**

**Question restated: Can MRS communicate to the referring CMHSP the outcome of the referral?**

Yes, to ensure this occurs, a referral process can be set up at the local level that states communication (letter, email, or phone call) will be made by MRS to the referring CMHSP/contracted provider network stating the outcome of the referral. Appropriate releases of information signed by the individual need to be included as part of this information being transferred.

### 7. **Ability to have up to 24 months through MRS to reach stabilization - Is MRS fading the job coach after 24 months when the transition has occurred?**

**Question restated: What are the best strategies to fade a job coach prior to the transfer to the CMHSP/contracted provider network to ease the transition from the Supported Employment Services provided by MRS to the Extended Services (Follow-Along) provided by a CMHSP/contracted provider network?**

WIOA has extended the time an individual can receive Supported Employment up to 24 months once employment has been initiated. This gives individuals with disabilities more time and support to stabilize employment. Additional time provides the opportunity for job coaches to develop strategies and supports that help the individual to be successful and independent, with or without the presence of the job coach. It is a best practice for the job coach to gradually fade before transferring to the extended service provider/follow-along supports.

### 8. **Ability to Benefit: Difficult time determining 'readiness'. What does it mean to be ready for employment?**

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The ability to benefit from vocational rehabilitation services is determined during the eligibility process for MRS. In some cases, an individual's disability is so significant that the individual is determined unable to benefit from vocational rehabilitation services. This means that through evaluation it is determined the customer will not be able to maintain competitive integrated employment despite MRS services.

To draw this conclusion, MRS must have clear and convincing evidence. MRS cannot determine an individual is unable to benefit from services before the individual applies for MRS. There are situations when individuals are referred to MRS and state they do not want to engage with MRS and/or are not interested in competitive integrated employment. When this happens, MRS will direct the individual to other organizations where their goals can be addressed.

To be clear, a customer may require services from both agencies prior to being 'ready for employment', but this does not mean the individual is not able to 'benefit from services'. On the contrary, this is the exact reason for involvement with our agencies.

### 9. Who is eligible for MRS?

Any individual can apply for MRS. The MOU states on page 4 section d:

*Individuals are eligible for MRS if they have a physical or mental impairment that results in a substantial impediment to employment and if they require MRS services to prepare for, secure, retain or regain employment consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. Applicants who have been determined to have a disability under the SSDI (Title II) and/or SSI (Title XVI) program of the Social Security Act are presumed to be eligible for MRS services provided they intend to achieve an individual competitive integrated employment outcome. Such individuals will be expeditiously found eligible taking no longer than 60 days from application. Such action is dependent on the contract provider network assuring long-term follow-along support services.*

### 10. Should we contact our local MRS agency to move forward? Do we have contact people to assist?

MRS has an office locator at:

[http://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_25392\\_41191---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_25392_41191---,00.html)

### 11. Do we need CMHSP to complete a release of information and have it signed by each consumer we send to MRS, before we can share their diagnosis etc. or the Mental Health Form that they require? Or are we covered for this as a collaborative agreement between our agencies?

**Question restated: What information can be shared between MRS and BHDDA without a release?**

Personal identifying information cannot be shared with others without a release of information signed by the individual. Individual names, birth dates, social security numbers, address, diagnosis, etc. must all have a signed consent to release information.

BHDDA and MRS have made a commitment to work on a standard release that can be used across both systems. It is anticipated this will be completed within six months. In the meantime, agencies

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should continue to use the same releases they have been, provided they meet all HIPPA and other federal or state requirements.

Without a signed release of information only aggregate information, such as number of individuals seen for various services, etc. may be shared.

- 12. After 90 days of employment, MRS is going to close the individual: Person does not meet persistent and serious mental illness criteria at the CMHSP. Is there anything in the new language that would help CMHSP provide support to this person? Is there a direction you wanted to go with?**

**Question restated: The local CMHSP is stating; if a person is receiving substance use disorder (SUD) services but does not meet the CMHSP standard for serious and persistent mental illness, the CMHSP cannot continue employment services with Medicaid funding. What can a provider do to further help the individual and be reimbursed for related service costs?**

It is true some individuals with a primary diagnosis under SUD may not be eligible for services under the Medicaid waivers for persons with a developmental disability or serious and persistent mental illness. SUD services in Michigan are covered under both block grant and Medicaid funding. However, Medicaid funding for SUD services can only be used for certain services such as outpatient care; treatment and approved pharmacological supports; sub-acute detoxification; and residential treatment. For individuals with a primary SUD diagnosis who do not meet serious and persistent mental illness criteria, options to consider and questions to ask at the local level may include:

- Explore if the SUD block grant funding can be used to address desired employment services (What value would the employment services provide to help the individual address their own SUD?);
- Utilization of local CMHSP general funds (GF) to pay for desired employment services (Such GF is usually very modest but may be a consideration);
- Consideration of a referral to BSBP or MRS (If eligible, BSBP or MRS may be a source for employment services based on individuals need); or
- Discuss with the local CMHSP the criteria for Medicaid funded employment services to increase understanding of eligibility criteria.

- 13. Are there any websites and enrichment/insights as far as Follow-Along Services for retention rate? is there more information on how to advocate for additional Follow-Along Services after 6 months. How can a CMHSP case manager effectively advocate for long-term follow-along services beyond 6 months?**

There is not a pre-determined time allowed for long-term follow-along services. This need should be effectively addressed in the eligible CMHSP/contracted provider network person's Individual Plan of Service (IPOS). It is intended to be "individually" based on need and medical necessity. It may be brief or may be provided for a long-time based on need.

Please see responses noted above and at the end of the document regarding ICTAs. In addition, it may be valuable to discuss with the local CMHSP the possibility of milestone or outcome-based

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payments to enhance the person's longevity. Such initiatives are being piloted in some areas of the state. For further information please contact Joe Longcor at [longcorj@michigan.gov](mailto:longcorj@michigan.gov).

**14. Is there any trend data that MRS has on length of time persons in program or frequency that a CMHSP typically provides to joint customers? Is there any trend data regarding the timeline for the provision of services for dual customers leading to competitive integrated employment from application to MRS to closure from long-term follow-along from the CMHP?**

The MOU begins to address this question on Page 3 re:

*Provide and share available aggregate employment service and outcome aggregate data on at least an annual basis." This is a "next step" in our shared work at BHDDA and MRS-Central Office. Data agreements take time to develop, however a commitment has been made to address on a statewide level and we will advise on advancements being made. History has shown data sharing may be accomplished more expeditiously at the local level, and CMHSPs/contracted provider networks and local MRS offices are encouraged to engage in these discussions.*

MRS collected three years of data (FY14, 15 and 16) on individuals who received Supported Employment and found on average:

- Application to eligibility status was 37 days
- Eligibility to IPE status was 54 days
- IPE to Employment status was 271 days
- Employment to Case Closure status was 137 days.

**15. Summary of the referral process - vendor is new with the program.**

**Question restated: What is the referral process for competitive integrated employment when a CMHSP and MRS are working together on behalf of a dual customer?**

MRS or a CMHSP may be working with an individual to help them move toward individual competitive integrated employment. Each agency is encouraged to refer to the other agency if it is believed that the individual needs the services that they may be eligible to receive.

Referral processes will vary depending on the local environment, community, system, and agreements. CMHSPs/contracted provider networks and local MRS offices are encouraged to develop a process that is most effective given local conditions. When the individual is being served by both systems, they become a dual customer.

MRS has an application process where disability-related data is gathered to determine eligibility. Once eligibility is determined, a comprehensive assessment of rehabilitation needs is conducted. From here, the individual and the MRS counselor develop the IPE. Individuals who need extended services/follow-along are identified as needing Supported Employment Services which is identified in the IPE. To the extent known, the extended services/follow-along provider is specified in the IPE. All other vocational rehabilitation services that are needed to achieve the job goal are also included in

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the IPE. Once the IPE is signed by the individual or their legal guardian and the MRS counselor, the employment services are provided.

Once the individual begins their employment, they are in employment status. Supported Employment allows for up to 24 months in employment status to reach stability. Many individuals can achieve stability in much less than 24 months. Once stability is established, MRS will transfer the individual to the extended service/follow-along provider for ongoing supports. MRS will keep the case open for a minimum of 90 days of extended service/follow-along before closing the case file successfully. At this point the individual exits the MRS system.

### **16. Can a CMHSP be paid by MRS to provide job placement services?**

Yes, MRS may purchase vocational rehabilitation services, including job placement from a local CMHSP/contracted provider network. If the CMHSP is billing Medicaid for the same service, then MRS is not allowed to purchase the same service at the same time.

### **17. From MRS perspective, what does it mean to be “ready” for employment? How is ‘readiness’ defined?**

Ready for Employment is *no longer* an appropriate term when considering ability to benefit from MRS. The use of this phrase is to be discouraged from all parties.

MRS focuses on an individual’s ability to benefit from vocational rehabilitation services. Eligibility for MRS begins with an individual seeking vocational rehabilitation services with a desire to obtain competitive integrated employment. Next, a determination is made to document disability, significant barriers to employment, and requirement for MRS to become employed.

In the eligibility determination process, MRS sometimes receives information from medical providers that the individual is medically unstable and is not released to work at this time. When this happens, the counselor closes the individual’s case file when clear and convincing evidence is secured, stating the individual cannot work in a competitive integrated setting. The determination would include why the individual is unable to benefit from services. The individual may reapply for MRS when their status changes. MRS is responsible for follow-up with the individual 1 and 2 years post closure.

Again, ready for employment is a misnomer, an individual who applies for services may require assistance/services to become ‘ready for employment’. However, this does not mean that they cannot benefit from services.

Please refer to question #9 for additional information on MRS eligibility.

### **18. Is there a timeline of when we need to start the process (coordination?) at the local level and what kind of fiscal outlook?**

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**Question restated: What is the timeline to begin coordinated services between MRS and a CMHSP on behalf of a dual customer?**

Coordination should take place as soon as possible for the customer and always be a “living” process between respected partners. The effectiveness of such coordination is established, grows, and expands as both, or multiple partners ask, “what’s in it for the OTHER partner?” and “what’s in it for the individual” when partners work together. Communication, sharing, and mutual understanding will establish pathways to effectively partner.

**19. Will MRS pay for services if someone is seeking additional employment? Can customers who wish to advance in their current employment apply for MRS?**

MRS can assist individual with disabilities who wish to advance in their employment, are underemployed or whose job is in jeopardy. MRS eligibility criteria states:

*Applicants for MRS services must be found eligible for MRS. Eligibility is based on the presence of a physical or mental impairment that constitutes or results in a substantial impediment to employment and if they require MRS services to prepare for, secure, retain, **advance** in or regain employment consistent with their abilities and capabilities.*

**20. What is the role of CMHSP and IPS in WIOA process? Is Supported Employment part of BHDDA under WIOA?**

WIOA is not a process it is a Federal law. BHDDA and CMHSPs are not covered under WIOA, they operate under the Michigan Mental Health Code, Act 258 of 1974, as amended.

**21. How can BHDDA and MRS work together to assist an individual into employment when the CMHSP or local provider is following the IPS model?**

A CMHSP or local provider following the evidence-based IPS model of Supported Employment must encourage likely eligible individuals to visit the local MRS office to apply for services. Early engagement in employment activities is a guiding principle and cornerstone of IPS model. To implement with fidelity, it is possible that the CMHSP/provider may begin working with a customer before MRS determines eligibility. If the customer is determined eligible for MRS services, then the CMHSP/provider may continue braiding services/resources but may NOT pay for the same service at the same time.

**22. How can local CMHSP have MRS involved? If an individual is looking for Supported Employment, can only MRS be used if needed? (Question asked in context of CMHSP exhausting CMHSP money).**

Coordinating services is encouraged and the specifics are discussed and implemented at the local level and may vary from one area of the state to another. When individuals are dually eligible, MRS *could* be the initial source for the provision of Supported Employment Services (up to 24 months), however would need the assurance of the CMHSP for Extended Services/Follow-Along to support the individual to maintain their job. If employment is in the individual’s plan of service and is deemed necessary, it

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is the expectation the CMHSP would provide these services and not solely rely on MRS. If there is an issue of funding, the CMHSP should work with the regional PIHP to address from a network adequacy perspective.

- 23. If a local MRS office is experiencing difficulty finding vendors, or the local CMHSP identifies they have no vendors/contractors to provide employment-related services, what is the next step? Who should be contacted?**

The first point of contact for any Medicaid covered service would be the regional PIHP if the issue is unable to be resolved with the CMHSP. If the MRS office continues to experience difficulty in coordinating employment-related services such as Extended Services/Follow-Along, please contact BHDDA at telephone #844-275-6324.

- 24. What do we do if the person is determined eligible, determined they need Supported Employment, how do we complete the follow-along?**

**Question restated: When an individual is eligible for both BHDDA and MRS and has been determined through the comprehensive assessment of rehabilitation needs to require Supported Employment, how are the extended services/follow-along provided?**

For MRS, Supported Employment by definition has an Extended Services/Follow-Along component. When an adult is dually eligible, MRS can provide the Supported Employment Services except for the Extended Services/Follow-Along services which are funded by the local CMHSP. (See section 9. In the agreement.). When a youth (age 24 or younger) is dually served, MRS can provide Supported Employment Services, including the Extended Services, for up to four years or until the student reaches the age of 25 or another Extended Services/Follow-Along provider is identified.

- 25. Are the IPS-Supported Employment clients who have been referred to and opened by MRS still eligible for all MRS services? (Note - via follow-up, it was learned a CMHSP provider met with their local MRS counselor to ask about on-the-job training and on-the-job evaluation for shared clients/customers. In the past such opportunities have been rare - in 6+ years, one instance of OTJ evaluation; no OTJ training)**

Yes, all MRS eligible customers are open to receiving all MRS services that are needed to assess eligibility and/or to achieve an IPE employment goal. The vocational rehabilitation process determines a job goal and the necessary services to achieve the job goal. The individual has the right to informed choice throughout the process.

- 26. Is the timeframe for opening an Individual Placement and Support – Supported Employment (IPS–SE) case by MRS the same as for those who are not referred by IPS-SE? Is it possible to have CMHSP IPS-SE clients ‘fast-tracked’?**

Generally, the timeframe is the same whether in IPS or not. Under WIOA, MRS has 60 days from application to determine eligibility for services and 90 days from eligibility to IPE. By nurturing partnerships; establishing cross agency teams; providing prompt effective and “complete” documentation to MRS; a “faster” track to MRS application and eligibility is achieved.

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Referral relationships may be established at the local level to facilitate efficient referrals to MRS. Counselors may be housed or utilize space at CMH facilities to assist individuals in applying for MRS. Team meetings may be established where individuals are referred to MRS in a coordinated fashion.

- 27. New language in the Medicaid Provider Manual identifies “Documentation must be maintained by the PIHP that the beneficiary is not currently eligible for Supported Employment Services provided by MRS.” Does this mean that EVERYONE receiving skills building needs to have a MRS assessment, regardless as to their interest/desire to become employed?**

No, if employment or seeking employment is not part of the individual’s plan of service or their desire, simply making a referral to MRS in order to have a denial letter would not be time or cost effective for the individual, CMHSP or MRS. If CMHSP is questioned by the PIHP, simply noting in the individual’s file that no relevant services are needed from MRS at this time should be sufficient. If the individual decides at some point in the future they do want or are seeking competitive integrated employment, at that time a referral to MRS would be appropriate.

### **Interagency Cash Transfer Agreement (ICTA)-Related Questions:**

- 28. Is MRS required to provide services for individuals with I/DD if a cash match is not available (ICTA)?**

MRS serves eligible individuals of all disability types with or without an ICTA. Individuals with intellectual or developmental disabilities may apply for MRS if their goal is competitive integrated employment. ICTAs expand resources to maximize the availability/provision of vocational rehabilitation services. Any allowable vocational rehabilitation service may be specified in an ICTA.

- 29. We understand ICTA because we have an agreement with MRS currently in place. I do not understand the TPCAs and what partners would be included? Would contract providers with a CMHSP be considered as a partner in a TPCA?**

**Question restated: How can a local CMHSP and a local MRS district office establish a TPCA? What are the benefits of this type of agreement?**

As a source of match funds, MRS may enter into a Third-Party Cooperative Arrangement (TPCA) for providing or contracting for the provision of vocational rehabilitation services with another state or local public agency. The primary benefit of a TPCA is the non-federal (local) share of funds may originate as a certified expenditure. Specifically, the time spent by public agency staff in the provision of vocational rehabilitation services and their equivalent wage is certified for use as local share.

The disadvantages to TPCAs are the significant regulatory requirements associated with their use. Although presently not excluded as an option, the use of TPCAs for match purposes is highly restrictive due to the administrative complexity and because the funds do not matriculate to the local MRS district office.

- 30. What is the procedure with going forward without matching funds?**

Any individual with a disability who desires competitive integrated employment may apply for MRS in their local community.

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In the absence of an ICTA, leadership from the local CMHSP/contracted provider network and MRS can discuss and develop an understanding on how the two organizations will support dually eligible individuals.

### **31. Do ICTA agreements restrict the types of vocational rehabilitation services available to an individual served under that ICTA?**

ICTA funds must be used for the provision of allowable vocational rehabilitation services. The agreement provides for the parties to identify specific VR services integral to achieving the program outcome goals. ICTAs are renewed annually by MRS and the public agency partner.