

"Making Mental Health Evidence-based Practices Work for Medicaid Beneficiaries: Supported Employment"

October 7, 2009

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Supported Employment in Medicaid

Rehabilitation is an optional Medicaid benefit, and currently all States provide some coverage under this State plan benefit category.

Section 1905(a)(13) of the Act and 42 CFR § 440.130(d) provides that States may cover rehabilitative services: “including any medical or remedial services (*provided in a facility, a home, or other setting*) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level;”

- **Medicaid Authorities**

State Plan <i>Rehabilitative</i> Services	1915(i) (State Plan Amendment)
1915(b) (HCBS Managed Care waiver)	1915(c) (HCBS waiver)

Supported Employment Service Definition

- Supported Employment services consist of intensive, ongoing supports that enable participants for whom competitive employment at or above minimum wage is unlikely absent supports, and who, because of their disabilities, needs support to perform in a regular work setting.
 - Assist in getting a job or developing a job on behalf of the participant.
 - Can be provided in a variety of settings including worksites where persons without disabilities are employed.
 - Includes activities to sustain paid work by the participant including supervision and training
 - The service only includes training and supervision required as a result of their disabilities but does not include payment for supervisory activities rendered as a normal part of a business setting.
 - The service can not be available under a program funded under section 110 of the Rehabilitation Act of 1973
- Qualifications
 - States must describe how provider qualifications directly support the rehabilitation service(s) being provided.

Supported Employment

Coverage	Rehab State Plan	1915(i)	1915(c)	1915(b) Managed Care Delivery System Waiver
Medical or remedial services related to a medical condition that enable an individual to function in the workplace	Yes	Yes	Yes	Yes: If it is a service in the State Plan.
Work specific assessment and training	No	Yes (if no other payer)		No: unless it is included in a (b)/(c) combination waiver (State Plan & HCBS Services)
Salaries of individuals	No	No	No	No

1915(i) HCBS State Plan

- States can amend their state plans to offer HCBS as a state plan optional benefit.
- Breaks the “eligibility link” between HCBS and institutional care.
- Individualized, person-centered care plans are required
- Self-direction option
- Eligible under State Plan
- Up to 150% of FPL: This covers most people who are eligible for State plan services. Medicaid buy-in participants may be excluded.
- State optional disregards: State-wideness, Income and resource rules – for Medically needy, Limit numbers served (waiting list)
- No ability to target by population characteristics
 - ...However, States may establish needs based criteria specific to the program or an individual service

1915(c) Home and Community Based Services Waivers

- Operating a program of services under the authority of Section 1915(c) of the Social Security Act permits a State to waive certain Medicaid requirements in order to furnish an array of home and community based services that promote community living.
- States may waive the following provisions through 1915(c):
 - Comparability
 - State-wideness
 - Income and Resources for the Medically Needy
- Waiver services complement and/or supplement the services that are available through the Medicaid State plan and other Federal, State and local public programs as well as the supports that families and communities provide to individuals.

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1915(c) Home and Community Based Services Waivers

- States have flexibility in designing waivers, including the latitude to (among others):
 - Determine the target group(s) of Medicaid beneficiaries served through the waiver;
 - Specify the services that are furnished to support participants in the community;
 - Incorporate opportunities for individuals to direct and manage their waiver services;
 - Determine qualifications of waiver service providers;
 - Design strategies to assure the health and welfare of waiver participants;
 - Manage the waiver to provide the cost effective delivery of HCBS; and
 - Develop and implement a Quality Management Strategy to ensure that the waiver meets Federal statutory assurances.

Mental Health & Employment

- CMS MIG Grant Employment Programs
 - The overall goal of the CMS Medicaid Infrastructure Grants (MIGs) is to increase employment among persons with disabilities by encouraging the adoption and expansion of the Medicaid Buy-In as well as access to Medicaid Employment supports such as personal assistance, supported employment, and peer specialist services.
 - In 2009, 42 States have MIGs. Total 2009 CMS funding = \$64.5 Million
 - A majority of the 42 MIGs fund infrastructure activities such as outreach, education and training to both Medicaid Buy-In participants and providers.