

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH

**Billing Guidelines for Evidence-Based Supported Employment**

Activity	Payment Source	Comments
<p><b>Solicitation of referrals</b>—all clients are encouraged to participate. Several referral sources (self-referral, family members, self-help groups, etc.)</p> <ul style="list-style-type: none"> <li>▪ Educate all staff at DRS local office and mental health center on supported employment.</li> <li>▪ Make supported employment a core service at the agency.</li> </ul> <p>Employment becomes part of the recovery vision.</p>	None	
<b>ENGAGEMENT</b>		
<p><b>Engagement Services</b>—General interventions related to treatment and recovery goals.</p> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>▪ Use of motivational interviewing related to how the client spends their time and how well their time usage supports their health. Working or not working should be a part of this.</li> <li>▪ Educate family on how various life-style changes would support or improve the client’s health. The benefits of employment should be a part of this.</li> <li>▪ Periodically raising the idea of employment with client (at least monthly)</li> <li>▪ Link client to supported employment program.</li> <li>▪ Gathering information for linkage to benefits counselor</li> <li>▪ Gathering information for linkage to DRS</li> </ul>	DMH-Medicaid	<p>Medicaid services that are likely to billed for these activities:</p> <p>Mental health assessment Community Support PSR Case management ACT</p>
<p><b>Engagement Services:</b> Activities for a specific client to engage the client in making a decision to actively seek competitive employment or formal credit/certificate bearing education.</p> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>▪ Using motivational interviewing to assist client in identifying the pros and cons of working.</li> <li>▪ Educating the family on the benefits of employment to the client.</li> <li>▪ Employed consumer leading groups that explore concerns raised by clients considering employment.</li> <li>▪ Helping the client understand the impact that employment would have on benefits.</li> <li>▪ Going to various job sites with the client to explore the world of work.</li> <li>▪ Using motivational interviewing to assist client in identifying the pros and cons of furthering his/her formal education.</li> <li>▪ Accompanying client on a tour of a potential school.</li> <li>▪ Lead a group at the mental health agency to introduce clients to the supported employment program.</li> <li>▪ At least monthly follow up on a time unlimited basis when client stops attending the vocational service</li> </ul>	<p>DMH-Non-Medicaid Vocational Engagement code</p> <p>ACT – Vocational Services</p>	<p>Services may be provided 30 days prior to the completion of a MH assessment</p> <p>Client must have employment or preparation for employment as a goal in the treatment plan.</p> <p>Individual must be 14 years of age or older.</p> <p>Individual must qualify and be approved for ACT to receive ACT-Vocational Services.</p> <p>Does not include pre-vocational provider-based work programs or provider based education programs that do not result in credentials recognized by an employer</p> <p>When interventions are delivered by an</p>

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		<p>employment specialist, they are most apt to be specifically targeted to work. In these cases, they probably would/should not be billed to Medicaid.</p> <p>Ideally, 70% of services provided by employment specialists should take place outside of the community mental health center, e.g., potential employment sites, libraries, one-stop centers, at home, etc.</p> <p>Medicaid could be billed if the engagement around work is part of general mental health assessment process.</p> <p>Case management may be used when the employment specialist has transferred the engagement process back to the case manager or another MH team member.</p>
<b>VOCATIONAL ASSESSMENT</b>		
<p><b>As Part of the Mental Health Assessment:</b> Vocational assessment should be included in the initial mental health assessment on all clients at intake. Vocational assessment should also be included in all updates to the mental health assessment.</p>	DMH-Medicaid	<p>Mental health assessment if part of larger assessment process or assessment of impact of symptoms</p> <p>Mental health assessment if it is a cognitive assessment that would be used also in more global assistance with adaptation</p>
<p><b>Vocational assessment that is not part of the overall mental health assessment.</b></p> <p>Developing a vocational profile to guide client choices in seeking and maintaining competitive employment. A vocational profile typically includes information pertaining to work history, interests, skills, strengths, education, the impact of symptoms on the ability to use strengths, job preferences, etc. Vocational assessment is continuous during all phases of obtaining and maintaining employment. New information gleaned from experience is incorporated to guide modification of the vocational plan.</p> <p>What would be a good job and setting match for the client?</p> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>▪ Interviewing client using guidelines found in the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i>.</li> <li>▪ Using interest and preference inventories to increase client's personal knowledge of employment-related interests and preferences.</li> <li>▪ Helping client secure accurate information on job history and dates of previous employment.</li> </ul>	DMH-Non-Medicaid Vocational Assessment code  ACT – vocational services	<p>Non-Medicaid if only related to job</p> <p>Services may be provided 30 days prior to the completion of a MH assessment</p> <p>The client's vocational goals should be integrated in the treatment plan.</p> <p>Individual must be 14 years of age or older.</p> <p>Individual must qualify and be approved for ACT to receive ACT-Vocational Services.</p> <p>Does not include pre-vocational work experiences or simulated/situational work</p>

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<ul style="list-style-type: none"> <li>▪ Identifying and prioritizing preferences related to work environment, hours, location, transportation needs, etc.</li> <li>▪ Administering a test to determine basic reading and math abilities to assist with identifying job or academic program fit (e.g. Test of Adult Basic Education or Wide Range Achievement Test).</li> <li>▪ Visiting competitive work sites with client to facilitate discussion of employment preferences concerns &amp; desires.</li> <li>▪ Exploring with client how various jobs might influence substance use/abuse patterns.</li> <li>▪ Gathering information that an employer might find on a background check for purposes of planning job search strategies.</li> <li>▪ Observing the client on the job to identify strengths and problems.</li> <li>▪ Identifying strengths, problems, and potential accommodations to address pertinent person-job-environment fit issues after job loss.</li> <li>▪ Reviewing a job termination to learn what might contribute to a better job match and identify support strategies that might improve job tenure on the next job.</li> </ul>		<p>experiences at the provider's site.</p> <p>Ideally, 70% of services provided by employment specialists should take place outside of the community mental health center, e.g., potential employment sites, libraries, one-stop centers, at home, etc.</p>
<b>JOB DEVELOPMENT/JOB FINDING SUPPORTS</b>		
<p><b>Therapeutic Support</b></p> <ul style="list-style-type: none"> <li>▪ Therapeutic support to help client manage their illness as they work toward achieving their health and recovery goals. Employment can be one of the client's goals.</li> </ul>	DMH-Medicaid	<p>Medicaid services that are likely to be billed for these activities:</p> <p>Community Support PSR Therapy/Counseling Case management ACT</p>
<ul style="list-style-type: none"> <li>▪ Researching and linkage to ancillary services, e.g., childcare, medical/dental, psychiatric, transportation, legal, financial, educational.</li> </ul>	<p>Medicaid or Non-Medicaid Vocational Code (Job Finding Supports)</p> <p>ACT-Vocational Services</p>	<ul style="list-style-type: none"> <li>▪ This depends on whether the service is directly related to working. If the linkage is solely for the purposes of obtaining employment, the activity is billed to a non-Medicaid code.</li> <li>▪ When interventions are delivered by an employment specialist, they are most apt to be specifically targeted to work. In these cases, they probably would/should not be billed to Medicaid.</li> </ul>

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<p><b>Job Development/Job Finding Supports:</b> Activities for a <u>specific client</u>, directed toward helping them find and procure a job, when provided under the following conditions: placement based on consumer job preferences, competitive employment in integrated work settings, on-going supports as needed and integration of supported employment services with other mental health services. Typically provided in natural community settings.</p> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>▪ Using the “Conducting Job Searches” checklist from the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i> to guide the job search process.</li> <li>▪ Helping the client identify job leads.</li> <li>▪ Reviewing the client’s network for job leads</li> <li>▪ Contacting employers about a job for a specific client, with or without the client being present.</li> <li>▪ Assisting a client in completing job applications and preparing for interviews.</li> <li>▪ Arranging a job interview</li> <li>▪ Accompanying a client on a job interview.</li> <li>▪ Evaluating a job or job site to determine if it is a good fit for the client,</li> <li>▪ Helping the client identify the pros and cons of disclosure.</li> <li>▪ Facilitating a group where clients exchange job leads and their experience using various job-finding strategies with one another.</li> <li>▪ Accompanying one or more clients to the local One-Stop Employment Center and helping them learn to use the resources there.</li> </ul>	<p>DMH Non-Medicaid Job Finding Supports code</p> <p>ACT-Vocational Services</p>	<p>At least 40% of the services in the aggregate <u>must be</u> provided in natural settings, outside the provider’s office.</p> <p>Ideally, 70% of Job Finding Supports are provided in natural community settings, outside of the community mental health center, e.g., potential employment sites, libraries, one-stop centers, etc.</p> <p>Does not include general job development.</p>

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JOB PLACEMENT	*DRS-\$1045 Milestone payment for 1 <sup>st</sup> day at job.	
JOB RETENTION SUPPORTS		
<p><b>Non-Job-Specific Supports</b></p> <p>Therapeutic support to help client manage their illness as they work toward achieving their recovery goals. Recovery goals can include employment goals.</p> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>▪ Examining the impact of employment (benefits and losses/pros and cons) on health, relationships, support systems, routines, income, etc.</li> <li>▪ Examining challenges, disruptions, and conflicts in the person's life that negatively impact on the individual's health and ability to work.</li> <li>▪ Examining thoughts and feelings to assist client in reinforcing and/or changing interactive behavior impacting his/her living and work environments.</li> <li>▪ Identifying influence of mental illness on the ability to function in various life roles, including the impact on work performance: controlling emotions, focusing on tasks, assertiveness, utilization of coping techniques, socialization, boundary issues, responsibility and accountability.</li> <li>▪ Teaching and reinforcing previously learned strategies for controlling emotions, focusing on tasks, assertiveness, utilization of coping techniques, socialization, boundary issues, responsibility and accountability</li> <li>▪ Averting crises and crisis intervention to help prevent symptom exacerbation and minimize disruptions to job.</li> </ul> <p>Interventions carried out by mental health team members to help client function more effectively in the community, which will also help client function better at work</p> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>▪ Coaching on &amp; procuring appropriate clothing and personal appearance</li> <li>▪ Assisting consumer in making transportation arrangements</li> <li>▪ Transportation training</li> <li>▪ Facilitate the resolution of child care issues</li> <li>▪ Identifying and practicing strategies to manage symptoms</li> </ul>	DMH-Medicaid	<p>Medicaid services that are likely to be billed for these activities:  Mental health assessment  Community Support  PSR  Case management  ACT</p> <p>For Medicaid billing, it is important that the case note focus on addressing the client's mental illness, not specific employment goals.</p> <p>If the intervention was directed toward the management of a symptom of the mental illness or application of illness management strategies to reduce the negative impact of symptoms on the person's ability to function (including function at work), it is most likely a Medicaid service.</p>

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<p><b>Interventions Targeted To Helping The Client Succeed On A Specific Job</b></p> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>▪ Using the “Planning for Success” checklists in the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i> to identify, plan and guide the implementation of ongoing job supports.</li> <li>▪ Helping the client identify the pros and cons of disclosure.</li> <li>▪ Helping the client develop a plan for the first day/week/month of a new job.</li> <li>▪ Helping the client identify how they will know if their employer is pleased with their work? Dissatisfied?</li> <li>▪ Helping the client identify and make use of their support system to manage their concerns about work.</li> <li>▪ Participating in a job support group.</li> <li>▪ Frequently talking with client about changes in health, work environment, or personal environment to identify needed support changes and avoid crises.</li> <li>▪ Identifying work-related conflicts or challenges on the job. (interpersonal, task, routine, etc.)</li> <li>▪ Helping the client identify and implement strategies that improve job performance or relationships at work.</li> <li>▪ Reinforcing the use of previously learned strategies for controlling emotions, focusing on tasks, assertiveness, utilization of coping techniques, socialization, boundary issues, responsibility and accountability, while on the job.</li> <li>▪ Visiting the client at the job site to identify and address issues pertinent to job retention.</li> <li>▪ Working with the supervisor and client to establish effective supervision and feedback strategies,</li> <li>▪ Working with the client and employer to make reasonable accommodations to enhance job performance,</li> <li>▪ Contacting the employer to monitor progress and resolve issues.</li> <li>▪ Contacting family to monitor support network and resolve issues.</li> </ul>	<p>DMH-Non-Medicaid Job Retention Supports code</p> <p>ACT-Vocational Services</p> <p>*DRS \$800 milestone payment for 5 days of job tenure</p> <p>*DRS \$849 milestone payment for 30 days of job tenure</p> <p>*DRS \$2500 milestone payment for 90 days of job tenure</p>	<p>A minimum of 40% of the services in the aggregate <u>must be</u> provided in natural settings, outside the provider’s office. Ideally, 70% of Job Retention Supports are provided in natural settings, e.g., at the work site, on the way to or from work, at home, in a coffee shop during the employee’s lunch break, at the home of a significant support person, at one-stop centers, etc.</p> <p>If the intervention was directed toward a specific job, specific job tasks, or general support around the job, it is most likely a non-Medicaid service.</p> <p>DRS will consider re-opening closed cases if they evaluate a new plan to have reasonable likelihood of success.</p> <p>If client loses job sooner than 90 days, agencies are not paid for milestones previously achieved. Payment for subsequent milestones will be made after each outcome is met. Each milestone will only be paid one time, unless a closed case is re-opened.</p>

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<p><b>JOB LEAVING/TERMINATION SUPPORTS:</b> General therapeutic support around loss, feelings of incompetence, paranoid thoughts about the employer, etc.</p>	DMH-Medicaid	Medicaid services that are likely to billed for these activities: Community Support PSR ACT Therapy/counseling
<p><b>JOB LEAVING/TERMINATION SUPPORTS:</b> Activities for a specific client directed toward helping them leave a job in good standing, when provided under the following conditions: placement based on consumer job preferences, competitive employment in integrated work settings, on-going supports as needed, and integration of supported employment services with other mental health services. Job Leaving/Termination Supports may also be provided to help the client see unplanned job loss as transitional and a learning experience that will help them with his/her next job. Job Leaving/Termination Supports are provided to ensure that job loss due to termination is not seen as a reason to discontinue participation in the supported employment program.</p> <p><b>Interventions Targeted To Helping The Client With Leaving/Terminating A Specific Job</b></p> <p><u>Examples</u></p> <ul style="list-style-type: none"> <li>▪ Using the “Planning for Success: Leaving the Job Consumer Checklist” from the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i> when the client expresses dissatisfaction with their job.</li> <li>▪ Using motivational interviewing to help client identify the pros and cons of leaving their job.</li> <li>▪ Deciding how much notice is required to leave in good standing.</li> <li>▪ Coaching on talking to a supervisor about resigning.</li> <li>▪ Helping write a letter of resignation.</li> <li>▪ Coaching on how to obtain a letter of reference.</li> <li>▪ Helping client see work accomplishments despite job termination.</li> <li>▪ Ensuring client that you will continue to help them find and keep meaningful employment.</li> <li>▪ Helping client understand how job experiences build their effectiveness as a worker.</li> <li>▪ Encouraging client to review a job termination and job experience to help find a better job match and learn what might improve job tenure on the next job.</li> <li>▪ Arranging for client to speak with other consumers who have lost jobs about their experiences.</li> </ul>	DMH-Non-Medicaid Job Leaving/Termination Supports  ACT-Vocational Services	Job loss is not a reason to discontinue participation in supported employment.

Activity	Payment Source	Comments
<b>OTHER REQUIRED ELEMENTS FOR EVIDENCE-BASED SUPPORTED EMPLOYMENT</b>		
<b>Program support activities/ Meetings and coordination</b>		
<ul style="list-style-type: none"> <li>mental health treatment team meetings—employment specialists attends one or more treatment team meetings per week</li> </ul>	Medicaid	Medicaid: Billed by one staff
<ul style="list-style-type: none"> <li>frequent contact with treatment team members—at least 3 client-related case manager contacts per week</li> </ul>	Medicaid	Medicaid: Billed by one staff
<ul style="list-style-type: none"> <li>group supervision with other employment specialists—at least weekly</li> </ul>	#None	
<ul style="list-style-type: none"> <li>Employment specialists help each other with cases—provide services for each other’s cases and back up support for each other.</li> </ul>	Services billed as above.	
<ul style="list-style-type: none"> <li>Setting up and attending inter-agency staffings, e.g. case specific coordination with DRS.</li> </ul>	#None	
<ul style="list-style-type: none"> <li>Completing all appropriate billing, progress, crisis, demographic and outcome reports.</li> </ul>	#None	
<ul style="list-style-type: none"> <li>Participating in training or program consultation</li> </ul>	#None	
<ul style="list-style-type: none"> <li>Participating in program evaluation activities</li> </ul>	#None	
<ul style="list-style-type: none"> <li>Participating in non-client specific performance improvement meetings and activities</li> </ul>	#None	

\*If the customer leaves a job before the end of 90 days the payment schedule resumes when they start another job and reach the days marker attained at the previous job (e.g., a customer leaves a job at 28 days. The community program receives the \$1,045, and the \$800 payment. The customer starts another job. The community program receives the \$849 payment when the customer has kept that job for 30 days and the \$2,500 payment when the customer has kept the job for 90 days). Funding for the milestone payments will come out of regular DRS case service dollars, not from the DRS Supported Employment line of funding. DRS may also be able to pay for items necessary to start employment, if the customer does not have other options. Example items are bus passes, license fees, uniforms, a particular vocational training, etc. In this plan, DRS mostly pays for outcomes and, for the most part, DMH pays for services. Therefore, support services such as those necessary to prepare an individual to start a job search, long-term follow up post 90 days, assistance with finding another job post - 90 days are billed to the appropriate codes (either Medicaid or Non-Medicaid) according to the guidelines set forth in this document. On a case by case basis, with the agreement of the customer, the DRS counselor and the CMHC Employment Specialist, additional DRS funding for disability related services post the 90 day payment mark that are necessary to help the individual to keep the job or find another one, can be considered (e.g., a customer needs a new hearing aid to keep a job as a secretary).

#The milestone payments paid by DRS offset these costs. Since evidence-based supported employment has been shown to result in higher competitive employment rates, implementing the high fidelity evidence-based supported employment is likely to result in more milestone payments.