Successful Competitive Employment for Consumers in Recovery from Serious Mental Illness

A Resource Guide to Implementing and Funding Supported Employment Services

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Special thanks to: Lisa Goodwin, Jerry Brown, Sharon Brent, Cynthia Evans, Mary Brown, Michael Shank, Wendy Gradison, Sherri Gillam, Aretha Lee, Sarah Wagner, Nova Washington, Samia Salem and Doug James.

Love and work... work and love,
that's all there is.
Sigmund Freud

Introduction

Living with mental illness poses challenges that no one can truly know unless you have experienced it. One of the biggest challenges is being able to obtain or maintain employment. Yet, many have observed that becoming successfully employed is the most impactful single change on a consumer's path to recovery.

What does employment mean to an individual? Employment can mean having your own housing, maintaining or getting your children back, being able to afford healthcare of choice, owning a car or becoming a participating member of the community. Employment can bring hope and make self-determination possible. Employment can bring improved quality of life. Many Virginians who are in recovery from serious mental illness wish to become competitively employed, in either part or full-time jobs.

Without employment life can be very difficult. Living below the poverty level or living on government benefits alone are challenging prospects. No income or low income confines a person's life in ways they may have never chosen for themselves - if they had opportunity.

Many agencies, both government and private, assist people with mental illness prepare for and find employment. However, the current system in place is experiencing challenges. Challenges in providing the support consumers need to grow, change and recover:

- Challenges in being able to fully utilize braided funding streams.
- Challenges in having resources available to collaborate as needed in order to provide cohesive, seamless care. There are solutions to these challenges.

This manual seeks to present funding solutions to the obstacles and barriers that may present to consumers and CSB providers who share the same goal: successful competitive employment for consumers in recovery from serious mental illness. This manual will show how more employment opportunities and hope can be created for individuals through recovery-based changes and collaborations in the current mental health system; how to increase successful employment outcomes for adults in recovery from severe mental illness by using braided funding streams and creative partnerships with existing resources; and how new money is not needed to achieve this, but instead how a focus needs to be placed on learning to work creatively with existing resources.

This manual seeks to make the case that employment can and should be a focal point for treatment at every stage for every consumer, regardless of current range of functioning.

The manual is targeted for CSB staff who may choose to use any sections of the manual that will assist them in finding solutions for their consumers who wish to work. The manual will clarify and describe braided funding streams (DRS and Medicaid), as well as other funding mechanisms such as 1619b, Ticket to Work and Medicaid Works that exist to support employment. This reference manual seeks to clarify the difference between medically necessary emotional/psychological/psycho-therapeutic support (billable to Medicaid) and employment

support that is directly related to the training of individuals for paid employment (not billable to Medicaid but which DRS may fund).

The manual is not intended to present every detail that a CSB staff person might need to understand; rather, the manual defines and describes in more general terms what one needs to know to move forward, with references, links and resources about where to go to learn more.

Virginia is engaged in a dynamic process of transforming the mental health system to one that fully embraces empowerment, recovery and self-determination. DMHMRSAS, DMAS, DRS and other statewide partners, including consumers, have agreed to partner in collaborative activities necessary for achieving this transformation. In pursuit of this transformation, it is the consensus of these three agencies that:

- DMHMRSAS will develop programs to train CSB staff in the importance of employment in the process of recovery and in utilizing the most effective technologies to help mental health consumers get and keep competitive employment.

- DMHMRSAS, DRS, and DMAS will collaborate to encourage the creation of more effective partnerships among mental health, vocational rehabilitation, and benefits planning and assistance providers.

- DMHMRSAS and DRS will promote DRS vendor relationships to support the integration of vocational and mental health services staff as outlined in the evidence-based Individual Placement and Supports model of Supported Employment.

- DMHMRSAS and DMAS will collaboratively provide clear interpretive guidance to providers on how existing Medicaid reimbursable Community Mental Health Rehabilitative Services may be provided to mental health consumers in and around employment settings.

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Background

While successful supported employment for Virginians in recovery from serious mental illness is a shared goal by consumers and providers alike, it has been slow to emerge as a best practice.

In fact, in reviewing the disabilities of consumers on DRS' rolls for Long Term Employment Support Services dollars for FY 2008, only 25 % were seriously mentally ill, while 44% were intellectually disabled. There is a disproportionately low use of DRS resources for the psychiatrically disabled when compared to other disabilities.

> Less than 5% of people with mental illness can access supported employment programs.
>
> (Becker, 2006)

The public sector mental health delivery system, CSBs, have focused their resources and attention on facility-based day programs, called clubhouses, as the one common ingredient available to all consumers statewide. A focus on competitive employment, however, has been highly variable and uneven. The Evidence Based Practice of Supported Employment is a well-researched tool that spells out the specific interventions and approaches that are most likely to lead to successful employment outcomes. In order for more Virginians to be successfully employed, it is critical that their key partners at the CSBs understand the practice and work to implement its tenets in their individual communities.

Successful employment outcomes require strong collaboration and communication among consumers, various providers which can include CSBs, DRS, DMAS, private providers including consumer run programs, Social Services and others. It is not possible to achieve successful employment outcomes in the absence of such external collaboration.

> *"Disturbingly, most vocational rehabilitation services are ineffective for the small proportion of people with mental illnesses who manage to get them."*
>
> (New Freedom Commission on Mental Health, 2003)

> 70% of people with mental illness say they want to work but only 15% are working.
>
> (Becker, 2006)

Yet, in Virginia, the role of providing community-based services and supports to consumers with SMI has largely fallen to the CSBs, unlike services in the Intellectual Disability community, where CSBs have contracted with numerous private providers for many years. Until recently, there has been very little service provided by the private sector on the mental health side.

Ongoing collaborative partnerships with public (DRS) and/or private organizations is an evolving skill set, as we have learned together that to be successful, our statewide system of care must include multiple partners. This is a change, and requires that we find the time and develop the expertise to successfully communicate and collaborate to reach shared goals with multiple providers. In the absence of strong, ongoing collaboration and communication, improved employment outcomes will not be realized.

Partnering between mental health providers and Vocational Rehabilitation Counselors from the state Department of Vocational Rehabilitation is associated with better employment outcomes… Frequent communication to reinforce referring procedures, problem solving, and coordinated service planning are the underpinnings of collaboration.
(Gowdy, Carlson, & Rapp, 2000; Drake et al., 1996).

Just as individualized approaches are what is called for in our work with individual consumers, so will be the individualized solutions to improve collaboration developed at the local levels of each CSB with its unique set of partnerships and systems of care. In an under resourced system, with CSBs being asked to do more with less, it is especially timely that they look to others in the community who may have the discrete, specific skill sets that will supplement their work with shared consumers.

Work is integral to recovery.
(Kirsch, 2000; Provencher, Gregg, Mead, & Mueser, 2002; Rogers, 1995)

Recovery, Empowerment and Self-Determination

According to the Substance Abuse and Mental Health Services Administration website, "The existing mental health system is based on an institutional medical model that views mental illness as a lifelong condition from which it is impossible to fully recover. As a result, service users have only limited opportunities to fulfill any role other than that of passive recipient of whatever services treating professionals determine they should receive. "Choice," in this context, is limited to, at best, selecting within a predetermined set of options. Even when service users are allowed such limited choices, they are frequently overruled on the basis of clinical judgment. The implicit message is that service recipients are incapable of assessing or acting in their own best interests, and that disagreement with treating professionals is evidence of symptomatology rather than of self-assertion and self-determination."

In order to progress, the mental health community must make a cultural shift towards a recovery-based system that is built upon self-determination, empowering relationships, and full community participation by mental health consumers. In order to make that shift successfully, consumers must be involved in every level of policy planning and program development, implementation and

"Work is about daily meaning as well as daily bread."
(Studs Terkel, 1995)

evaluation. Introducing a cultural shift will create systems change.

The current mental health system is facing challenges in adequately facilitating recovery for people with severe mental illnesses. Consumers are still experiencing barriers to becoming empowered to achieve self-determination through healthy relationships, meaningful participation in the community and the elimination of stigma and discrimination -- three critical principles of the process of recovery as defined by the National Consensus Statement on Mental Health Recovery.

Changing the mental health system to one that is based on the principles of recovery will require that mental health consumers and allies bring about changes in beliefs and practices throughout the system. The building of alliances will require mutual trust, understanding and respect by everyone involved.

The success of the recovery approach in treating mental illness is evident through the voice of consumers, their family members, the psychiatric rehabilitation community and continued research. Throughout the country public and private sectors of the mental health community have begun to create recovery-based programs, services and self-help techniques for people living with mental illnesses.

While recovery is unique for each consumer, according to Mary Ellen Copeland author, educator, and mental health recovery advocate, five main principles are woven into each person's plan of healing.

1.) Hope
2.) Personal Responsibility
3.) Education
4.) Self-advocacy
5.) Support

- **Work is healing.**
- **Work focuses on abilities, not limitations.**
- **Working improves self-concept by demonstrating usefulness and self-worth.**
- **Working moves people into challenging interpersonal social relationships that decrease isolation and foster social inclusion.**
- **Earning a salary can help a person escape from poverty, providing the financial capability to become more independent.**

(Walsh, K.J., 1999)

Many consumers are aware of the possibilities of recovery but need knowledge of and access to recovery tools and programs. Some have said that, upon entering today's mental health system, they have been disappointed to find that information about recovery-based care is often insufficient or absent. It is vital that information about mental health care, including the principles and practices of recovery be presented with the hope of recovery.

> When researchers have asked consumers if they want to work, nearly 7 out of every 10 consumers said they would like to have a job. Research shows 6 out of every 10 consumers can work at a job in the community if they are provided with the right types of services and supports.
>
> http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment

Traditionally, and still much too often, consumers are treated by being told what to do instead of being asked what they need. Emphasis is placed on the deficiencies of their illnesses rather than their often considerable knowledge and experience.

Using the Community Services Boards (CSBs) and the Department of Rehabilitative Services (DRS) as examples of culture change will show the importance of the addition of peers and the impact they can have and employment as a viable part of recovery.

Currently, based on system limitations, the tendency exists for the system to decide what referrals are made for employment and vocational help given to consumers. CSB therapists are trained to be more clinical in approach. Often they are not in the position to take a case management role. Traditional Case Managers have heavy caseloads, which can result in limited services. The nature of the system creates challenges in helping people find practical resources, like housing and employment, which can lead to empowerment, hope and independence.

Inserting the recovery model into the system means that consumers would be involved in this decision making. This will lead to self-determination. Employment and vocational supports would be based on the individual consumer's goals, hopes and dreams, not based on limited system capacity.

Recovery based practices form the foundation for successful competitive employment.

The Evidence Based Practice of Supported Employment

Evidence-Based Practices (EBPs) are interventions for which there is consistent scientific evidence showing they improve consumer outcomes. EBPs are useful in that they offer practitioners the ability to stay on top of research findings, identify and utilize best practices in treatment to maximize consumer outcomes.

Traditional vocational rehabilitation services have the following typical features:

- They are ***stepwise*** – training and sheltered work first
- They include ***work readiness*** criteria – clients are screened for placement
- They are ***brokered*** – different agencies provide vocational and mental health services
- They are ***short-term*** – services are reduced soon after a job is found

(Becker, 2006)

The Substance Abuse and Mental Health Services Administration promotes EBPs through its resource tool kits. Their national registry of evidence-based programs and practices can be found at: http://www.nrepp.samhsa.gov/find.asp.

Supported Employment is an evidence-based practice. It is a well defined approach to helping people with mental illnesses find and keep competitive employment within their communities.

Core Principles of the Evidence-Based Practice of Supported Employment[1]

Research has helped to identify the core principles of Evidence-Based Supported Employment. These principles include:

- **Helping people diagnosed with serious mental illness find competitive jobs in the community that fit their individual needs and interests.**
- **Fully integrating Mental Health Services and Vocational Rehabilitation Services.**
- **Creating easy access to employment services when a consumer expresses an interest in employment; (i.e., consumers are not required to complete work readiness or other vocational assessments before seeking employment in the community).**
- **Providing employment services to all consumers interested in employment.**
- **Designing goals and plans that are based on each individual's preferences, strengths, abilities, and experiences.**
- **Providing employment supports that are individualized, flexible, and available for as long as necessary.**
- **Assisting consumers and family members with benefits counseling.**

[1] The Johnson & Johnson - Dartmouth Community Mental Health Program, see: http://dms.dartmouth.edu/prc/employment/jjdcmhp/

The Evidence is in: Supported Employment Works!

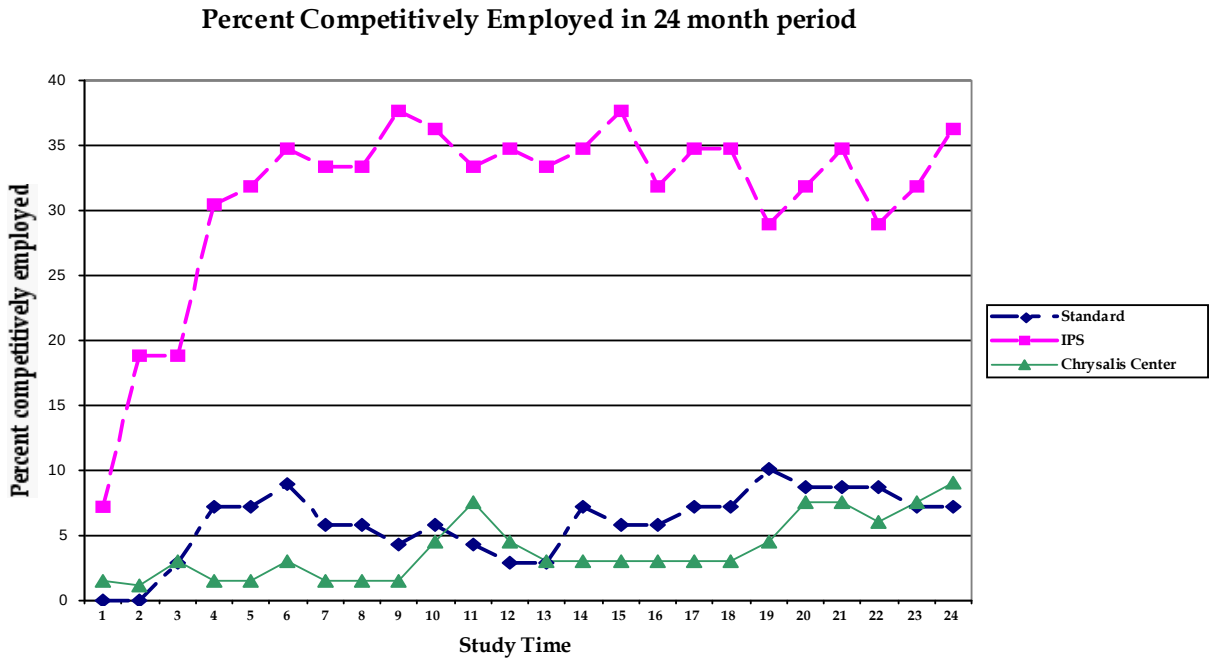
In Hartford, Connecticut, Mueser and colleagues (2004) conducted a controlled trial of inner-city residents from diverse backgrounds (including African Americans and Hispanic Americans) with poor work histories but expressed interest in competitive employment.

Clients were randomly assigned to either

1. the Individual Placement and Supports (IPS) model of supported employment,
2. a psychosocial rehabilitation program that included work units and transitional employment, or
3. standard rehabilitation vendors offering supported employment outside of the mental health center and other vocational services.

For a 24-month study period, IPS clients achieved better employment outcomes that were four times and three times higher, respectively, than for those clients in the comparison programs. The overall rate of competitive employment for IPS was 74%.

CT Supported Employment Study (Mueser, 2004)



Employment Supports for Individuals with Severe Mental Illness

Programs providing employment supports are a valuable potential resource for people with severe mental illness seeking competitive employment. Employment is a key component of recovery. Individuals with severe mental illness who hold competitive jobs for an extended period of time frequently experience a number of benefits, including improvements in their self-esteem and symptom control.

Effective employment programs targeting individuals with severe mental illness emphasize encouraging interest and building confidence in working, getting a job consistent with individual work goals, and retaining employment. Employment services that follow seven evidenced-based practices have proven successful in assisting people with severe mental illness in achieving and sustaining employment outcomes.

1. Participation in the employment program is based on consumer choice.
2. Employment supports are integrated with mental health treatment.
3. Services are focused on competitive employment as the goal.
4. A rapid job search approach is used.
5. Job finding is individualized with attention to consumer preferences.
6. Supports are ongoing.
7. Benefits counseling is used to educate consumers on the effect of earnings on benefits.

The following information summarizes these seven key practices and provides additional resources on effective employment supports for individuals experiencing severe mental illness.

1. Participation in the employment program is based on consumer choice.

True consumer choice requires access to the information necessary to make an informed choice. Practices that encourage informed consumer choice about employment include:

- Creating an atmosphere where anyone who chooses to work can work.
- Asking consumers if they want to work as soon as they enter the employment program.
- Promoting employment consistently and regularly as a positive, achievable outcome.
- Encouraging consumers to talk about their fears and concerns about work and providing the assistance needed to address these concerns.
- Building confidence by giving attention to each individual's strengths and motivations.

Programs that successfully promote informed consumer choice take a systematic approach incorporating these practices. These programs recognize that for individuals with severe mental illness, consumer characteristics do not predict success in competitive employment. Gender, ethnicity, diagnosis, hospitalization history, cognitive functioning, education, or substance abuse history are not predictors of employment success. Instead, employment programs are most successful when they operate on the principle of "zero exclusion." Anyone who expresses a

desire to work and makes an informed choice to participate in an employment program is eligible.

For a variety of reasons, programs that use the zero exclusion approach do not assess consumers for work readiness using traditional methods, such as standardized aptitude tests. These assessment methods have in the past screened out consumers with mental illness at a high rate, including many who could successfully work, and take resources away from services that could be better directed to helping people find jobs. Also, most standardized assessment approaches do not actually predict which individuals will work. And finally, these assessments typically do not give information about what interventions to offer as a way to help consumers work successfully.

2. Employment supports are integrated with mental health treatment.

It is critically important for consumers with severe mental illness that employment supports be integrated with any mental health treatment. Employment efforts are unlikely to be effective if the person is not receiving adequate clinical case management. Practices that encourage integration of employment services and supports with mental health treatment include:

- Employment support team members are in close and frequent contact with the mental health case managers.
- Treatment plans and employment plans are coordinated and mutually supportive.
- Treatment team meetings include the employment staff and consideration of employment plans and issues.

For integration of employment and mental health services to be effective, there must be genuine collaboration and mutual problem solving. For example, medication or housing changes should always be coordinated with employment changes If they aren't, responsibility for follow-up becomes unclear, and employment staff may be caught up doing crisis intervention, a role more appropriately fulfilled by case managers.

Integration of employment and mental health services contributes to lower employment program dropout rates, because case managers are involved in keeping consumers engaged. Clinicians and employment specialists report better communication. Clinicians become involved and excited about employment, and the close working relationship between the clinicians and the employment team results in clinical information being a part of the vocational plan.

3. Services are focused on competitive employment as the goal.

Individuals with severe mental illness have historically received services in day treatment or sheltered programs that focus on an array of rehabilitation activities, protected job options, or short-term work experiences. However, prevocational preparation, extended career counseling, or other work readiness activities do not effectively promote competitive employment outcomes. In comparison, practices that focus on competitive employment as the goal include:

- Targeting attention and resources on work as a goal from the moment the individual enters the program.
- Stating the benefits of work and encouraging success.

- Avoiding spending time and resources on work readiness experiences or extended periods of assessment.
- Assuring that assessments occur rapidly and build on the desire and motivation of the consumer to seek work.

In providing employment services and supports, it's essential to devote resources and energy to assisting consumers with finding competitive jobs. From the moment a consumer begins the program, communicate a clear message that an integrated competitive employment outcome is the goal and focus all employment services and supports on directly meeting that goal. Avoid volunteer approaches or paid employment options that are not drawn from the competitive employment job market.

4. A rapid job search approach is used.

A rapid job search approach means that contact will be made with employers within the first month after a consumer enters the employment program. Most consumers with mental health support needs prefer to work towards an employment outcome instead of going through transitional preparatory activities. In fact, work readiness or other preparatory activities that delay competitive work can actually reduce prospects for community employment. Practices focusing on a rapid job search include:

- Providing direct assistance in job finding through job leads and active job development.
- Emphasizing on-the-job training with supports at the job site.
- Obtaining rapid approval from funding agencies for employment plans.

Many employment programs receive funding through fee-for-service programs such as Vocational Rehabilitation (VR). A rapid job search will not take place when there is limited coordination between the funding entity and the employment agency. Let funding sources such as VR and other fee-for-service programs know as early as possible when new consumers who potentially have employment goals enter the program. Make any testing, treatment or related background information available (as long as there is approval by the consumer to share this information). Schedule regular staffings or case conferences to be sure information is shared as necessary. The job search process will vary in strategy and timing from person to person. However, established collaborative practices among key stakeholders in the job search process will help support a rapid movement to employment.

5. Job finding is individualized with attention to consumer preferences.

Job finding is a collaborative process between the consumer and the employment support team. This process emphasizes use of a consumer's preferences, strengths, and prior work experiences. Practices that focus on consumer preferences include:

- Working closely with consumers' personal interests.
- Seeking jobs and workplace environments that match individual preferences.
- Helping individuals make informed choices about disclosing the presence of a disability to employers.
- Working closely with the consumer and employer on identifying and negotiating needed workplace accommodations..

The collaborative process between the consumer and the employment support team emphasizes job selection that takes into account job duties, location, hours of employment, work environment, and other factors related to satisfaction and success in working. Job matching can include arranging customized employment opportunities with employers through job carving, negotiating job descriptions, or create job descriptions. Consumers are much less likely to quit their jobs if these initial positions are consistent with their preferences. In addition, consumers working in fields consistent with their preferences have higher job satisfaction. The emphasis on job matching contrasts with conventional ideas of developing a pool of jobs and then offering consumers jobs from this pool.

6. Supports are ongoing.

Placing arbitrary time limits on supports after a person is employed is very detrimental to employment success. The availability of continuous supports, including replacement assistance, is often closely tied to funding policies and performance standards of the various employment support programs. Funding agencies will usually be much more flexible in approving job related supports when there is clear evidence that these supports improve the likelihood of job success. Practices that emphasize the continued availability of ongoing supports include:

- Assisting individuals in discovering their true job interests by working in competitive employment.
- Maintaining direct supports to consumers and employers (where appropriate to an employment plan) after obtaining work.
- Assisting people with moving into new jobs as long-term job interests are clarified.

In many states, funding for employment services is time-limited, triggering rules about how long someone is eligible. Or, the funding may shift from one source (such as Vocational Rehabilitation) to a second source (such as Medicaid) after a specific period of time that a consumer is employed. It is critical that employment programs find ways to customize the supports for consumers and continue to stay in touch over the long term. For example, try to negotiate flexible funding arrangements that are not tied to strict rules about time limits. The key to success in these negotiations is demonstrating that maintenance of supports minimizes "revolving door" demands on funding agencies such as when a consumer receives a time-limited service and then loses employment as soon as supports are removed, necessitating a whole new employment plan.

7. Benefits counseling is used to educate consumers on the effect of earnings on benefits.

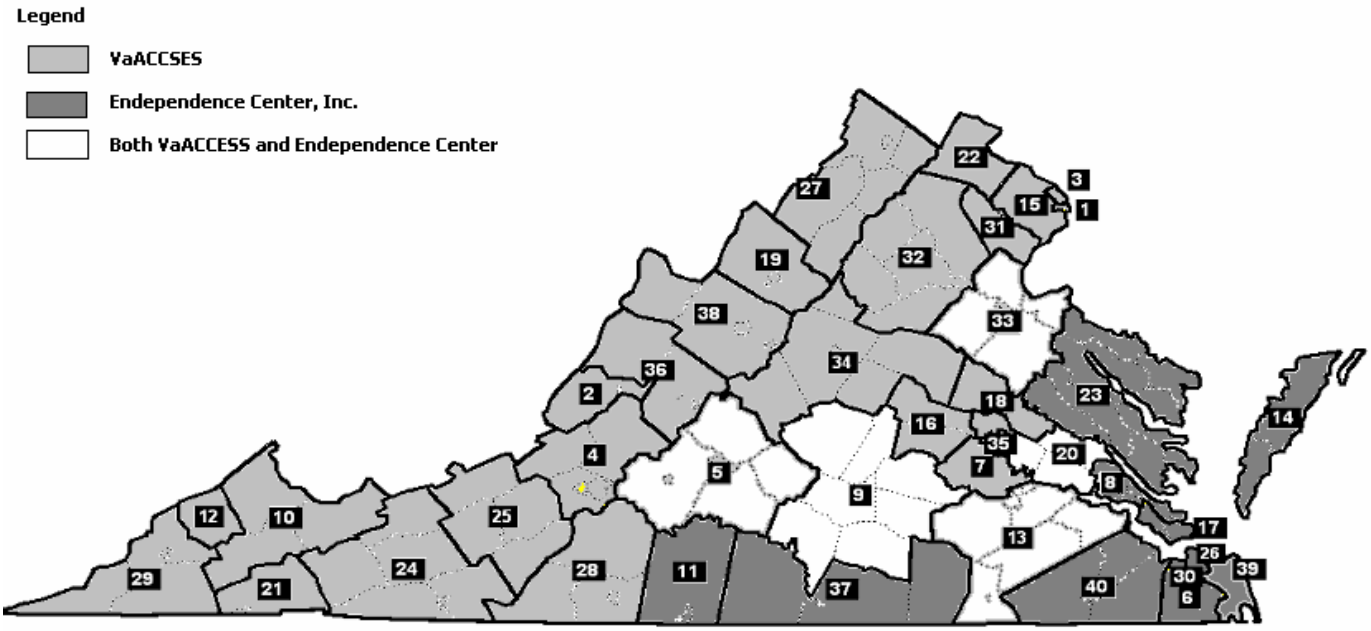
Some individuals with severe mental illness receive disability benefits such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). Many also receive benefits related to health care, housing and/or food assistance. Benefits planning services are an important employment support. Practices that focus on benefits planning include:

- Assuring that consumers have access to professional benefits counselors and understand the interaction between work earnings and disability-related benefits.

- Addressing fully the many concerns individuals have about the potential loss of benefits after employment, fears that are frequently based on rumors and misconceptions.
- Assuring that job plans (in terms of hours of employment, pay and benefits) are coordinated with benefit plans developed during benefits counseling.

The Social Security Administration has implemented a national Benefits Planning, Assistance and Outreach (BPAO) to assist individuals with disabilities who receive SSDI and/or SSI. The BPAO program is comprised of 117 projects throughout the United States. These projects provide information and direct assistance on how benefit programs and work incentives interface with earnings from employment and self-employment. The location of the BPAO projects in each state can be obtained from the VCU Benefits Assistance Resource Center at -- http://www.vcu-barc.org/ In some states, there are also individuals and organizations that can provide fee-for-service benefits counseling and assistance for individuals with severe mental illness who do not receive SSI or SSDI benefits.

Virginia Benefits Planning, Assistance and Outreach (BPAO) by CSB Area



vaACCSES, 7420 Fullerton Road, Suite 110, Springfield, VA 22153, 703-461-8747
Endependence Center Inc. 6300 East Virginia Beach BLVD. Norfolk, Va. 23502 (757) 461-8007
(See CSB list below)

Community Services Boards

1	Alexandria Community Services Board	15	Fairfax-Falls Church Community Services Board	28	Piedmont Community Services
2	Alleghany Highlands Community Services Board	16	Goochland-Powhatan Community Services	29	Planning District One Mental Health and Mental Retardation Services Board
3	Arlington County Community Services Board	17	Hampton-Newport News Community Services Board	30	Portsmouth Department of Behavioral Healthcare Services
4	Blue Ridge Behavioral Healthcare	18	Hanover County Community Services Board	31	Prince William County Community Services Board
5	Central Virginia Community Services	19	Harrisonburg-Rockingham Community Services Board	32	Rappahannock Area Community Services Board
6	Chesapeake Community Services Board	20	Henrico Area Mental Health & Retardation Services Board	33	Rappahannock-Rapidan Community Services Board
7	Chesterfield Community Services Board	21	Highlands Community Services	34	Region Ten Community Services Board
8	Colonial Services Board	22	Loudoun County Community Services Board	35	Richmond Behavioral Health Authority
9	Crossroads Community Services Board	23	Middle Peninsula-Northern Neck Community Services Board	36	Rockbridge Area Community Services
10	Cumberland Mountain Community Services Board	24	Mount Rogers Community Mental Health and Mental Retardation Services Board	37	Southside Community Services Board
11	Danville-Pittsylvania Community Services	25	New River Valley Community Services	38	Valley Community Services Board
12	Dickenson County Behavioral Health Services	26	Norfolk Community Services Board	39	Virginia Beach Community Services Board
13	District 19 Community Services Board	27	Northwestern Community Services	40	Western Tidewater Community Services Board
14	Eastern Shore Community Services Board				

The seven principles of Supported Employment establish a core framework for building an effective program of employment supports for individuals with severe mental illness. Many are drawn from the Individualized Placement and Support (IPS) approach to providing employment supports to individuals with severe mental illness. The principles have direct implications for employment service providers, agencies that purchase employment services, and consumers of these services.

- For providers, the principles provide clear guidelines for program development.
- For funding agencies, the principles establish a basis for purchase of service guidelines and quality indicators.
- For consumers, the principles provide a measure for making informed choices about service providers and identifying which providers will be most effective in supporting the achievement of individualized employment goals.

Employment programs that follow these evidence-based practices will be more likely to effectively and successfully assist consumers with severe mental illness in meeting their employment goals.

A series of randomized controlled trials have compared **supported employment** to traditional vocational services, such as

- pre-vocational programs,
- sheltered workshops,
- psychosocial rehabilitation programs, and
- Transitional employment.

According to one review, **58% of supported employment** clients obtained competitive employment over 12 to 18 months, compared to **21% of clients in the control groups**.

(Bond, Drake, Mueser, & Becker, 1997)

Two meta-analyses yielded similar findings

(Crowther, Marshall, Bond, & Huxley, 2001; Twamley, Jeste, & Lehman, 2003).

A small minority of clients who participated in one day treatment conversion reported increased loneliness (Torrey et al., 1995), and for this reason, mental health agencies and state mental health authorities have helped to finance consumer-run drop-in centers and other programs

(Torrey, Mead, & Ross, 1998).

Supported Employment: Individual Placements and Supports (IPS) Model

Staffing

Caseload size: Employment specialists manage employment caseloads of up to 20 clients.
Employment services staff: Employment specialists provide only employment-related services.
Vocational generalists: Each employment specialist carries out all phases of employment service (e.g. intake, engagement, assessment, job development, job placement, job coaching, and follow-along supports) before transferring to less intensive employment support from other MH team members.

Organization

Integration of rehabilitation with mental health treatment: Employment specialists are an integral part of mental health treatment teams (no more than two different teams) with shared decision-making. They attend regular treatment team meetings, are co-located with (or in close proximity to) the rest of the team, and have frequent contact with treatment team members. They also work closely with DRS Vocational Rehabilitation Counselors and related Employment Support Organizations (ESOs) to coordinate services. Their documentation is integrated into the client's mental health treatment record and they also help focus the team's attention towards employment goals of other treatment team clients.
Vocational unit: At least 2 employment specialists function as a unit with an employment unit supervisor. They have weekly group supervision, share information, help each other with strategies and job leads, and provide backup and coverage when needed for each other. The supervisor works closely with the mental health treatment team leaders, "shadows" new ES staff and provides periodic on-site reviews.
No exclusionary criteria is used: such as job readiness, lack of substance abuse, no history of violent behavior, mild symptoms, and treatment compliance. All clients are encouraged to participate and help is offered to find another job when one has ended, regardless of the reason or number of lost jobs.
The agency promotes competitive employment: by supporting the employment services unit, routinely asking about consumers' employment interests (at intake and periodically thereafter), tracking the rate of their employment, and celebrating SE client achievements. The agency's administration closely oversees the implementation of the program, includes the employment services in quality assurance reviews using the Supported Employment Fidelity Scale, and promotes the program to the rest of the agency staff.

Services

Work incentives planning: is offered to all clients before starting a new job or making changes to work hours and pay. A trained benefits specialist provides information and assistance about SSA benefits, Medicaid and other medical insurance benefits, housing subsidies, food stamps, and retirement, etc.
Disclosure issues: are discussed with the employment specialist to help the client decide what is revealed to the employer about having a disability.
Ongoing, work-based vocational assessment: begins with an initial 2-3 session exploration of interests and strengths and documentation of a vocational profile for use in identifying appropriate job types and work environments. The assessment is an ongoing process based on work experiences in competitive jobs and the vocational profile is updated with each new job

experience. Assessments are aimed at problem solving using environmental assessments and consideration of reasonable accommodations

Rapid search for a competitive job: begins immediately after assessment and the first face to face contact with an employer about a competitive job occurs within one month after program entry.

Individualized job search: by the employment specialist includes employer contacts based on clients' job preferences (relating to what they enjoy and their personal goals) and needs (including experience, ability, MH symptoms, and health, etc.) rather than the job market (i.e., what jobs are readily available).

Employer contacts: are made frequently on behalf of clients looking for work, and the employment specialist builds relationships with employers by learning their needs and matching clients' strengths.

Diversity of jobs developed: help provide options in different settings and with different employers. The specialist only offers the same types of jobs, or jobs at the same work settings, less than 15% time.

Competitive jobs: with permanent jobs status are offered, not "Transitional Employment Placements".

Individualized follow-along supports: are provided to clients based on the job, client preferences, work history, and individual needs. The employment specialist helps clients' move into more preferable jobs, and obtain additional training and education as desired. In addition, supports are also provided by other treatment team members, family, friends, and co-workers. The employer is also supported (e.g., designing job accommodations) at the client's request.

Time-unlimited follow-along supports: are provided to clients, including face to face contacts the week before starting a job, within 3 days after starting (or losing) a job, weekly for the first month, and at least monthly for a year or more as preferred by the client. Clients are transitioned to other members of the mental health team following steady employment.

Community-based employment services: such as engagement, job finding and follow-along supports are provided in natural community settings. The employment specialist spends 65% or more of scheduled work hours in the community

Assertive engagement and outreach: is conducted as needed to avoid unnecessary program discharges. Service termination is not based on missed appointments or fixed time limits, documented and coordinated outreach attempts are made by the supported employment specialist and other team members, multiple home and community visits are made, and family members are contacted as appropriate.

Key Factors for Implementing Supported Employment

Lessons may be learned for how challenges to implementing supported employment were addressed and overcome in the National Evidence-Based Practices Project.

First, the study demonstrated that **nothing replaces leadership**. Sites with the highest fidelity had strong leadership on both administrative and program levels.

Second, although an intense level of training and consultation strongly influenced the implementation process, prior knowledge and experience of staff was also a key factor. Sites with the highest fidelity scores had program leaders with **skills in business and clinical supervision** or employment specialists with strong clinical skills.

The third lesson learned is that it is essential to hire supported employment **staff who believe in recovery and supported employment principles**. Employing staff who doubt and challenge the evidence-based model can hinder agencies' ability to implement aspects of the model.

We offer the following recommendations to those implementing evidence-based supported employment.

- Before initiating the supported employment implementation, **ensure top-level administrators are committed** to the initiative and are willing to carry out the range of actions included in this report.

- **Dismantle programs that contradict or interfere with supported employment** (for example, prevocational, enclave, or agency-based employment programs).

- **Designate a full-time staff person to lead the supported employment program** who has administrative authority. Give preference to candidates with strong skills in business and clinical supervision.

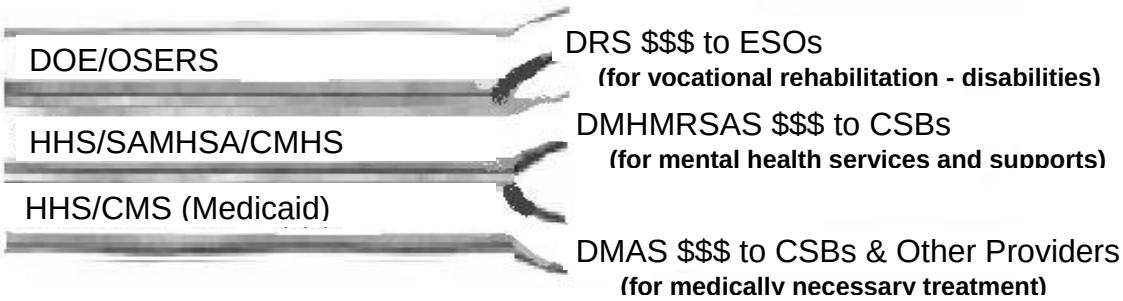
- **Hire employment specialists with strong clinical skills** for working with people with mental illness **who believe in recovery** and supported employment principles.

- **Set clear performance standards based on the evidence-based model** and be prepared to remove staff who do not meet them.

(Marshall, et al, 2008)

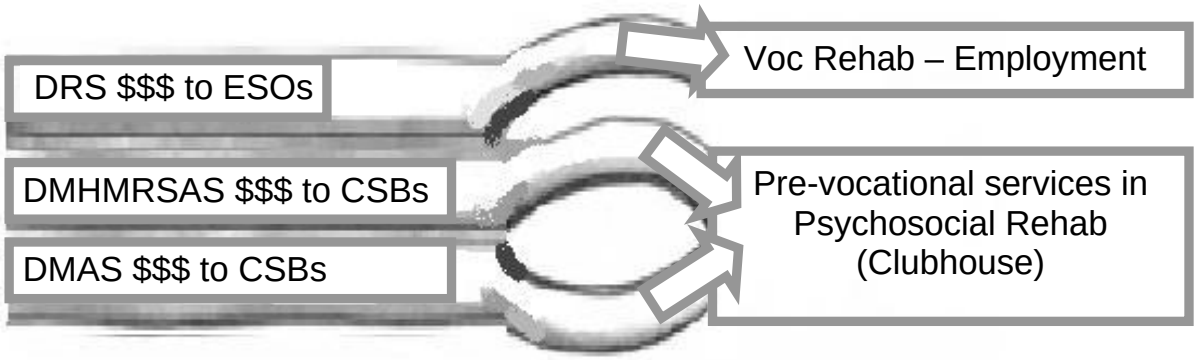
Funding Streams

While it is evident that Congress prohibits "double dipping" between Vocational Rehabilitation (VR) Services and Medicaid, Congress clearly intends to promote employment as the preferred outcome of coordinated Medicaid and vocational rehabilitation services and to support the extension of needed Medicaid-funded services to employed persons with disabilities. Federal bureaucracies and their related funding streams, however, make coordination difficult.



Key:
DOE – Department of Education
OSERS– Office of Special Education and Rehabilitative Services
HHS – Department of Health and Human Services
SAMHSA – Substance Abuse and Mental Health Services Administration
CMHS – Center for Mental Health Services
CMS – Center for Medicaid and Medicare Services
DRS – Department of Rehabilitative Services
ESOs – Employment ServiceOrganizations
DMHMRSAS – Dept. of Mental Health, Mental Retardation and Substance Abuse Services
CSBs – Community Services Boards
DMAS – Department of Medical Assistance Services

Current State to Local Funding Streams

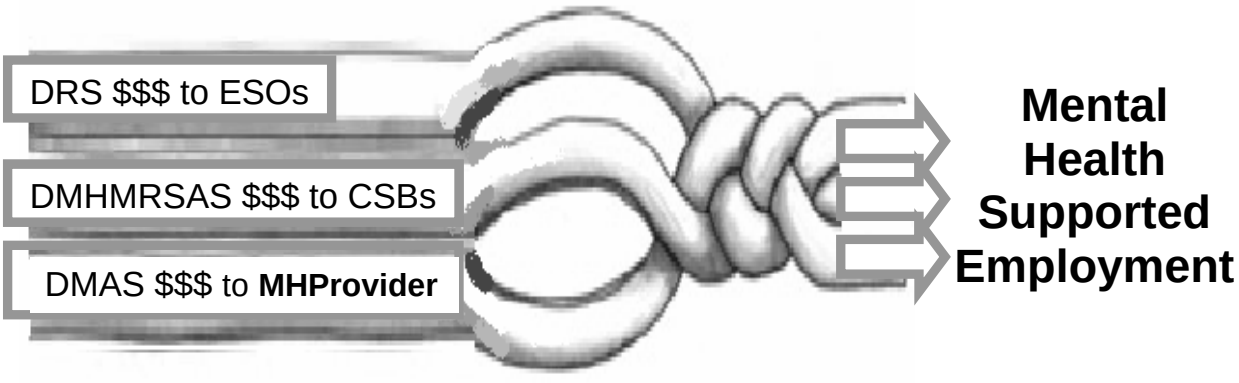


There are a number of options in Virginia for funding all aspects of supported employment available statewide, in addition to local mental health funding available in many jurisdictions. Some of them are widely known, such as the state Department of Rehabilitative Services, which provides a continuum of services directly, as well as through their vendors, Employment Service Organizations (ESOs) for eligible consumers. DRS may fund all aspects of choosing and getting jobs including job development and training. In addition, because long term supports are critical for ongoing job tenure, the General Assembly has made available through DRS, Long Term Employment Support Services (LTESS) funding.

Medicaid reimburses for Mental Health Support Services (and, for Assertive Community Treatment Consumers, Intensive Community Treatment) to provide individualized intensive skills training that can include general interpersonal, organizational and symptom management strategies that can support an employment goal. However, Medicaid will not fund specific employment activities such as employment assessment, job development or job training.

DRS will fund those activities that have the purpose of teaching consumers the employment skills needed to gain and sustain specific employment at a specific job. Medicaid will fund skill teaching related to skills needed to obtain and maintain employment in general such as if mental illness and/or symptoms are getting in the way of employment. Medicaid MHSS has the purpose of assisting consumers to reduce symptomatology, reduce subjective distress, or improve psychosocial functioning, which can directly assist with choosing, getting and keeping a job. Such skill teaching can begin even before consumers are referred to DRS. Consumers can be empowered to be actively working towards an employment goal before they are ready for a DRS referral.

Proposed State to Local "Braided" Funding Stream



For example, MHSS staff can work with consumers on developing skills that will prepare them to work, such as time management and relationships with others. In addition, MHSS staff can work closely with consumers to assess their strengths and weaknesses as involves success in obtaining and/or maintaining employment. However, specific employment activities such as an employment situational assessment or assistance with obtaining and maintain a specific job would not be funded by Medicaid, but rather by DRS.

There are four significant players in the funding of employment services:

1) the **consumer**,
2) your local **DRS** counselors,
3) **CSB** services that can include case management, clubhouse programs, directly operated or contracted Medicaid MHSS (or ICT services) and
4) DRS counselors and the DRS vendor community known as **Employment Service Organizations (ESOs)**.

Each plays a critical role in successful employment outcomes. There are multiple ways to get the job done by each CSB that will vary depending upon whether the following are true:

- the consumer is eligible for Medicaid MHSS
- the consumer is appropriate for DRS funded services
- your CSB has easy access to DRS vendors (Employment Service Organizations – ESOs) with a specialty in working with adults in recovery from serious mental illness
- your CSB chooses to use any available local or state dollars to support employment or long term follow along activities such that support around employment can begin before and/or simultaneously to opening the case with DRS – i.e. there is no waiting for the consumer who will experience seamless service delivery no matter who the funders may be at any given point in time
- the CSB case managers are available to provide linkage to MHSS, DRS and ESOs
- the design and approach of CSB intakes allow for identification of employment interests and referral for employment services by always asking if a consumer is interested in employment, no matter what the presenting problem
- the design of clubhouse programs offer work skills training for consumers not yet ready to become employed, but who state that they have a goal of becoming employed in the future

Organizations can choose to directly offer many of these services OR can choose to contract with, partner with or link to others who are providing such services. For example, a CSB's case managers can choose to

- link with a private provider or another department within their own CSB for MHSS, or
- work with local DRS counselors within the CSB clubhouse or in the DRS field offices, or
- tap long term support funding through CSB dollars or through an ESO etc.

In other words, there can be wide variations in approaches and strategies for tapping and accessing funding and services needed for successful competitive employment across CSBs; each will determine what works best within one's own jurisdiction based upon available

resources and realities

Two Models for Organizing Supported Employment Services in a CSB

Model One
CSB becomes a DRS vendor (ESO)
CSB hires Employment Specialist who is a Qualified Mental Health Professional (eligible to bill DMAS for MHSS)
CSB bills DRS for Employment Services and Medicaid for Mental Health Supports

Model Two
CSB partners with a DRS vendor (ESO)
CSB contracts with the ESO for an Employment Specialist who is a Qualified Mental Health Professional (eligible to bill DMAS for MHSS)
ESO bills DRS for Employment Services and CSB bills Medicaid for Mental Health Supports

Organizational funding resources examples follow that include a CSB choosing to become a Medicaid provider of Mental Health Support Services (MHSS), choosing to become a Employment Support Organization (ESO) vendor of DRS services, or an Employment Network (EN) for the Ticket to Work.

In addition to DRS funding, a very significant resource is the ability to tap Medicaid's State Plan Option Mental Health Support Services funding for the "soft" skills that are required to become successfully employed. Support services and activities directly related to assisting a consumer cope with a mental illness in the work environment are reimbursable under Mental Health Support Services. Although Medicaid does not fund vocational services, it does fund intensive skills training and supports. This ability to "braid" funding streams between DRS and Medicaid provides the opportunity to successfully fund all aspects of supported employment that will allow consumers to succeed. Details about how employment supports can be provided and billed through MHSS can be found in Chapter 3: Eligibility and Clinical Documentation for Medicaid Mental Health Support Services.

The Virginia Department of Rehabilitative Services (DRS) Vocational Rehabilitation Program helps people with disabilities get ready for, find, and keep a job. There are 36 DRS offices across Virginia that may contract with employment support vendors.

How to become a DRS vendor

The following are requirements for an organization to become a vendor for employment services with the Virginia Department of Rehabilitative Services.

- A narrative description of your organization's services and qualifications. The guidelines for curriculum/program description may be found at the DRS website at http://www.vadrs.org/essp/se.htm.

- A letter of support from local Virginia DRS management in order for your organization to be an approved vendor of services. Letters of support from local DRS field staff ensures, for both DRS and you, that the need exists in your locale for these services.

- Review the Guide to Supported Employment Services and Job Coach Training Services and the appropriate billing and reporting forms for the proposed services. They are available at http://www.vadrs.org/essp/se.htm.

- A Purchase of Services (POS) agreement must be completed in order to determine your organization's rates. The form may be found at http://www.vadrs.org/essp/pos.htm. Please remember that all rates are subject to negotiation. Ranges of vendor rates will vary throughout the state, depending upon costs for salaries and benefits, etc. ESO rates can be hourly or daily, depending upon the type of services. For a review of current ESOs and their rates for each service they offer, go to http://www.vadrs.org/essp/esolist.asp. Click on any vendor and you will see its published rates.

- For SE/JCTS vendorship approval, DRS requires submission of information pertaining to your employment services program staffing plans, including staff qualifications for those staff who will be providing direct line services to consumers. A vendorship can not be approved without assurance that adequate coverage would be available to consumers served. A vendorship with only one employee, for instance, would not be able to provide sufficient coverage for all consumers served, and would therefore not be approved under most circumstances.

- Review the example of the DRS Vendor Agreement, also available on the DRS website. Note that approved vendors must carry and provide proof of sufficient liability insurance. Also, copies of the following must be submitted: (1) a copy of the bylaws of your organization; (2) Certificate of Incorporation; (3) if appropriate, IRS Letter of Determination (501 © (3); and (4) a brochure or other literature that includes the organization's mission statement.

- Long Term Employment Support Services funds (LTESS) are not currently available to new vendors to fund the hours spent in providing long term follow along. LTESS funds are awarded by the Virginia General Assembly. DRS does not know when funds will be increased to allow funding for new vendors. If your organization is approved to provide supported employment services, the organization will be put on a list for LTESS funding. Therefore, other means of obtaining funding for long term follow along (extended services) must be explored by potential vendors. Because of this situation you may want to consider being approved for Job Coach Training and job placement services that are time limited in duration in addition or instead of approval of supported employment services.

- If your organization wishes to provide time-limited supported employment services, the organization must assure that long term follow along supports will be provided, no matter what the source(s) of the funding.

- The Department of Rehabilitative Services Employment Services and Special Programs Office has an accreditation requirement for all Employment Services Organizations (ESO) that are headquartered in Virginia. CARF accreditation is now required for all ESOs to maintain their vendorship for employment services. New vendors entering the system have approximately a year in which to obtain this accreditation after approval as a vendor. Your organization must be CARF accredited or will apply for CARF accreditation to be put on the waiting list for LTESS funding. LTESS funding is only available to vendors that are CARF accredited. For more details about CARF accreditation you may go to http://www.carf.org.

DRS Referral Process

Anyone may refer a person with a disability who wants to work. Referrals come from social workers, doctors, mental health professionals, high school teachers, family, employers, hospitals, and many others. The individual with a disability may also self-refer. Before you refer someone, please make sure that person knows about and agrees to being referred.

DRS offices generally have working relationships with some specific local public agencies such as the public school system, local departments of social services, community mental health centers and the like. As part of these relationships, there may be specific counselors assigned from the local DRS office to take referrals. In other cases, individuals applying for services generally will be assigned to a counselor based on where they live.

Some offices offer a brief orientation to DRS services as a precursor to referral. These sessions are designed to provide basic information to the individual to assist them in determining if DRS services are appropriate. These sessions are not mandatory, and the referral source or the individual can ask to schedule an initial interview with a counselor and by pass the orientation sessions.

Referrals may be made by mail, phone, fax or email to the local DRS office. If it's not clear which local DRS would serve the individual, contact the DRS Richmond central office at the toll-free number in the U.S. (1-800-552-5019; TTY 1-800-464-9950) to determine which office would serve the individual. Information regarding local offices can also be found on line at the following link: http://www.vadrs.org/officelist.asp.

Initial Appointment (Intake Interview)

DRS services begin with an initial interview. The goal of this interview is to establish a relationship with the individual, to begin to gather information necessary to determine eligibility for services, to determine what additional diagnostic/assessment services may be necessary (no cost to the individual consumer) and to begin to develop a preliminary plan for services. Any

necessary release(s) of information may be processed and signed as well at this point.

Eligibility for Services/Applying for Services

The Vocational Rehabilitation Program is an eligibility program, not an entitlement program. Decisions about eligibility and necessary services are made on a case-by-case basis.

Individuals are eligible for DRS services if they meet all of the criteria below:

- Are legally eligible to work in the United States,
- Have a physical, mental, or emotional disability,
- The disability keeps them from finding or keeping a job,
- They are willing and able to work and can benefit from services and
- They are in the state (living in, working in, or moving to Virginia).

Individuals who receive Social Security Disability (SSDI) or Supplemental Security Income (SSI), and who want to work, already meet the first three criteria.

The DRS counselor will utilize all existing information as well as gather any necessary additional information in order to determine eligibility for services. It's critical that the individual applying for services as well as the referral source provide the counselor with all of the information they need in order to determine eligibility for services. A determination for eligibility must be made within 60 days of the individual applying for services.

Order of Selection

When all consumers eligible for vocational rehabilitation (VR) services cannot be served due to limited resources, federal law requires DRS to define categories which establish the order in which consumers are served. This law requires that consumers who are most significantly disabled will be served first. It requires that consumers in the other categories will be served in priority order as funds become available. This is called an **Order of Selection (OOS).** The OOS categories are called **priority categories.** DRS opens and closes priority categories based on available resources.

Consumers who are eligible for DRS services will be assigned to one of the priority categories based on the severity of their disability. If that priority category is open, the consumer will be served; if it's closed, the individual will be placed on a waiting list.

For more information regarding DRS Order of Selection, go to the following link on the DRS web site: http://www.vadrs.org/orderofselection.htm.

Individual Plan for Employment (IPE)

Once the consumer has been determined eligible for services, the counselor's job is to work with the consumer to develop an Individual Plan for Employment (IPE). This plan includes an appropriate vocational goal and the services that are determined to be necessary to meet that goal.

Determining a vocational goal takes into account the consumer's previous work history and education, as well as their interests, aptitudes and abilities. The counselor works with the consumer to analyze existing information as well as to pursue additional information through assessment services such as a vocational evaluation.

Once a vocational goal is established, those services necessary to achieve that goal are developed as part of the plan. Services could include educational or training services, medical services, job seeking or placement services, job coaching services, assistive technology, etc.

Job Placement, Employment and Supports

The provision of services as part of the consumer's Individual Plan for Employment (IPE) is intended to lead to employment consistent with the individual consumer's vocational goal. In some cases, the consumer may work with the DRS job placement counselor to achieve employment. In other cases, DRS may pay for job placement services with an approved vendor for services. In the case of the latter, job coaching services is provided to insure appropriate training and support for the consumer on the job.

Once an individual is employed and is considered stable on the job, DRS monitors the employment for a period of no less than 90 days prior to closing the case. During this time, the DRS counselor works with the consumer as well as the vendor (if involved) to insure that the consumer is stabily employed. Before closing the case, the DRS counselor will insure that the employer and the consumer are satisfied with the job.

Case Closure

DRS will close a case for three reasons:

1. Individual is successfully employed for a period of a least 90 days

2. DRS determines that the individual is no longer eligible for services; that services will not result in employment; that the individual has not met their responsibilities, etc.

3. The individual no longer desires DRS services

In any case, the consumer will be notified that DRS is closing their case. If the individual is employed and long term support services are available and necessary, the DRS counselor will work to insure these services/funds are in place prior to closing the case. If the individual is being closed unsuccessfully, the DRS counselor will typically communicate with both the

consumer and the referral source to discuss reasons for closure and any necessary services the individual might need to pursue prior to re-applying for services (medical services, psychiatric, etc.).

Post-Employment Services

Once the DRS case is closed there may be circumstances in which re-opening the case for short term, discrete services is necessary. The DRS counselor will make the determination is this is necessary. Examples of post-employment services generally include short term job coaching services to provide additional supports, purchase of technology or other one time purchases not anticipated at case closure, etc.

More information regarding DRS services for the individual consumer can be found on the DRS website at the link: "Your Path To Work" -http://www.vadrs.org/yourpath.htm.

Further details about DRS and its services can be found at:
http://www.vadrs.org/vocrehab.htm#1.

Most clients in evidence-based supported employment obtain part-time jobs. Starting a job at ten hours a week is not unusual. Jobs are typically entry-level jobs that are consistent with the person's skills and experiences. Clients tend to be more satisfied with their jobs and have longer job tenure when the jobs are consistent with their preferences (Becker, Drake, Farabaugh, & Bond, 1996; Mueser, Becker, & Wolfe, 2001).

Clients often transition through two or three jobs before finding a job that fits them well and finding the optimal level of working for their needs. One 10-year follow-up study showed that clients in supported employment did better over time in terms of satisfaction and job tenure (Salyers, Becker, Drake, Torrey, & Wyzik, 2004).

Eligibility And Clinical Documentation For Medicaid Mental Health Support Services

Requirements for Virginia's Medicaid State Plan Option Mental Health Support Services:

Client meets at least two of the following eligibility criteria for Mental Health Support Services on a continuing or intermittent basis:

1. Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization, homelessness, or isolation from social supports.

2. Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary.

3. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.

4. Require help in basic living skills, such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized.

Interpretive Guidance Regarding Medicaid Reimbursement for Mental Health Support Services in Supported Employment Programs

The following provides guidance to help distinguish between Mental Health Supported Employment services that are strictly vocational services supported by non-Medicaid funds (i.e., DRS or State and local mental health funds) and those mental health services provided in the work environment that may be reimbursable under Virginia Medicaid's Mental Health Support Services. Partnering and integration of services under these two funding streams are critical to the mental health consumer's successful employment.

Employment Objectives For Recovery Goals: Service providers can be reimbursed through Medicaid for medical services that enable the client to function in the workplace provided that the services are not primarily related to teaching specific job skills, but instead focus on a rehabilitative goal. In effect, employment-related services are provided to persons with mental illness to facilitate their individual recovery process of learning and practicing skills to achieve broad, long-term goals such as community integration, stability, and independence.

Examples of individualized, long-term goals under which employment objectives and interventions may be developed, include:

- Enhanced community integration;
- Increased community living skills that promote community adjustment;
- Enhanced social and interpersonal skills;
- Reduced impact of mental illness symptoms and improved quality of life;
- Maximized social integration; and

- Increased consumer empowerment and independence.

Medicaid-funded Mental Health Support Services are activities that provide training and support to enable individuals with significant functional limitations to achieve and maintain community stability and independence in the most appropriate, least restrictive environment. Any services provided to clients that are strictly vocational in nature are not billable. However, support activities and activities directly related to assisting a client to cope with a mental illness to the degree necessary to develop appropriate behaviors for operating in an overall work environment are billable.[2]

Interpretive Guidance

Strictly vocational services include vocational rehabilitation services available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973[3] as follows:

1. *Assessments for determining vocational rehabilitation needs and eligibility for services in a program funded under the Rehabilitation Act conducted by qualified personnel, including, if appropriate, assessments by personnel skilled in rehabilitation technology;*
2. *Counseling and guidance, including information and support services to assist an individual in exercising informed choice about services funded under the Rehabilitation Act;*
3. *Referrals by vocational rehabilitation personnel to secure needed employment-related services from other agencies;*
4. *Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services as defined by the Department of Rehabilitative Services;*
5. *Rehabilitation technology, including telecommunications, sensory, and other technological aids and devices.*

Activities directly related to assisting a client to cope with a mental illness to the degree necessary to develop appropriate behaviors for operating in an overall work environment include remedial treatment necessary to correct or substantially modify a mental condition that constitutes a substantial impediment to employment and remedial post-employment services[4] necessary to assist the individual to retain, regain, or advance in employment as follows:

1. *Conducting an assessment to identify specific training and supports needed to assist the individual to develop the social, interpersonal, and community living skills necessary to function successfully in an employment setting;*

[2] See the utilization criteria in 12VAC30-60-143 for Mental Health Support Services
[3] Title 29, Chapter 16, Subchapter I, Part A, § 723
[4] Services provided at a work site must be focused on assisting the individual to manage the symptoms of mental illness, and not to learn job tasks. These interventions will fall primarily in the areas of achieving required levels of concentration and task orientation and facilitating the establishment and maintenance of effective communications with employers, supervisors and co-workers.

2. *Exploring with the individual emotions and behaviors that are self-defeating and provide assistance in reframing perceptions and changing or modifying behaviors:*
3. *Assisting the individual in improving the ability to follow instructions, constructing daily schedule/task list, organizing tasks, and self- monitoring completion;*
4. *Developing strategies with the individual that improve and enhance ability to focus and lessen distractions;*
5. *Developing an understanding of the need for healthy hygiene and enhancing skills in grooming, proper dress and maintaining clothing, bathing, makeup/skin care, and hair care, (e.g., proper appearance for job interviews);*
6. *Developing skills in utilizing transportation options (e.g. identify and practice bus routes);*
7. *Discussing paychecks, taxes, savings, money management and budgeting, and assisting the individual in locating and utilizing banks and other community services;*
8. *Discussing confidentiality and decision-making regarding personal disclosure of disability and mental health services;*
9. *Developing and practicing effective communication skills such as active listening skills;*
10. *Assisting the individual in developing and practicing appropriate interpersonal skills for interacting with others;*
11. *Teaching skills for identifying and resolving problems with others, and developing and practicing skills in negotiation, problem solving, and giving feedback;*
12. *Exploring sources of stress and pressure and identifying specific resources and strategies for managing and coping;*
13. *Exploring strategies for coping with and reducing mental health symptoms that interfere with functioning;*
14. *Developing skills to reduce inappropriate behaviors and implement self-management strategies;*
15. *Assisting the individual in developing an action plan that includes dealing with changing or increasing symptoms and crisis situations;*
16. *Helping the individual develop self-monitoring skills regarding behavior, appearance and mental health functioning;*
17. *Providing skills training to improve self-assertion skills and ability to socialize with friends, neighbors, co-workers, and others;*
18. *Identifying supportive friends, neighbors, co-workers, and others; discuss relationship building (e.g., ride sharing, lunch hour interactions, etc;);*
19. *Educating the individual regarding use of and expected benefits of medications;*
20. *Assisting the individual in developing knowledge about the interaction of physical and mental health;*
21. *Helping the individual develop self-monitoring skills regarding effectiveness and side effects of medications;*
22. *Counseling and on-going supports regarding health and medications.*
23. *Meeting with the individual to discuss mental health functioning in all settings.*
24. *Promoting and encouraging the development of natural supports that enhance social interaction and acceptance of the individual;*
25. *Visiting the individual at the worksite and other community settings to observe hygiene, dress and self-care behaviors.*

Examples: Sample Cases and Clinical Documentation

(DMAS approved as billable and DRS approved as billable)

Please note that a clear distinction must be made in the clinical charts between Medicaid MHSS activities, and DRS Employment focused activities. The documentation must be distinct and cannot overlap,

Case Study #1

TS is a 54 year old Caucasian male diagnosed with Schizophrenia, disorganized type. He was institutionalized for many years at Western State Hospital. He has been ill since he was 18 years old and has limited exposure to working competitively. TS is intelligent. He is a high school graduate but was unable to complete any college course work as he became severely ill with minimal relief from his psychosis for years. Clozaril became the treatment of choice when it became more widely available to persons who failed to respond to other traditional antipsychotic medications. Clozaril has not eliminated all symptoms of psychosis for TS but it did provide relief to support him to prepare for discharge from the hospital. TS currently resides in an assisted living facility which provides assistance and direction to meet basic daily living needs. He has been successful living in the community for about five years without any re-hospitalizations. He is eligible to receive mental health support services (MHSS) meeting three of the four eligibility criteria for the service funded by Medicaid.

TS experiences significant difficulty with basic interpersonal skills and he does not display acceptable social behavior. He has limited ability to socialize apart from going into the community with family on weekends and on occasion with residents at the adult care residence in which he lives. He struggles with paranoid thinking, determining what behaviors are socially acceptable and being able to establish and maintain interpersonal relationships. He has been involved with the Department of Rehabilitative Services during the past year and is motivated to work. He has refused to work in sheltered employment as he wants to work in a "normal work setting like other people." He got a job in supported employment but lost the job after a couple of months due to his grossly impaired social skills and poor work stamina. He was unemployed at the start of the pilot project and was able to benefit from mental health support services to improve his basic social skills that are required in any work setting.

He needed to increase his awareness as to how some of his bizarre behaviors impact others and change problematic behaviors so that he could integrate into a work setting and be accepted by potential co-workers. He needed to learn how to engage in conversations that are acceptable in work settings. He learned basic social skills and how to manage symptoms of his illness in community-settings. DRS provided funding for job development activities and job coaching services while TS also received concurrent MHSS for a few months. By providing MHSS and employment services concurrently, TS was able to successfully get a job. TS practiced social skills, role-played social skills and received immediate feedback and coaching from the staff working with him in community-settings; such as going to Starbuck's for coffee. He was able to demonstrate a change in his baseline behavior and learn new social skills that are relevant to any

work setting. He started working part-time and has been employed for six months as a result of braiding MHSS and DRS funding.

Capitalizing on combined funding was significant as employment services alone were not sufficient to help this consumer reach his goal of getting a job. MHSS provided an opportunity for TS to learn and practice needed skills with intensive staff support that was not covered under the DRS vendor agreement. Below is a sample of what his MHSS treatment plan reflected.

Individual Recovery Plan(s) for TS – Medicaid and the Employment Services are in two separate plans due to requirements from the funders.

Individual Recovery Plan

(IRP, approved by Medicaid)

Effective Date
Effective Date of IRP: 2/21/2008
Goals
Life Goal: "I want a career. I'd like to be an assistant manager and help with managing the budget for the business." **Life Enhancement Goal:** "I want to maintain a positive attitude." **Treatment Service Goal Type:** Work TS will increase work readiness and basic social skills to be able to obtain and maintain employment in the community.
Strengths/Barriers/Discharge
Strengths: Highly motivated to work. "I have good math skills. I like nature and take care of the environment. I like music and I can talk about topics such as physics." **Barriers:** Client does not have his own transportation. "I get stuck sometimes." TS does not know how to problem solve when anxious and overwhelmed. He can literally become immobilized and stand in odd places, such as a parking lot, thinking about something that he states he is "preoccupied" with. **Transition / Discharge Criteria:** Client will be eligible for discharge once client is able to maintain employment in the community with out staff intervention.
Objective #1
Objective #1: Skill Client will develop and maintain positive social interactions in public settings. **Interventions / Frequency:** 1. CSS will teach and discuss w/ client appropriate language and behaviors to use in the

community. Immediate feedback will be provided to client during community outings at least weekly.
2. Client will practice initiating and engaging in conversations in the community with the support of CSS 1-2x per week (i.e. introducing self by name rather than barking like a dog, greeting others, asking questions, discussing current events, etc.)
3. CSS will provide client immediate feedback, set limits and redirect TS when mannerisms, behaviors and comments are not appropriate such as spitting, passing gas, staring at others, making loud statements such as "I am a beast." etc. in any public settings.
4. CSS will teach TS how to excuse himself to go the restroom, in a public setting, as needed when he has to spit, pass gas, or burp loudly.
5. CSS staff will collaborate w/ other care-providers regarding use of medications and any problems experienced re: meds at least monthly.
6. CSS will discuss and reinforce the importance of taking medications regularly at least 2x/month.

Start: 2/21/2008
Complete: 2/21/2009

Objective #2

Objective #2: Skill
Client will learn and implement basic social skills so that he can communicate effectively with co-workers and friends.
Interventions
Interventions / Frequency:
1. Client and Community Support Specialist (CSS) will discuss and role-play how to initiate conversations and have appropriate interactions with co-workers on the job; at lunch and during breaks at least weekly.
2. Client and CSS will discuss any incidents at work and how to handle it/them weekly.
3. Client and CSS will discuss and plan how to deal with difficult coworkers or boss weekly.
4. Client and CSS will discuss language to use at work, home, and in the community weekly during walks 1-2x per week for exercise.
5. CSS will collaborate w/ other care-providers to ensure that bizarre thoughts and/or positive symptoms of psychosis are addressed in medication visits w/ psychiatrist monthly.

Start: 2/21/2008
Complete: 2/21/2009

Employment Plan

(Updated Employment IRP)

Effective Date of IRP: 4/29/08

Goals

Life Goal:
"I want to be an assistant to a manager. I want to assist with managing the budgeting of a company."

Life Enhancement Goal:

"I would like to be able to support myself on a job."

Treatment Service Goal Type: Work

To obtain and maintain part time community based employment.

Strengths/Barriers/Discharge

Strengths:

TS lists the following as strengths: humorist, and friendly.

Barriers:

TS lists barriers as being the following: short-tempered, has negative thoughts, gets frustrated easily, and tires easily.

Transition / Discharge Criteria:

When TS is able to maintain employment with minimal supports from PRS.

Objective #1

Objective #1: Skill

TS will improve concentration and focus to maintain productivity in the workplace.

Interventions / Frequency:

1. ES and will review and problem-solve w/ TS to meet employer's expectations each week.
2. TS will focus primarily on managing the carts outside in a timely manner. When carts are full TS will sweep trash in front of the store.
3. TS will collect trash when all the carts are full. TS will take only 7 minutes to collect all trash from outside and 7 minutes to collect trash inside from the registers.
4. TS will inform ES and discuss any work related issues with writer as they arise.
5. ES will observe and provide immediate feedback re: social interactions w/ co-workers and customers at least weekly.

Start: 4/29/08

Complete: 4/29/09

Objective #2

Objective #2: Skill

TS will maintain hygiene and dress as required by employer.

Interventions / Frequency:

1. TS will trim his beard weekly at PRS.
2. TS will shower before shifts and wear deodorant daily.
3. TS will wear a clean uniform to all shifts.
4. ES will collaborate w/ assisted living facility re: grooming and hygiene issues at least monthly.

Start: 4/29/08

Complete: 4/29/09

Objective #3

Objective #3: Skill

TS will implement coping skills to manage symptoms and severe anxiety.
Interventions / Frequency:
1. TS will take all medication as prescribed by doctor daily.
2. TS will continue to see his psychiatrist and PT regularly.
3. ES staff will continue to role-model and practice pro-social behaviors in work setting 1-2x per week.
4. ES will collaborate w/ care-providers at least monthly. Care-providers will be notified immediately if changes in symptoms or functioning are observed on the job-site.
Start: 4/29/08
Complete: 4/29/09

Case Study #2

Client is a 34 year old married woman who lives in a family homeless shelter with her disabled husband and two sons. She is diagnosed with Major Depressive Disorder and Attention Deficit/Hyperactivity Disorder. She also has Diabetes and Hypertension. She has poor concentration, depressed mood, and is easily distracted so that it is difficult for her to organize tasks and complete them efficiently. Client is overwhelmed w/ anxiety and depression due to being unemployed and losing her home after she abruptly quit her job (walking out due to being upset with co-workers). When she is angry or upset she can become loud and disrespectful toward others. She is seeking employment and has had two job interviews but has not heard back from the businesses. She is highly motivated to return to work to improve her level of functioning and to be able to find housing. Client needs education and support to develop healthy eating habits and an exercise routine to improve her physical stamina and ability to manage her diabetes. She struggles w/ motivation which seems consistent w/ her depressed mood. Client takes her medications as prescribed but needs assistance with organizing meds and developing a routine to care for her personal appearance. Client needs assistance with finding housing, developing a budget and managing household expenses. She is in need of increasing her work readiness skills as she is disorganized, lethargic at times and tires easily. She is a high risk for an increase in her symptoms and yet is interested in getting a job. She needs to begin the process of exploring job-related strengths that will be useful as she plans to return to work. She is connected w/ the TANF/View program but has been unable to get work. MHSS services will support her developing work readiness skills, budgeting skills and assist her to cope effectively w/ managing her psychiatric and medical conditions.

Individual Recovery Plan

Effective Date
Effective Date of IRP: 3/19/2008
Goals
Life Goal: "To be independent and own my own home." **Life Enhancement Goal:**

"I want to be a good mother by teaching my sons to be healthy and respectable men."
Treatment Service Goal Type: Type of Goal (Work) -
To improve organizational skills and increase physical stamina to gain employment.

Strengths/Barriers/Discharge

Strengths:
"I am very persistent and I never give up."
Barriers:
The client is currently living in a shelter with her family. The client needs to find a job before May 25, 2008 or she will have to leave the shelter. PT, the MH staff at the shelter, referred client to PRS MHSS program and employment program since she has been unable to gain employment on her own and is at risk for homelessness.
Transition / Discharge Criteria:
The client will be ready for discharge when she can successfully maintain employment and have adequate housing.

Objective #1

Objective #1: Skill
The client will develop and implement a basic budget that controls spending.
Interventions / Frequency:
1.) The client and CSS will discuss and write a weekly budget.
2.) The client will follow her budget and report any changes to CSS staff during the next visit.
3.) CSS will review and give feedback to client on a weekly basis re: her spending patterns.
4.) The client and CSS will discuss the difference between a "need and a want" to control spending weekly. CSS staff will educate client about priorities for budget.
5.) Client will collaborate w/ shelter staff to set aside money for acquiring an apt. at least monthly. CSS will encourage and prompt client to follow thru w/ saving money for housing.
6.) Collaborate w/ employment specialist weekly on job readiness and opportunities. Incorporate earnings into budget when appropriate.
Start: 3/19/2008
Complete: 3/19/2009

Objective #2

Objective #2: Skill
Client will report a decrease in her depression and demonstrate improved concentration.
Interventions / Frequency:
1.) CSS will provide education about diabetes and impact on symptoms weekly.
2.) CSS will provide education about meal planning to eat healthier even while living in a shelter setting. Will discuss ability to follow thru w/ dietary changes and give feedback weekly.
3.) Educate client about coping strategies such as increased exercise to improve mood and prompt client to walk 3-4 x per week. Walk w/ client when at least 2x per month.
4.) CSS will assess level of depression and assist client in reporting symptoms to shelter staff and psychiatrist as needed.
5.) CSS staff will encourage client to identify what things increase her disorganization and poor concentration weekly.
6.) Collaborate w/ employment staff @ least 2x/month on how symptoms impact level of functioning and reinforce strategies provided by ES to improve level of functioning.

7.) ES staff will refer client to DRS and collaborate w/ DRS Counselor to implement Job Development Plan in 4-6 weeks; or when client requests to move forward w/ Job Development.
Start: 3/19/2008
Complete: 3/19/2009

Objective #3

Objective #3: Skill
Implement basic conversation skills and use assertive language when feeling depressed, angry or upset w/ peers, family or co-workers.
Interventions / Frequency:
1.) CSS & ES staff will provide social skills training regarding conversational topics in a general work environment weekly.
2.) Staff will role play how to handle conflicts w/ others without walking off @ least 2x per month.
3.) Staff will teach assertive language and provide opportunities to practice skills in community settings at least weekly.
Start: 3/19/2008
Complete: 3/19/2009

Objective #4

Objective #4: Skill
Explore interest in seeking employment and identify barriers encountered in working.
Interventions / Frequency:
1.) CSS staff will encourage client to discuss strengths and problems that she has faced in previous work settings weekly.
2.) CSS will educate client about what DRS can offer and what an Employment Specialist can offer re: job development activities 2x per month.
3.) CSS will collaborate w/ the ES at least 2x per month to coordinate services.
Start: 3/19/2008
Complete: 3/19/2009

Employment Plan

Effective Date of IRP: 4/19/2008

Goals

Life Goal:
"To be independent and own my own home."
Life Enhancement Goal:
"I want to be a good mother by teaching my sons to be healthy and respectable men."
Treatment Service Goal Type: Type of Goal (Work) -
To improve organizational skills and increase physical stamina to gain employment.

Strengths/Barriers/Discharge

Strengths:
"I am very persistent and I never give up."
Barriers:

The client is currently living in a shelter with her family. The client needs to find a job before May 25, 2008 or she will have to leave the shelter. PT, the MH staff at the shelter, referred client to PRS MHSS program and employment program since she has been unable to gain employment on her own and is at risk for homelessness.

Transition / Discharge Criteria:

The client will be ready for discharge when she can successfully maintain employment and have adequate housing.

Objective #1

Objective #1: Skill

The client will identify skills for job placement and any accommodations that may be required in a specific work setting.

Interventions / Frequency:

1.) The client and ES will discuss and explore barriers to employment, strengths and preferences and engage in job search activities 1-2x per week.

2.) Client will search for jobs that match preferences w/ assistance from ES staff 1-2x per week.

3.) Collaborate w/ CSS staff, DRS Counselor and other care-providers weekly on job readiness and development activities.

Start: 4/19/2008

Complete: 7/19/2008

Objective #2

Objective #2: Skill

Client will demonstrate job interview skills in seeking employment.

Interventions / Frequency:

1.) The client will practice interview strategies w/ ES 1-2x per week.

2.) ES will review and give feedback to client after job interviews or on a weekly basis re: her interview skills.

3.) ES will assess level of depression as she prepares the for job search and assist client in reporting symptoms to shelter staff and psychiatrist as needed.

4.) ES staff will encourage client to identify what increases her disorganization and poor concentration and to explore how this can be dealt with on jobs that she has interviewed for weekly.

5.) Collaborate w/ other care-providers @ least 2x/month on how symptoms impact level of functioning and reinforce strategies provided by ES to improve level of functioning on the job-site.

Start: 4/19/2008

Complete: 7/19/2008

Additional Sample Objectives and Interventions

(that might be included in an Individual Services Plan for Mental Health Support Services related to the "overall work environment").

1) Objective:
Client will increase stamina and ability to tolerate structured activities to increase work readiness.

1. Client and CSS will investigate and plan how to structure daily routine weekly.
2. Client and CSS will evaluate the effectiveness of the plan and identify barriers with following thru with agreed upon plan @ least weekly.
3. CSS staff will provide feedback and problem-solve with client how to address barriers encountered w/ schedule.
4. CSS will assist client with developing and implementing an exercise plan 3x per week in increase fitness. CSS will walk with client 1-2x per week.
5. CSS and client will track length of concentration and ability to focus on tasks 2x per week; client will log what activities he does daily and the length of time that he is able to engage in activities. CSS will review and discuss strategies in increase attention and focus weekly.

2) Objective:
Client will identify the role of mental illness symptoms in employment difficulties.

1. CSS/ES and client will explore history of employment and list problems encountered in the work place 2x per month.
2. ES will provide information on employer expectations in a work setting weekly.
3. Staff will reality test client's perceptions of his behavior and impact on others by providing feedback to educate client on how to presents himself to others @ least 2-3x per week.
4. CSS/ES and client will list symptoms and stressors that increase symptoms at least weekly.

3) Objective:
Client will implement a stable, healthy diet, exercise consistently and adhere to prescribed medications to stabilize medical problems that impacts stamina.

1. CSS will provide education and information on meal planning, diet and exercise 2-3x per week.
2. CSS and client will make a meal plan that is consistent with a diabetic meal plan.
3. CSS staff will review client's budget for food and shop weekly w/ client.
4. CSS and client will evaluate effectiveness of client's follow thru w/ adhering to meal plan @ least weekly and problem-solve barriers that develop.
5. CSS will check to ensure that client is monitoring blood sugar as recommended by doctor weekly.

6. CSS will walk w/ client 2-3x per week and encourage client to walk daily.
7. CSS will liaison w/ medical providers as needed and will assist client in learning how to report symptoms to treatment team monthly.

4) Objective:
Client will explore positive and negative experiences in work settings.

1. CSS will provide encourage client to share information and identify patterns related to past work experience weekly.
2. CSS and client will discuss patterns and explore problem-solving re: skills needed to be successful in any work setting weekly.
3. CSS will provide basic education about resources for employment and suggest referrals for employment if client decides to pursue a job search.
4. CSS will provide education re: how return to work impacts benefits at least monthly.
5. CSS will collaborate w/ other care-providers to coordinate the array of services needed for employment at least monthly.

(For more information about the specific documentation and billing requirements for Medicaid Mental Health Support Services see Appendix B: "Use of Mental Health Supports to Enhance Recovery for Persons with Serious Mental Illness" by Mary Brown, PRS.)

Work Incentives

Social Security Work Incentives can be part of the larger picture that provides a person with either short term support or ongoing support depending on the need of the disability and/or the kind of employment requirements necessary.

> ***RESULTS:*** Participants who received specialized benefits counseling achieved significantly greater improvements in earnings. The benefits counseling group increased its adjusted average earnings by $1,256 per year in comparison with the two control groups.
> ***CONCLUSIONS:*** Specialized benefits counseling appears to be an important employment support for Social Security Administration disability beneficiaries who have psychiatric disabilities.
>
> (Tremblay, et al, 2006)

There are four programs below that can be used together or stand alone depending on the requirements of the program and what goals a person is looking to achieve.

Remember these are only part of the big picture to achieving employment and supporting the disability.

1. When a person is eligible for Supplemental Security Income (SSI), Medicaid is the Health Insurance they may also be eligible for. Medicaid eligibility is determined by Virginia's Department of Social Services. There are medical services that are covered by Medicaid that can be ongoing even with a person reaches $0 dollars of an SSI payment under an SSI Work Incentive called 1619(b). This can continue to be used as a funding source for support of the disability even when employment is reached. See basic framework of 1619(b) below:

1619(b) Continued Medicaid

When a beneficiary earns enough income to no longer receive an SSI monthly cash payment but maintains medical eligibility, 1619(b) provides for the continuation of Medicaid with no spend-down requirements in every State.

- Qualifications:
  - Eligible for an SSI cash payment for at least 1 month
  - Still be disabled
  - Meet all eligibility rules, resources & unearned income
  - Need Medicaid to work
  - NOT enough income to replace SSI, and Medicaid (including personal

assistance services)

- How much can be earned? There is a "threshold amount" (The current threshold amount in Virginia is $30,478 per year) used to measure if earnings are high enough to replace SSI and Medicaid:
  - The amount of earnings causing the SSI cash payment to stop in the State;
  - Annual per capita expenditure for Medicaid in the State.
- Individual Calculation: Earnings Higher than "STATE Threshold Amount" if person has:
  - Impairment Related Work Expenses (Work Incentive)
  - Plan For Achieving Self-Support (Work Incentive)
  - Medicaid funded Personal Assistance Services
  - Medical expenses above the state per capita amount

2. In the State of Virginia there is also addition access to Medicaid through a different door called the Medicaid Buy-In**.** This program came into effect January, 2007 through an option that Virginia State Legislatures developed and now a person can enroll as part of supporting people with disabilities who are employed. See details below:

Virginia's Medicaid Buy-In Program: MEDICAID WORKS

- ***MEDICAID WORKS*** is a new work incentive opportunity offered by the Virginia Medicaid program for individuals with disabilities who are employed or who want to go to work. ***MEDICAID WORKS*** is a Medicaid plan option that will enable workers with disabilities to earn higher income and retain more in savings, or resources, while ensuring continued Medicaid coverage. This voluntary plan option will allow enrollees to have annual earnings in 2009 as high as $44,100 and resources up to $30,478.

- ***MEDICAID WORKS*** is available to current and new Medicaid enrollees who are blind or disabled, have total countable income in 2009 of no more than $722 per month for a single individual ($972 if a couple) and resources of no more than $2,000 if single ($3,000 if a couple).
- Individuals with disabilities who meet the eligibility requirements for this work incentive plan may choose to enroll in ***MEDICAID WORKS*** if they:

 Complete the ***MEDICAID WORKS*** **Agreement**;

 Are employed or have documentation from an employer establishing the date when employment will begin;

 Are at least 16 years of age and less than 65 years of age;

 Establish a "Work Incentive" (WIN) account at a bank or other financial institution to deposit earned income and keep financial resources in order to remain eligible for Medicaid; and

 Submit payment of a premium if it is required.

- To apply for ***MEDICAID WORKS***, contact the local Department of Social Services in the city or county where you live. For help understanding how earned income may affect other benefits, such as SSI, Section 8 housing or food stamps contact the Work Incentive Planning and Assistance (WIPA) project in your community.

3. Another SSI Work Incentive that allows a person to pay for certain items that will help them reach an "occupational objective" is by using what is called a ***Plan for Achieving Self-Support (PASS)***. Please see overview of this program below and for additional information visit the Social Security Administrations website at www.socialsecurity.gov :

Plan For Achieving Self-Support

PASS is an income and resource exclusion that allows a person who is disabled or blind to set aside income and/or resources for an ***occupational objective***.

- PASS can help an individual to establish or maintain SSI eligibility and also can increase or help maintain the individual's SSI payment amount as the person gains the capacity for self-support.
- SSI will not count the income or resources that are set aside in a PASS when they figure your SSI payment amount.
- Requirements:
  - Must be approved by SSA PASS Cadre in State's Region
  - Will be reviewed periodically to assure plan is working
  - Money set aside in a PASS will not be considered a resource by SSI, Medicaid, HUD, Food Stamps, etc.
  - Recommend utilizing the SSA 545 Form. Available on the SSA website.

4. Another SSA Work Incentive that can be used by a person who is either on Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) is called an ***Impairment Related Work Expense (IRWE).*** This program could be utilized if a person pays for expenses that support a disability in order for employment to continue. "Fee for service" is a good example if no other funding program will provide dollars to support an individual; a person can pay for their own supports and utilize the **IRWE** to help offset the out of pocket expense for supporting the disability in order to earn wages.
See overview of the ***Impairment Related Work Expense*** program below:

Impairment Related Work Expense-Irwe

- PURPOSE: IRWE is used to enable beneficiaries of SSI to reduce gross income and/or SSDI to reduce substantial gainful activity (SGA) due to out of pocket expenses that support a disability to allow a person to earn income, even if those

items or services are needed for non-work activities.

- Examples of Allowable Expenses:
  - The expenses must be directly related to supporting the disability
  - Cost must be paid out of person's pocket and not covered by other funding sources
  - Expense must be paid in a month wages are earned or had earned
  - Expense must be reasonable
- Features:
  - No time limits in using IRWE's
  - IRWE's do not have to be a monthly expense
  - IRWE's may be a one-time expense deducted all in one month or spread over several months while earning wages
- How To Apply for IRWE's:
  - Submit the first month, in writing the reason, cost, receipts and pay-stubs to SSI and/or SSDI
  - TIP: It is easier if one month of the expense has already been spent, using the receipt as proof
  - Each month expense is necessary submit receipts and pay-stubs

The SSI/SSDI claims representative will review and adjust benefit accordingly.

The Ticket To Work Program[5]

On December 17, 1999, the Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law 106-170) was signed into law (TWWIIA). In TWWIIA, Congress explicitly recognized that, while many people who receive disability benefits want to work, and may have the potential to work, they face a number of significant barriers that may prevent them from reaching their goal. According to the authorizing legislation, Congress established the Ticket to Work program to provide disability beneficiaries a real choice in obtaining the services and supports that they need to find, enter, and maintain employment by expanding the universe of service providers. The original set of final regulations implementing the Ticket to Work program was published in the Federal Register on December 28, 2001. Proposed changes to the original regulations were published in the Federal Register on September 30, 2005 and August 13, 2007.

Under the Ticket to Work program, SSA may issue tickets to SSI and SSDI beneficiaries who meet eligibility criteria established by the Commissioner of SSA. In this voluntary program, each beneficiary who receives a ticket has the option of using his or her ticket to obtain employment-related services from a provider known as an employment network (EN) or from a State vocational rehabilitation (VR) agency.

ENs may choose to whom they provide services. When a beneficiary and an EN or State VR agency agree to work together under the program, the EN or State VR agency, without charge to the beneficiary, will provide employment services, vocational rehabilitation services, and other support services to assist the beneficiary in obtaining or regaining and ultimately maintaining

[5] (courtesy of Bobby Silverstein, Legislative Counsel, ACCSES, Powers, Pyles, Sutter & Verville PC)

self-supporting permanent employment. During the period for which a beneficiary is using a ticket (i.e., making timely progress toward self-sufficiency), SSA may not initiate a continuing disability review (CDR) to determine whether an individual is or is not under a disability for purposes of the SSI and SSDI programs. If the beneficiary achieves certain work outcomes, SSA will pay the EN (or a State VR agency acting as an EN) under an outcome-milestone payment system or an outcome payment system) or State VR agency under a cost reimbursement payment system option. The Commissioner has entered into a contract with a program manager who is responsible for assisting the Commissioner in administering the Ticket to Work program.

Intended Improvements In The Ticket To Work Program

According to SSA, the revised final regulations implementing the Ticket to Work program are intended to improve beneficiary and employment network participation.

Improvements Associated with Beneficiary Participation

• Eligibility has been expanded to all adult beneficiaries ages 18 through 64. Prior to this, certain beneficiaries were not eligible to receive the ticket prior to completion of their first CDR because medical improvement was expected to occur.
• Improvements to the "timely progress" requirements associated with a Ticket being "in use," which exempts a ticket holder from being subject to a CDR. The improvements include participation in education-related endeavors as well as work participation.
• Phase 1 milestones based on part-time work and increases in self-sufficiency permit beneficiaries to receive a mix of benefit payments and earnings, recognizing that the road to self-sufficiency is often an incremental, multi-step process.
• Phase 2 milestones based on gross earnings of substantial gainful activity (SGA) encourage the use of SSA and other work incentives.

Improvements Targeted for Employment Networks

• ENs earn milestones earlier in the process, more often, and at a higher rate.
• Some milestones are available based on part-time work.
• Payments for SSI and SSDI beneficiaries are approximately the same.
• SSA can now pay a State VR agency and an EN for providing sequential services to the same beneficiary when VR serves the beneficiary under the cost reimbursement payment system option and the beneficiary subsequently assigns his or her Ticket to the EN for job retention or ongoing support services (Partnership Plus).

Ticket to Work section of the Social Security's website – *The Work Site: www.socialsecurity.gov/work*.

The final rule, 20 CFR Part 411 can be accessed through the Federal Register online at www.regulations.gov.

Link to the final Ticket To Work regulations:
http://edocket.access.gpo.gov/2008/pdf/E8-10879.pdf

Ticket To Work in Virginia: DRS role

DRS is very interested in partnering with ESOs to build capacity for serving consumers. DRS is developing the "Partnership Plus" model, whereby DRS will provide the up front services for a consumer and receive reimbursement, and then with the consumer's support, can transition the consumer to an Employment Network (EN) for Phase II which will allow the EN to receive funding from the Ticket program through the SSA once the consumer reaches substantial gainful activity (SGA). Forming such collaborative employment networks will allow SSA funding to be used for long term supports, increasing resources within Virginia.

WorkWORLD™

WorkWORLD™ is decision support software for personal computers that is designed to be used by people with disabilities, advocates, benefit counselors, and others. The software helps people find employment-based paths to higher net income through the best use of Federal and State work incentives and benefits. WorkWORLD takes into account the complex interaction of earnings, benefit programs, and work incentives to provide individualized recommendations for safe options as well as alerts to possible problems. It calculates the effects on net income of trying different paths to independence, and provides text, numeric, and graphic results. Link to Virginia's WorkWORLD (free): http://www.workworld.org/wwwebhelp/basic.htm.

For additional information about benefits, go to Appendix A ("Changing Face of Benefits" from "Working Knowledge Train the Trainer: Successful Employment for People with Disabilities" manual written by LMEC).

Challenges to Meeting Employment Goals and How Peers Can Help

We live in the real world. This manual is co-authored by your colleagues in Virginia, who know the realities of providing day to day community-based services and supports. Academic and research based data and approaches are very helpful, especially when combined with a healthy awareness of the genuine barriers and obstacles we face. Listed below are some of those, with suggestions for resolving them so that positive employment outcomes can be achieved.

Introduction of Peer Specialists as CSB Staff
(Partnering with peer staff and counselor, job coach, or employment specialist)

Value of the Peer-to-Peer Model: Mental health consumers understand one another in ways that no one else can. Having gone through similar traumas they can reach out to one another through meaningful and successful communication. Being helpful to another consumer helps one's own recovery.

CSB and DRS workers have large caseloads. They have much paperwork to keep up with. The needs of those they serve are many. What changes can be made in the system to help them provide the best possible support to consumers? A concrete way CSB and DRS staff can be supported is the introduction of peers as employees at the CSB level. Peers can enhance the roles that CSBs and DRS play.

General Ways Peers Can Assist

Peers can assist CSB staff by helping to initiate a person into the system. One way is to participate in the consumer's intake process. At that time, the peer can help the consumer create a checklist of items needed to complete the application for services. The peer can also help the consumer stay on top of getting this information, which can include things like contacting the doctor for medical records in addition to the release forms normally sent. This type of approach is based on the consumer taking personal responsibility and advocating for themselves. A partnership like this among CSB staff, peer and consumer can expedite receipt of services.

Another benefit of having a peer as part of the intake process is to educate the consumer about the mental health system and how different agencies work together by clarifying specific roles and responsibilities of CSBs, DRS, supported employment and consumer-run programs. They will know where to go for what they need. They will know what services they are eligible for. Together, the peer and consumer can create a timeline of what to expect and when from qualifying services. Educating the consumer about the system will help maximize the services consumers are using.

Peers can also assist with practical resources. Once the consumers identify the resources they need the peer can help them find and apply for assistance such as Medicaid and housing. Clarity about what is out there and how to apply for practical resources, coupled with checklist and timeline, will shorten time gaps in services to consumers and will foster self-determination based on educated decisions.

How Peers can support CSB and DRS staff
(in helping people prepare for and find employment)

Identifying Job Readiness

When a consumer goes to the CSB for treatment and support, very often they are seeking employment, which can be essential to their recovery. Peers can help encourage consumers to consider their employment options by discussing their interest and readiness to finding a job. To better assist mental health consumers who express an interest in employment, it may be useful to think of them in distinct "job readiness" categories such as the following:

A. A consumer in the Active phase…

- Indicates a desire to go to work immediately; and/or
- Is comfortable with the job hunting process (interviewing, filling out applications, etc.)
- Can be rapidly assisted in preparing a resume, cover letter, employment history references, etc.
- Has a clear idea of the type of employment sought
- Has learned and is practicing behaviors which address many of their initial employment barriers

B. A consumer in the Job seeker phase…

- Wants/needs to work soon;
- Needs to work on several areas to be ready for employment (tools such as a resume, interviewing skills, good work related habits such as punctuality, etc.);
- Indicates a desire to work, but would benefit from further preparation for the actual job search (interview practice, communication skills, etc.); and/or
- Has addressed some barriers to employment, but is still addressing these issues

C. A consumer in the Exploratory phase…

- Has an interest in employment, but not in the immediate future (next three months or so);
- Needs training or classes to improve skills;
- Needs to earn a degree or certificate to achieve employment goals;
- Is not sure what type of job or career they desire; and/or
- Has major barriers to employment which will take time to address

PRS, Inc. and the Laurie Mitchell Employment Center, in conjunction with the Virginia Department of Mental Health, recently conducted a survey of all CSBs in Virginia. The purpose of the survey was to identify challenges and benefits of how the system is currently working with regard to relationships and information sharing among other CSBs, DRS, private employers, employment agencies, peer-to-peer programs and clubhouses, as well as to learn what information CSB staff need in order to facilitate improvement in employment outcomes for

consumers. (The survey instrument and aggregate results are in Appendix C.)

There were 91 individual respondents to the survey. In this survey, CSB staff estimated that 32% of their consumers were in the active phase, 28% in the job-seeker phase, and 40% in the exploratory phase. CSB staff were also asked to rank order the challenges mental health consumers face in seeking vocational support. Below are the top ten challenges CSB staff identified that their consumers face in seeking vocational help:

Top Ten Challenges	Challenges MH consumers face in seeking vocational help
1	Fear of losing SSI, SSDI cash benefits
2	Transportation barriers
3	Fear of losing Medicaid, Medicare benefits
4	Becoming easily discouraged/difficulty with follow through
5	Lack of skills needed to realize expressed employment desires
6	Lack of employment history or gaps in work history
7	Difficulty managing symptoms
8	Feelings of low self esteem
9	Lack of clear cut employment goals
10	Lack of job hunting funds

The addition of peers to the CSB staff can help CSBs assist their clients with overcoming these barriers.

Fear of losing SSI, SSDI cash benefits and Fear of losing Medicaid, Medicare benefits: A peer and/or counselor, job coach, or employment specialist can provide education to both the CSB staff and their clients about what happens when a person on government benefits goes back to work, known as Social Security Work Incentives. (Please see attached Working Knowledge Manual).

Transportation barriers: A peer and/or counselor, job coach, or employment specialist can teach people how to use public transportation by going with them and riding the bus or metro. A peer can explain the process of applying for MetroAccess and help facilitate the process with their doctor. A peer can drive the person to interviews.

Becoming easily discouraged/difficulty with follow through and feelings of low self esteem: A peer and/or counselor, job coach, or employment specialist can spend time listening to and encouraging the consumer. The peer can share their story of recovery and how they have overcome similar challenges. The peer can help the consumer find a support group or a WRAP class.

Lack of employment history or gaps in work history: A peer and/or counselor, job coach, or employment specialist can take the consumer to a consumer-run drop-in center if one is in their area and also to DRS where they can be educated about representing gaps in employment to

employers and to get help with their resume, interviewing skills and much more.

Lack of skills needed to realize expressed employment desires and lack of clear cut employment goals: Peers and/or counselors, job coaches, or employment specialists can help the consumer do a self-assessment and define their goals and dreams to help determine what career path they want to choose. Peer Specialists can introduce CSB clients to DRS and consumer-run drop-in centers, if available, to get help with skills training and employment assistance.

Difficulty managing symptoms: Peers and/or counselors, job coaches, or employment specialists can also be present during client sessions. This will help so that when a diagnosis is given the peer can educate the consumer. The peer can also guide the consumer on how to document the session in their own words, which can be empowering, placing the control back into the consumer's hands. Peers can also set up a medication schedule on a regular basis in support of their treatment plan and proactively managing their symptoms. Peers can educate the consumer about identifying triggers and suggest healthy lifestyle changes.

Lack of job hunting wardrobe: A peer and/or counselor, job coach, or employment specialist can educate consumer about pertinent resources and actually take consumers to places that can provide work clothing, such as DRS and Dress for Success.

Coming together is a beginning.
Keeping together is progress.
Working together is success.
Henry Ford

Systems Challenges –
Recovery, Evidence Based Practices, & Traditional Vocational Rehabilitation:

Below are graphic illustrations of the challenges integrating the recovery model and the evidence-based practice of supported employment into the existing DRS system. Ongoing dialogue between CSB staff, ESOs, consumers and DRS counselors can minimize these challenges. Graphs were created by Doug James, DRS Regional Director in Northern Virginia.

EVIDENCE BASED PRACTICE/VR MATRIX

RECOVERY MODEL	EMPLOYMENT SUPPORTS: EVIDENCED BASED PRACTICES	TRADITIONAL VR PROGRAM
RE-EMERGENCE: WORKING TOWARDS THE FULL LIFE THAT YOU WANT AND DESERVE TO HAVE	CONSUMER CHOOSES TO PARTICIPATE IN EMPLOYMENT PROGRAM	DRS DETERMINES IF CLIENT IS ELIGIBLE FOR SERVICES. NO EMPLOYMENT SERVICES WITHOUT IPE

EVIDENCE BASED PRACTICE/VR MATRIX

RECOVERY MODEL	EMPLOYMENT SUPPORTS: EVIDENCED BASED PRACTICES	TRADITIONAL VR PROGRAM
RECOVERY-ORIENTED SERVICES WORK TOGETHER TO PLAN, NEGOTIATE AND MAKE DECISIONS ABOUT THE SERVICES AND ACTIVITIES THE CONSUMER WILL USE TO SUPPORT RECOVERY	EMPLOYMENT SUPPORTS INTEGRATED WITH MH TREATMENT	DRS AND MH SERVICES COORDINATE SERVICES – INTEGRATION WITH CSB/MH SERVICES INCONSISTENT ACROSS AGENCY

EVIDENCE BASED PRACTICE/VR MATRIX

RECOVERY MODEL	EMPLOYMENT SUPPORTS: EVIDENCED BASED PRACTICES	TRADITIONAL VR PROGRAM
CONNECTION: REJOINING THE SOCIAL WORLD – "GETTING A LIFE"	COMPETITIVE EMPLOYMENT IS GOAL – LESS EMPHASIS ON ASSESSMENT AND/OR READINESS ACTIVITIES (LOCATION OF SERVICES)	ASSESSMENT/READINESS ACTIVITIES OFTEN EMPHASIZED – CLUBHOUSE BASED SERVICES, SUCH AS WAT.

EVIDENCE BASED PRACTICE/VR MATRIX

RECOVERY MODEL	EMPLOYMENT SUPPORTS: EVIDENCED BASED PRACTICES	TRADITIONAL VR PROGRAM
RECOVERY IS A PROCESS, NOT AN END POINT OR A DESTINATION	SUPPORTS ARE ONGOING	MODEL OF ONGOING SUPPORT THROUGH LTESS, CSB, ETC. LIMITED DEPENDING ON AREA

EVIDENCE BASED PRACTICE/VR MATRIX

RECOVERY MODEL	EMPLOYMENT SUPPORTS: EVIDENCED BASED PRACTICES	TRADITIONAL VR PROGRAM
WILLINGNESS TO TAKE RISKS - LIVE WITH THE CONSEQUENCES OF THEIR CHOICES	BENEFITS COUNSELING MADE AVAILABLE	BPAO SERVICES AVAILABLE STATEWIDE; LIMITED IN SOME AREAS

EVIDENCE BASED PRACTICE/VR MATRIX

RECOVERY MODEL	EMPLOYMENT SUPPORTS: EVIDENCED BASED PRACTICES	TRADITIONAL VR PROGRAM
RESPONSIBILITY TO DEVELOP GOALS, MAKE DECISIONS AND TAKE RISKS	INDIVIDUALIZED JOB FINDING/CONSUMER PREFERENCES	INDIVIDUALIZED JOB FINDING/CONSUMER PREFERENCES (EXTENSIVE USE OF JOB COACHING SERVICES)

EVIDENCE BASED PRACTICE/VR MATRIX

RECOVERY MODEL	EMPLOYMENT SUPPORTS: EVIDENCED BASED PRACTICES	TRADITIONAL VR PROGRAM
WILLINGNESS TO TAKE RISKS, TO SPEAK IN ONE'S OWN VOICE, AND TO STEP OUTSIDE OF SAFE ROUTINES; ACTIVE PARTICIPATION IN SELF-HELP ACTIVITIES	RAPID JOB SEARCH • DIRECT ASSISTANCE IN JOB FINDING • OJT W/ SUPPORTS • RAPID SUPPORT FROM FUNDING SOURCE	ASSESSMENT/READINESS ACTIVITIES OFTEN A PRE-REQUISITE • CLUBHOUSE SERVICES • WAT • VOCATIONAL EVALUATION • SITUATIONAL ASSESSMENT

Medicaid eligibility requirements: many consumers in Virginia are not eligible for Medicaid so cannot be considered for Mental Health Support Services. DRS funding may be the only option for these consumers. Those who are Medicaid AND Mental Health Support Services eligible may, by the required criteria, be in the earliest stages of recovery. Some consumers may require extensive periods of outreach and engagement to be successful in considering employment, which can make funding difficult because MHSS only covers intensive skills training when WITH the consumer; DRS funding does cover some services when the consumer is not present. QMB status and spend down periods can be difficult to manage, but a close partnership with Departments of Social Services will lead to success. Braided funding between existing DRS/MHSS/CSB funds can be tapped creatively to meet the need. Cross-training of staff who provide supported employment (DRS) and mental health support services (Medicaid) so they can learn each set of criteria, documentation requirements and intervention techniques can maximize success.

DRS requirements: includes the assessment that a referred consumer is capable of achieving successful employment after a period of supports are provided. In addition, long term funding must be identified and available. Yet, due to the cyclical nature of symptoms of mental illness, there may be relapses. Frequently, the path to successful competitive employment has ups and downs. A close collaboration with DRS counselors, consumers, CSB staff and ESOs can lead to a shared understanding of the process and increased willingness to take informed risks to move forward. Braided funding between existing DRS/MHSS/CSB funds can be tapped creatively to meet the need. Cross-training of staff who provide supported employment (DRS) and mental health support services (Medicaid) so they can learn each set of criteria, documentation requirements and intervention techniques can maximize success.

Hiring clients/boundaries: internal firewalls/policies are needed to clarify boundaries between job coaches and employers when a client is hired in a mental health setting. Managers/supervisors in mental health settings need additional training to clarify their role when a clinician, and when an employer (chart created by Wendy Gradison, CEO, PRS, Inc.):

SUPERVISION OF CLIENTS VS. SUPERVISION OF EMPLOYEES

CLIENTS	EMPLOYEES
PAYING THE ORGANIZATION FOR A SERVICE	ORGANIZATION PAYING EMPLOYEE FOR A SERVICE
CLIENT PAYING FOR TRAINING, SKILL TEACHING	ORGANIZATION PAYING FOR SPECIFIC SKILL SET/RESULTS/TASK COMPLETION
SERVICE GOALS (IRP)	PERFORMANCE EXPECTATIONS (REQUIRED JOB DUTIES IN JOB DESCRIPTION)
GOALS IDENTIFIED BY THE CLIENT	GOALS/EXPECTATIONS IDENTIFIED BY THE ORGANIZATION
CHOICE ABOUT WHAT GOALS WILL BE AND TIME FRAME FOR ACHIEVEMENT	ORGANIZATION DETERMINES WHAT GOALS/EXPECTATIONS WILL BE AND TIME FRAME FOR ACHIEVEMENT
LEARNING NEW SKILLS THROUGH TRAINING AND SUPPORTS	COMING TO THE JOB WITH MINIMUM REQUIRED SKILLS WHICH DO NOT REQUIRE TRAINING AND SUPPORTS
EXPECTATION THAT STAFF WILL DO WHATEVER IT TAKES, TAKE AS LONG AS NECESSARY, LET NO OBSTACLE GET IN THE WAY TO HELP A CLIENT ACHIEVE HIS/HER GOALS.	EXPECTATION THAT EMPLOYEE WILL RECEIVE TIME LIMITED TRAINING AND SUPPORTS IF LEARNING NEW TASKS.
HAS A REHABILITATION COUNSELOR.	HAS A SUPERVISOR/EMPLOYER.

Paperwork when multiple service providers: Virginia currently lacks a single clinical (electronic) chart that can be shared among providers, increasing efficiencies, lowering costs, and reducing the consumer's need to repeat history for each provider over and over. Shared clinical records would allow one provider to offer DRS funded services, and/or MHSS services, and place appropriate clinical documentation in a CSB chart, to meet all regulations including state Licensure, Medicaid and/or CARF. Strategic creation of clinical records forms can allow a provider to be responsive to multiple funding streams. A **shared referral form** can be created by providers that meets each providers' requirements. A team of provider representatives can meet to develop, pilot and implement a shared referral form as DRS, Fairfax-Falls Church CSB, and ESO's have done in Fairfax County.

Discharge planning: employment must be an ongoing discussion in all meetings including how to connect with the local DRS office if a consumer is in a state facility housed in another jurisdiction other than the home they will return to.

Clinical Challenges: as stated above, if a consumer meets the criteria for Mental Health Support services, implications of this level of impairment for MHSS eligible consumers include:

- some connect minimally and slowly with services
- some don't do well with multiple providers
- connect minimally and slowly (6 – 9 months)
- employment may not be a realistic goal
- takes a long time to get to a positive employment outcome
- numerous missed appointments
- can take months for consumers to connect and engage
- cases may be closed after significant outreach – cannot continue to provide outreach without funding
- some consumers are not interested in working

Solutions include use of peer supports and braided funding streams and partnerships to allow services to continue as long as needed.

For a thorough analysis of systems issues and solutions, see Appendix E: Final Report of the Steering Committee of the Mental Health System Transformation Real Choice Systems Change Grant.

> **Do not hire a man who does your work for money, but him who does it for love of it.**
>
> **Henry David Thoreau**

APPENDIX A

Work Incentives

"Changing Face of Benefits" from "Working Knowledge Train the Trainer: Successful Employment for People with Disabilities" manual written by LMEC

- **You *do not* need to be the expert!**
  There are people who are experts in ALL of this complex information and who have many, many years of technical experience (many of whom also have personal experience as beneficiaries or parents of beneficiaries, and now work within the field).

- **You *do* need to know how VALUABLE this information is to individuals with disabilities!**
  It is critical for individuals to receive accurate and detailed information regarding SSA and other work incentives in order to make informed choices about work which affects their livelihood.

- **You *do* need to help educate people about available resources on SSA and other work incentives, since education can help alleviate their fear.**
  Many people are afraid to even discuss their benefits and the various work incentives because it can all sound very complex. However, you can help lessen the anxiety people feel by providing good, accurate resources that break down the information.

- **You *do* need to know about the variety of useful tools and resources that can be passed on to customers.**
  There are many useful tools and resources available on a wide variety of topics including: how to find out if a person *may* be eligible for benefits, how to apply and file for benefits, who can help in understanding the work incentives, which can assist with appeals, and many other topics.

- **You *do not* need to know how to assist a customer in filing for benefits or in utilizing the various work incentives.**
  There are many organizations that offer support services to assist individuals with applying for disability benefits and communicating with SSA, including Centers for Independent Living and some social workers and counselors whose jobs involve case management. There are also several different types of Work Incentives Specialists who can work with individuals one-on-one and assist in making informed decisions.

SSA & WORK INCENTIVES
Initial Eligibility Determination

Step 1: Disability Report Form-Application

A. Call 1-800-772-1213, TTY 1-800-325-0778; On Line www.socialsecurity.gov; local field office:

1. Interview will take place and information will be entered into the computer securing the date of application.
2. Paperwork will be mailed that is required to be completed and return within a timeline.
3. Computer generated document will also be mailed to be signed for accuracy during the phone interview.
4. Before mailed, copy all documents after they are filled out, including the computer generated document for signature sent by SSA.
5. Second interview will be set up to take place:
    a. By phone;
    b. On-Line www.socialsecurity.gov
    c. Face to face in a local SSA field office

Step 2: SSA will send Disability Report Form to the Disability Determination Service (DDS)

A. Medical history information collected by DDS;
B. Information received will be reviewed;
C. DDS may or may not request information such as:
    1. Work History
    2. When disability began
    3. Medical treatment received
D. DDS may request, on behalf of SSA, a medical exam
(SSA pays for exam by a physician chosen by SSA).
E. Determination will be sent to SSA (estimated 90 days)
    1. Eligible for benefits;
    2. Denial (60/days apply for reconsideration); and
    3. If denial at reconsideration stage, next step is to Appeal within 60/days. (This is the Administrative Law Judge System).

Checklist For Developing An Initial Application

SSI/SSDI

- ☐ Review the application before you make contact to SSA
    a. Get copy on the SSA website www.socialsecurity.gov

b. Look at the Adult Starter Kit also on website
c. Review with an advocate or your case manager, doctor, service provider – They might help fill out forms – Third Person vs. First Person

☐ Review the definition of the disability according to SSA
a. Understand the SSA medical definition: http://www.ssa.gov/disability/professionals/bluebook
b. Understand the value of Substantial Gainful Activity
c. Think about a persons most difficult day

☐ Gathering evidence while preparing the application
a. Making this part of the application
b. Who are the sources
c. Requesting letters related to ability to work and disability

☐ If possible get a vocational assessment
a. Current within the last 12 months
b. Detail of a persons work history

☐ Know the application process and the timelines
a. Fill out application then
b. COPY
c. Always remember what you tell SSA

Sa & Work Incentives
Ssa Definitions

Definition of 'Disability'

The SSA defines disability for both SSI and SSDI programs as the inability to engage in Substantial Gainful Activity (**SGA**) by reason of any medical (physical and/or mental or blind) impairment. Disability must have lasted or be expected to last for a continuous period of not less than 12 months or result in death.

Definition Substantial Gainful Activity

SGA=A basic test used by SSA to establish disability status

- SGA is the performance of significant mental and/or physical duties for profit.
- It is usually determined to be gross earnings (before taxes) of an amount of money that is set January 1 of each calendar year based on the National Average Wage Index.
- To meet this test a person must not be working, or if working earning less than the annual SGA level amount.

Definition of Continuing Disability Review Process (CDR)

- The Social Security Administration (SSA) is required by law to periodically determine whether beneficiaries continue to be disabled and therefore continue being eligible to receive either SSI and/or SSDI.
- Under SSA's medical improvement standard, generally, once individuals are receiving benefits, evidence must show that medical improvement related to the ability to work and perform SGA can occur. This must occur before SSA can determine that individuals are no longer eligible to receive benefits.
    - CDR's involve an interview at the local SSA office
    - Filling out a form about current medical information (similar to initial eligibility process)
    - SSA will forward form to DDS for review and medical determination

SSA & Work Incentives

Work Incentives
Comparison Chart

Social Security Disability Insurance
SSDI
Trial Work Period
Extended Period of Eligibility
Continuation of Medicare
Impairment Related Work Expense
Section 301 Section 301
Special Rules for the Blind (Higher SGA)
Subsidies
Ticket to Work Ticket to Work
Expedited Reinstatement

Supplemental Security Income
SSI
Continuation of SSI
Student Earned Income Exclusion
1619(a)
1619(b)
Impairment Related Work Expense
Blind Work Expense
Subsidies
Expedited Reinstatement
Property Essential for Self-Support
Plan for Achieving Self-Support

SSDI-*ONLY* WORK INCENTIVES

Trial Work Period (Twp)

Unless medical recovery is an issue, SSDI beneficiaries are entitled to a 9 month Trial Work Period (TWP) for testing work skills while maintaining monthly cash benefits. During this TWP, full benefit checks will continue regardless of the amount of money earned. The 9 months of TWP do not need to be earned in a row.

- TWP months are counted when an individual earns a specific amount of income. (Determined January 1 each year by SSA)
- The TWP ends only when an individual has 9 months of TWP within a 60 month consecutive period of time (5 years).
- Once all 9 months of TWP have been earned within the 60 month window a person then enters Extended Period of Eligibility (EPE).

Extended Period Of Eligibility (Epe)

At the conclusion of the 9 month TWP beneficiaries will immediately enter into the 36 month EPE as long as the medical eligibility continues.

- The 36 month period begins in the month following the 9 month TWP whether a person is determined to be earning SGA or not.
- During EPE cash benefits continue only for months SGA is not earned. Any month SGA is earned the individual is not eligible for the cash benefit. The first month of SGA (grace months) benefits continue. Next two months are considered grace months and if SGA is earned benefits continue.
- When EPE is complete, a person earning gross wages below SGA will continue to receive a benefit check as long as medical eligibility continues. If a person is earning SGA or above and the EPE is completed, a person is no longer eligible for a cash benefit.
- For self-employment, an individual determination of SGA will be established during EPE. An SSDI claims representative will look at hours and income when making SGA determination.

NOTE: As long as a person continues to maintain cash benefits and medically eligibility and is unable to make SGA, Medicare coverage is maintained.

NOTE: If a person needs support in order to earn income, document and record the time and activity of support in order to determine if earnings are actually SGA. **(See Work Incentive Subsidies)**

Continuation of Medicare

Most individuals with disabilities who work will continue to receive *at least* 93 consecutive months (over 7 & 1/2 years) of hospitalization (Part A), supplementary medical insurance (Part B), and prescription drug coverage (Part D) under Medicare, after the ninth month of Trial Work Period (TWP). Although cash benefits may cease due to work, you have the assurance of continued health insurance. **NOTE:** You must make arrangements to pay Part B and D premiums if no longer receiving an SSDI check or your coverage may lapse.

- The 93 months start the month after the last month of your TWP.
- You must work and perform SGA, but not improve medically.
- You must satisfy your Medicare waiting period (24 months). Once that is complete, your continued Medicare coverage can start and continue for at least the remainder of the 93 consecutive months.

Special Rules For Individuals Who Are Blind

- Under SSDI, blindness (see Redbook for SSA's definition of blindness) has to have lasted or is expected to last at least 12 months. There is no duration requirement for blindness under SSI.
- SSA changes the SGA level for beneficiaries who are blind every year to reflect changes in general wage levels.
- SSA decides the SGA of self-employed individuals who are blind solely on their earnings.
- They do not look at time spend in the business or services rendered as they do for non-blind self-employed individuals.
- Special rules apply after an individual who is blind turns 55 years old. If earnings demonstrate SGA, but work requires a lower level of skill and ability than the work you did before age 55, or when you became blind, whichever is later, and then benefits are only suspended, not terminated. Eligibility for SSDI benefits continue indefinitely and SSA pays benefits for any month earnings fall below SGA.

SSI-ONLY WORK INCENTIVES

Student Earned Income Exclusion

- Student Earned Income Exclusion allows individuals under the age of 22 who regularly attend school to exclude earned income up to a certain amount (as of January 1, determined each year) in a month (with a maximum per year, also determined each year). In addition, both amounts will be automatically adjusted annually based on increases in the cost-of-living index.
- This exclusion applies before any other exclusion, i.e. earned income.
- Earnings received before month of eligibility do not count toward the annual limit.
- Individuals not able to claim the full amount in a month can carry the balance over to the next month.
- This exclusion applies only to the students' earned income while they are a full time student and age 22 and under.
- Report the following information to the SSI claims representative:
    - Proof of regularly attending school at least one month during the current calendar quarter or expectation to attend school at least one month in the next quarter; and
    - Pay stubs showing the amount of earned income while considered at student and age 22 and under.

Blind Work Expense (BWE)

SSI will not count any earned income when primary diagnosis is blindness, which is used to meet any expense reasonably attributed to earning the income, is not counted in determining the SSI eligibility and monthly cash payments if the individual is:

- Under the age of 65
- Age 65 or older and received SSI cash payment due to blindness for the month before they turned 65
- The expense need not relate directly to blindness. It needs not only be a work related expense a person pays out of pocket.

<u>Examples of Expenditures</u>
Guide Dog
Any Fees

Transportation to and from work
Training to use an impairment-related item or an item which is reasonably attributed to work
Taxes
Prosthesis
Equipment and Services
Non Medical Equipment and Services
Medication and medical services essential to enable person to work
Physical Therapy

Blind Work Expense Examples – Continued
Expendable medical supplies
Mandatory Pension Contributions
Meals during work hours
Attendant Services
Child Care

1619(a) Continued SSI Payment

- Enables a person who continues to be disabled even though earnings exceed the SGA level to still receive a cash payment and eligibility to Medicaid.
- Requirements for Eligibility:
    - Have been eligible for an SSI payment for at least 1 month before you begin earning at SGA level;
    - Still be disabled; and
    - Meet all other eligibility rules, including resource test.
- Eligibility for SSI will continue as long as requirements are met
- SSA will continue to calculate income as before
- A person continues being eligible for Medicaid
- This happens automatically when wages are reported monthly.

1619(b) Continued Medicaid

When a beneficiary earns enough income to no longer receive an SSI monthly cash payment but maintains medical eligibility, 1619 (B) provides for the continuation of Medicaid with no spenddown requirements in every State.

- Qualifications:
    - Eligible for an SSI cash payment for at least 1 month
    - Still be disabled
    - Meet all eligibility rules, resources & unearned income
    - Need Medicaid to work
    - NOT enough income to replace SSI, and Medicaid (including personal assistance services).
- How much can be earned? There is a "threshold amount" used to measure if earnings are high enough to replace SSI and Medicaid:
    - The amount of earnings causing the SSI cash payment to stop in the State;
    - Annual per capita expenditure for Medicaid in the State.
- Individual Calculation: Earnings Higher than "STATE Threshold Amount" if person has:
    - Impairment Related Work Expenses (Work Incentive)

- Plan For Achieving Self-Support (Work Incentive)
- Medicaid funded Personal Assistance Services
- Medical expenses above the state per capita amount

Plan For Achieving Self-Support

PASS is an income and resource exclusion that allows a person who is disabled or blind to set aside income and/or resources for an ***occupational objective***.

- PASS can help an individual to establish or maintain SSI eligibility and also can increase or help maintain the individual's SSI payment amount as the person gains the capacity for self-support.
- SSI will not count the income or resources that are set aside in a PASS when they figure your SSI payment amount.
- Requirements:
  - Must be approved by SSA PASS Cadre in State's Region
  - Will be reviewed periodically to assure plan is working
  - Money set aside in a PASS will not be considered a resource by SSI, Medicaid, HUD, Food Stamps, etc.
  - Recommend utilizing the SSA 545 Form

Property Essential For Self Support-PESS

- SSI will NOT count certain resources that are essential to a person's means of self-sufficiency.
  - Utilized when initially applying
  - Maintain resource eligibility
- Property used in a trade or business (inventory)
- Property used for work as an employee (required tools, equipment, transportation etc.

<u>Examples</u>

- SSI will not count UP to $6,000 of equity value of non-business property which is used to produce goods or services essential to daily activities:
  - Land used to produce food for consumption for personal use
- SSI will NOT count up to $6,000 of equity value of non-business income-producing property if the property yields an annual rate of return of at least 6%:
  - Rental Property
  - Produce grown on land for sale

Impairment Related Work Expense-IRWE

- PURPOSE: IRWE is used to enable beneficiaries of SSI to reduce gross income and/or SSDI to reduce SGA due to out of pocket expenses that support a disability to allow a person to earn income, even if those items or services are needed for non-work activities.
- Examples of Allowable Expenses:
  - The expenses must be directly related to supporting the disability
  - Cost must be paid out of person's pocket and not covered by other funding sources
  - Expense must be paid in a month wages are earned or had earned
  - Expense must be reasonable

- Features:
    - No time limits in using IRWE's
    - IRWE's do not have to be a monthly expense
    - IRWE's may be a one-time expense deducted all in one month or spread over several months while earning wages
- How To Apply for IRWE's:
    - Submit the first month, in writing the reason, cost, receipts and pay-stubs to SSI and/or SSDI.
    - TIP: It is easier if one month of the expense has already been spent, using the receipt as proof.
    - Each month expense is necessary submit receipts and pay-stubs.
    - The SSI/SSDI claims representative will review and adjust benefit accordingly.

Subsidies

- Subsidies apply to SSI during the initial eligibility process. Using a subsidy reduces SGA.
- Subsidies apply to SSDI during the initial eligibility process as well as keeping a beneficiary below SGA to maintain SSDI eligibility while earning income when support is required to earn income.
- Financial Value: The dollar amount of the subsidy is subtracted from gross monthly earnings, potential reducing gross wages below the SGA level
- Qualifications: Evidence of receiving a subsidy
    - Extra Support
    - Supervision
    - Lower Productivity
    - Difference job functions than co-workers
- A Subsidy may be agency sponsored, employer sponsored, or self-employment supports

Agency Sponsored Subsidies

- The information below must be recorded. It does not need to be monetary or non-specific such as additional services, special consideration etc.
    - Compare the time, energies, skills and responsibilities of the workers with disabilities to non-disabled workers performing the same or similar duties
    - Estimate the proportionate value of the work being done by the worker being supported according to the pay scale for such work; and
    - Determine how frequently the agency support monitors the worker, and how involved the support is with the actual function of the job. There may also be continuing support being given that is not as obvious.
- Job coaching services are a strong indication the work is subsidized.

Employer Subsidies

- In developing the subsidy employers are requested by SSA to submit a statement documenting the actual value of employee's services:
    - Specific Subsidy: Employers designate a specific dollar amount after calculating the reasonable value of employee's services
    - Non-Specific Subsidy: employers are unable to designate a dollar amount as the subsidy.

- The amount of the subsidy is then determined by comparing the work in terms of time, skills, and responsibilities with that of a non-disabled person in similar work.
- The proportional value of the employee's work must then be estimated according to the prevailing pay scale.

NOTE: The individual with a disability has the right to make a choice to disclose to the employer if a disability is present.

Section 301

- Section 301 allows individuals who improve medically and are no longer considered medically eligible through a CDR (Continuing Disability Review) to continue receiving a cash benefit if:
    - Participating in an approved vocational rehabilitation program (public or private) at the time the eligibility ceases; or
    - Continued benefit payments to student's age 18 to 21 who medically recover, or whose disability is determined to have ended as a result of age18 during re-determination, while participating in an individual education program. (Effective July 2005)
    - It is determined by SSA, with the aid of information from the vocational program that the vocational program will likely increase the permanent independence and self-sufficiency of the individual.
    - Medicare and Medicaid and any State supplements also would continue under Section 301.

Expedited Reinstatement

Effective January 1, 2001, when a person's cash benefit stops due to wages, a request to reinstate benefits without filing a new application can occur. Beneficiaries must be unable to work because of their medical condition or continue to earn SGA. They must file the request for reinstatement with Social Security within 60 months from the month their benefits are terminated. In addition, they may receive temporary benefits—as well as Medicare and/or Medicaid—for up to six months while their case is being reviewed. If they are found not disabled, these benefits would not be considered an overpayment.

Expedited benefit reinstatement:

- SSDI—after Extended Period of Eligibility
- SSI—after one year suspension
- 60—month period to request reinstatement following SSDI/SSI termination for work
- 6—month provisional benefits (non-refundable) payable while SSA is deciding on reinstatement request
- Beneficiary receive 24 months of reinstated benefits may be entitle to another Trial Work Period and Extended Period of Eligibility.
- Effective January 1, 2001
- A person may also decide to apply for new eligibility determination

Ticket To Work

- A voluntary program for people with disabilities who want to work. A person who receives a "ticket" in the mail will have:

    - Greater Choice
    - Expanded Healthcare Coverage
    - Increased Network of Vocational Service Providers called Employment Networks
    - Suspends Continuing Disability Reviews once the Ticket has been "assigned"
- The Beneficiary will receive a "Ticket to Work" in the mail.
- The National Program Manager for the "Ticket" program is MAXIMUS.
- What is an Employment Network:
    - Contractor with SSA to provide vocational services
    - State Vocational Rehabilitation is also a required Employment Network

PROGRAM RESOURCES
Medicaid Buy-In Programs & Medicaid Waivers

Medicaid Buy-In
http://www.cms.hhs.gov/TWWIA/07_BuyIn.asp
Section 201 of the Ticket to Work and Work Incentives Improvement Act governs the provision of health care services to workers with severe disabilities by establishing Medicaid state plan buy-in optional eligibility groups. In addition, the Balanced Budget Act of 1997 originally provided optional Medicaid eligibility groups for working individuals with disabilities. Over 80,000 individuals in 32 states are currently covered under these two new eligibility groups. This page provides access to information about those options, CMS-sponsored research, and information about the states with buy-ins.

Medicaid Waivers & Demonstrations
http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/MWDL/list.asp#TopOfPage
Med-Waivers enable states to waive the usual requirements that individuals must reside in an institution in order to receive Medicaid funding for services. In this way, Medicaid funds certain community-based alternatives to institutional care. The website above contains information about state-specific Medicaid waiver and demonstration programs. Users can access Fact Sheets, copies of proposals, approval letters, and other documents related to state-specific programs.

Disability Program Navigator (DPN)
http://www.doleta.gov/disability/onepagers/dpn_factsheet_august2006.pdf
The Department of Labor (DOL) and the Social Security Administration (SSA) have jointly established a new position, the Disability Program Navigator, within DOL's OneStop Career Centers. The Disability Program Navigator helps people with disabilities "navigate" through enormous challenges of seeking work, complex rules surrounding entitlement programs, and provides work support programs now available at DOL funded OneStop Career Centers.

Disability Program Navigators by State
For more specific information, visit the state-by-state contact list.

Area Work Incentives Coordinator (AWIC)
http://www.ssa.gov/work/Beneficiaries/awic.html
AWIC's provide assistance to personnel in field offices on employment supports & outreach by:

- Coordinating and/or conducting local public outreach on work incentives;
- Providing, coordinating, and/or overseeing training for all personnel on SSA's employment support programs;
- Handling some sensitive or high profile disability work-issue cases, and;
- Monitoring the disability work-related issues in their respective areas.

Work Incentives Planning and Assistance (WIPA) Program

http://www.socialsecurity.gov/work/ServiceProviders/wipafactsheet.html

The goal of the WIPA program is to better enable SSA beneficiaries with disabilities to make informed decisions about work. Each WIPA project has Benefits Specialists who will:

- Provide work incentives planning and assistance to beneficiaries of SSI an/or SSDI with disabilities; and
- Conduct outreach efforts to those beneficiaries who are potentially eligible to participate in federal or state work incentives programs.

Ticket-to-Work (TTW)

http://www.socialsecurity.gov/work/Ticket/ticket_info.html

The TTW program offers SSA disability beneficiaries greater choice in obtaining the services they need to help them go to work and attain their employment goals.

Protection & Advocacy of Beneficiaries on Social Security (PABSS)

http://www.socialsecurity.gov/work/ServiceProviders/pafactsheet.html

PABSS was created to assist SSA beneficiaries with disabilities in obtaining information and advice about receiving vocational rehabilitation & employment services and to provide advocacy or other related services that beneficiaries may need to secure or regain gainful employment. Each PABSS project can:

- Check out any complaint against an employment network (EN) or other service provider helping an individual return to work;
- Give information and advice about vocational rehabilitation and employment;
- Explain SSA's work incentives;
- Provide consultation and legal representation to protect the rights of any one wanting to return to work; and
- Assist with problems concerning work plans under the Ticket to Work program.

The P&A Agencies by State

For more specific information, visit the state-by-state contact list.

OTHER WORK INCENTIVES

Virginia's Medicaid Buy-In—"MEDICAID WORKS"

- **Authorized under the Balanced Budget Act of 1997 and the Ticket to Work and Work Incentives Improvement Act of 1999**
- **Purpose of the Medicaid Infrastructure Grant (MIG) is to support people with**

- **disabilities in securing and sustaining competitive employment in an integrated setting by targeting improvements to the State's Medicaid program**
- **Eligibility Requirements:**
    - **Be disabled**
    - **Employed or have letter from employer**
    - **16 through 64 years of age**
    - **Meet eligibility requirements of Medicaid-covered group for Blind & Disabled with income at or below 80% of Federal Poverty Level ($722/mo. total Countable in 2009)**
    - **SSI beneficiaries are considered eligible excluding any earned income.**
    - **Does not apply to Medically Needy or Long Term Care (Waivers) Categories**

- **Requirements**
    - **Current enrollment in SSI or SSDI programs**
    - **OR Previous finding of disability for Medicaid by the Disability Determination Services (DDS) unit if you are not eligible for SSI or SSDI**
    - **Applicants without SSA or DDS documentation of disability must be evaluated by DDS**
    - **Competitive employment in an *integrated* setting**
    - **Status of employment may be reviewed if working with support but in an integrated setting.**
    - **Compensation at or above current minimum wage;**
    - **Payroll taxes withheld (documentation required);**
    - **If self-employed, earnings documentation of one or more of the following: IRS filings, quarterly estimated taxes, business records and/or business plan.**
    - **Complete the *MEDICAID WORKS* Agreement**
    - **Establish one or more bank accounts starting at $0 balance which will be designated "WIN Accounts"**
        - **deposit earned income and resources to remain eligible for *MEDICAID WORKS***
            - **Examples:**
                - **Savings account starting at $0**
                - **Checking account starting at $0**
    - **Submit payment of a premium to Buy-In, if required**
    - **Enrollment Requirements**
    - **Sign the "Agreement"**
    - **Prospective enrollment only – no retro months will be considered.**

- **At Time of Enrollment**
    - **Earned income in WIN accounts of up to 200% of Federal Poverty Level ($21,660 in 2009)**
    - **Medicaid/SSI methodology for countable income will be applied**
    - **The enrollee's total earned and unearned income of $44,100 will count**
    - **Individual's Resources from earnings in "WIN" account's up to annual SSI threshold ($30,478 in 2009) for Virginia**
    - **Excluding all amounts in IRS-approved accounts upon establishment on or after enrollment that is designated in "WIN Accounts**
    - **Monthly premium payment currently waived.**

    - **When implemented, premiums on a sliding scale will be based on earnings.**
- **Safety net**
    - **Will allow 6 months continued coverage if unemployed due to unavoidable employment interruptions (not quitting your job) Example: Laid off, and/or health**
    - **After 6 months you would be re-evaluated for other Medicaid covered groups.**
    - **Resources in "WIN" account will be disregarded in the evaluation of another covered Medicaid group. If found eligible and enrolled, the enrollee will have one year to dispose of excess resources in "WIN" Account**
    - **Amounts in IRS-approved accounts established as "WIN" accounts will be disregarded in all future Medicaid determinations**

Information or questions:
MEDICAIDWORKS@dmas.virginia.gov

Individual Development Accounts (IDA)

What are Individual Development Accounts?
Individual Development Accounts (IDA's) are special savings accounts that are designed to help people build assets for increased financial self-sufficiency and long-term economic security. IDA holders (sometimes called IDA participants) save their own dollars in these accounts for a specified period of time. After reaching their individual savings goal, these savers receive matching funds to be used for a specific purpose. These purposes include, but are not limited to:

- Buying a home
- Postsecondary education
- Starting (or expanding) a small business
- Other possibilities include retirement accounts or youth accounts.

Savings are matched on a per dollar basis by public and/or private funders. These matching funds are typically raised by the community-based organization that is hosting the IDA program. These community-based organizations may be financial institutions (such as credit unions or community development banks) or the staff or volunteers of other entities such as community action agencies, community development corporations, public housing communities, or other organizations. Financial education for the holder of the IDA is a critical part of the IDA program. This part of the IDA program helps depositors in correcting credit problems, establishing a budget and savings schedule, and determining a long-term money management plan. IDA participants may be existing members of credit unions, those who are eligible to use community action agency services, public housing residents, or others who meet individual IDA program requirements.

***NOTE: A person who is eligible for SSI and/or Medicaid who has an approved IDA account will not have money that is set aside for the IDA count as a resource.**

National Resources
Assets for Independence (AFI) Project Locator -

http://www.acf.hhs.gov/assetbuilding/states.html
The Office of Community Services supports more than 200 agencies and community-based groups across the nation that run AFI Projects and other programs to help low-income families build their economic assets. Contact the local project manager of the AFI agency in your area for information about what they do and how you can enroll in their program. If there are no projects near you, or if you would like more information, contact us at AFIprogram@acf.hhs.gov

Earned Income Tax Credit (EITC)

The Federal Earned Income Tax Credit (EITC), sometimes called the Earned Income Credit (EIC), is a refundable tax credit that reduces or eliminates the taxes that low income working individuals and families pay (such as payroll taxes) and also frequently operates as a wage subsidy for low-income workers. The credit, created in 1975, is intended to offset the cost of Social Security taxes and to provide an incentive to work.

The EITC is a "refundable" credit worth up to $4,716 (with two children) for the 2007 tax year. "Refundable" means that if you owe less than your credit amount, you will receive the difference as a payment from the Internal Revenue Service (IRS). For example, if you owed $2,000 in Federal Income taxes and were due the full $4,716 EITC, you would get a check for $2,716 as a refund when you filed your tax return. If the $2,000 had already been deducted from your paychecks, then you would get a refund check of $4,716.

To qualify, a taxpayer must work and have earned income. Earned income can be income from wages, salaries and tips, strike benefits paid by a union or net self-employment earnings. Earned income also can be disability payments paid by an employer's plan if you retired on disability prior to retirement age. If you are single with no qualifying children, you must be at least 25 and under 65 at the end of the tax year for which you are claiming the credit. If you are married with no qualifying children, either you or your spouse must be at least 25 and under 65 at the end of the tax year. It does not matter which spouse meets the age test, as long as one of the spouses does. Whether single or married, with or without qualifying children, neither you nor your spouse may be the qualifying child of another person.

Note that if you have at least one qualifying child living with you then you can elect to receive estimated EITC payments in advance through your paychecks by arranging for that option with your employer. You must file Form W-5, Earned Income Credit Advance Payment Certificate, with your employer to receive the advance payments. The employer then pays part of the credit to you in advance throughout the year. You claim the rest when filing your Federal tax return.

If you have no qualifying children, then you may receive an EITC benefit if your Adjusted Gross Income was less than a specified amount ($12,590 in tax year 2007). If you have one qualifying child, then the upper limit is $33,241 in tax year 2007. For more than one qualifying child, the amount is $37,783 for tax year 2007. These amounts are increased by $2,000 if you are married and filing jointly.

Under Federal rules, the EITC (including advance payments) will not be counted as income for the programs listed below. That is, the EITC and advance EITC payments you receive will not be used to determine whether you are eligible for the following benefit programs, or how much you can receive from these programs:

- Temporary Assistance for Needy Families (TANF).
- Food Stamps.
- Medicaid and Supplemental Security Income (SSI). Low-income housing.

- Supplemental Security Income (SSI).

RESOURCES
For more information on the EIC, see IRS Publication 596. You can call 1-800-829-3676 to request that a copy be sent to you in the mail. You can also download an electronic version of this and other IRS publications from the IRS Web site at this URL: http://www.irs.gov/formspubs/index.html

Note that all amounts change annually. The amounts shown above apply to the 2007 tax year, and are for use during the 2008 filing season.

Additional Information
A number of States have EITC programs that operate in addition to the Federal program. For additional information, see the State EITC Online Resource Center website at:
http://www.stateeitc.com/

The Internal Revenue Service maintains a website with an overview of EITC at:
http://www.irs.gov/individuals/article/0,,id=96406,00.html The EITC Assistant is a convenient way for you to find out if you are likely to qualify for the EITC tax credit by answering questions online, about yourself, your children, your living situation, and your income. You will see the results of the eligibility check right away, on your computer screen. The Assistant can be used by individuals, tax practitioners, employers, community and public service organizations, and IRS partners. It is available in both English and Spanish online at:
http://www.irs.gov/individuals/article/0,,id=130102,00.html

Housing and Urban Development (HUD)

Housing and Urban Development (HUD) is a Federal program that provides rental and home ownership assistance for low-income individuals and families who are elderly and/or disabled. HUD administers this program through each State's Housing Finance Agency. This assistance could be Section 8 certification, Voucher program, HUD rental housing, or home ownership assistance through loan support, and mortgage assistance.

General Information on all programs available - http://www.hud.gov/
State office locator - http://www.hud.gov/localoffices.cfm
HUD's One-stop resource for People with Disabilities - http://www.hud.gov/groups/disabilities.cfm

***NOTE:** The Social Security Administration's Work Incentives Planning and Assistance (WIPA) Program Specialists can assist individuals with understanding how income may affect rent when residing in Public Housing or Section 8. Be sure to ask your local WIPA Specialists about Earned Income Exclusions and any other work incentives for individuals with disabilities available in your state.

Technical Assistance Collaborative - http://www.tacinc.org/index/viewPage0.htm
TAC is a national non-profit organization that works to achieve positive outcomes and to provide policy development, consultation, and technical assistance to expand affordable housing and permanent supportive housing for people with disabilities, people who are homeless, and people with other special needs. TAC

provides state-of-the-art information, capacity building, and technical expertise to organizations and policymakers in the areas of mental health, substance abuse, human services, and affordable housing. http://www.doleta.gov/usworkforce/reauthorization/guide.cfm

Alphabet Soup and Terminology

Alphabet Soup

DISABILITYRELATED ACRONYM	TITLE/PHRASE
TWWIIA	**Ticket to Work and Work Incentives Improvement Act** Legislation that modernizes the employment services system for people with disabilities and makes it possible for millions of Americans with disabilities to no longer have to choose between taking a job and having health care. http://www.cms.hhs.gov/TWWIA/
Ticket to Work Program	**Ticket to Work and Self-Sufficiency Program** The Ticket to Work Program, which is part of TWWIIA, increases opportunities and choices for Social Security disability beneficiaries to obtain employment, vocational rehabilitation (VR), and other support services from public and private providers, employers, and other organizations. Under the Ticket to Work Program, the Social Security Administration provides disability beneficiaries with a Ticket they may use to obtain the services and jobs they need from organizations called Employment Networks (ENs). http://www.ssa.gov/work/ResourcesToolkit/legisregQA.html
EN	**Employment Networks** Employment networks are public or private providers in the local community, and can include the state Vocational Rehabilitation Agency. They are the organizations responsible for providing the services Ticket holders need to work or earn more money. http://www.yourtickettowork.com/en_faqs
WIPA	**Work Incentives Planning and Assistance Program** Local organizations that have arranged with the Social Security Administration (SSA) to provide work incentive and planning services for Social Security and Supplemental Security Income (SSI) beneficiaries. http://www.socialsecurity.gov/work/ServiceProviders/WIPADirectory.html#service
CWICs	**Community Work Incentives Coordinator** Benefits specialists under the SSA's Work Incentives Planning and Assistance Program that provide all SSA beneficiaries with disabilities (including transition to- work aged youth) access to benefits planning and assistance services. http://www.socialsecurity.gov/work/ServiceProviders/WIPADirectory.html
AWICs	**Area Work Incentives Coordinators** The Area Work Incentive Coordinator (AWIC) coordinates work incentive initiatives and SSA's employment support programs in a specific geographic area with SSA field offices. http://www.ssa.gov/work/Beneficiaries/awic.html
WIL	**Work Incentive Liaisons** The AWICs coordinate with Work Incentives Liaisons in local offices.

The Social Security and Supplemental Security Income disability programs are the largest of several Federal programs that provide assistance to people with disabilities. While these two programs are different in many ways, both are administered by SSA and only individuals who have a disability and meet medical criteria may qualify for benefits under either program.

SSI	**Supplemental Security Income** This program makes cash assistance payments to aged, blind and disabled people (including children under age 18) who have limited income and resources. The Federal government funds SSI from general tax revenues. http://www.ssa.gov/notices/supplemental-security-income/
SSDI	**Social Security Disability Insurance** This program provides benefits to disabled or blind individuals who are "insured" by workers' contributions to the Social Security trust fund. These contributions are the Federal Insurance Contributions Act (FICA) social security tax paid on their earnings or those of their spouses or parents. http://www.ssa.gov/dibplan/index.htm

Special rules make it possible for people with disabilities receiving Social Security or Supplemental Security Income (SSI) to work and still receive monthly payments and Medicare or Medicaid. Social Security calls these rules "work incentives." Below are a few of the work incentives, access the URLs to view a list of work incentives that apply to SSI beneficiaries, SSDI beneficiaries and both SSI and SSDI beneficiaries.

http://www.socialsecurity.gov/disabilityresearch/wi/generalinfo.htm

http://www.socialsecurity.gov/disabilityresearch/wi/detailedinfo.htm

PASS	**Plan for Achieving Self Support** PASS, an SSI provision, is an income and resource exclusion that allows a person who is disabled or blind to set aside income and/or resources for an

	occupational objective. http://www.socialsecurity.gov/disabilityresearch/wi/pass.htm
PESS	**Property Essential for Self Support** An SSI provision in which SSI will NOT count certain resources that are essential to a person's means of self-sufficiency. For example, SSA does not count property such as tools or equipment that are used for work. Or, if an individual has a trade or business, SSA does not count property such as inventory. http://www.socialsecurity.gov/disabilityresearch/wi/detailedinfo.htm#PESS
IRWE	**Impairment Related Work Expense** An SSI and SSDI provision that is used to enable beneficiaries of SSI to reduce gross income and/or SSDI to reduce substantial gainful activity (SGA) due to out of pocket expenses that support a disability to allow a person to earn income, even if those items or services are needed for non-work activities. http://www.socialsecurity.gov/disabilityresearch/wi/detailedinfo.htm#IRWE

Other federal programs and initiatives that impact the lives of people with disabilities.

CMS	**Centers for Medicare and Medicaid Services** The U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services administers Medicare, Medicaid, and the State Children's Health Insurance Program. http://www.cms.hhs.gov/
MIG	**Medicaid Infrastructure Grants** Section 203 of the Ticket to Work and Work Incentives Improvement Act (TWWIIA) of 1999 establishes a grant program to support state efforts to enhance employment options for people with disabilities. CMS is the designated agency with administrative responsibility for this grant program. http://www.cms.hhs.gov/TWWIA/03_MIG.asp#TopOfPage
ODEP	SAMHSA **Substance Abuse and Mental Health Services Administration** U.S. Department of Health and Human Serviceshttp://www.samhsa.gov/
ADA **Americans with Disabilities Act of 1990**	Public Law 101-336 gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications. http://www.usdoj.gov/crt/ada/adahom1.htm
EEOC	**U.S. Equal Employment Opportunity Commission** The Commission promotes equality of opportunity in the workplace and enforces federal laws prohibiting employment discrimination. http://www.eeoc.gov/

Asset building programs for individuals of moderate to low-income. Access the URL to learn more about asset development strategies for persons with disabilities.http://www.ndi-inc.org/

IDA **Individual Development Accounts**	Matched savings accounts designed to help low-income and low-wealth families accumulate savings for high return investments in long-term assets such as a house, higher education or a small business. http://gwbweb.wustl.edu/csd/asset/idas.htm
EITC **Earned Income Tax Credit**	This is a refundable federal income tax credit for low-income working individuals and families. Congress originally approved the tax credit legislation in 1975 in part to offset the burden of social security taxes and to provide an incentive to work. To qualify, taxpayers must meet certain requirements and file a tax return, even if they did not earn enough money to be obligated to file a tax return. http://www.irs.gov/individuals/article/0,,id=150557,00.html

Employment support programs and services for individuals, including individuals with disabilities.

IPE **Individualized Plan for Employment**	It is a written plan of action which outlines the employment goal, criteria to evaluate progress toward the employment goal and the services to be provided. It is developed for each individual determined to be eligible for vocational rehabilitation services through the state VR program. Contact your state VR agency for more information. http://www.jan.wvu.edu/SBSES/VOCREHAB.HTM
WIA **Workforce Investment Act of 1998**	Public Law 105-220 provides the framework for a national workforce preparation and employment system designed to meet both the needs of businesses and job seekers and those who want to further their careers. A key component of the Act enable customers to easily access the information and services they need through the One-Stop Career Center system. http://www.doleta.gov/usworkforce/wia/Runningtext2.htm http://www.doleta.gov/usworkforce/wia/act.cfm
IEP **Individual Employment Plan**	An intensive service provided through the one-stop delivery system. Development of a plan to identify the employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to achieve the employment goals.

	http://www.doleta.gov/usworkforce/wia/runningtext2.htm
WIASRD **Workforce Investment Act Standardized Record Data**	The system for states to report participant and performance outcome data through the Workforce Investment Act. http://www.doleta.gov/performance/reporting/wiasrd.cfm
GPRA **Government Performance Results Act of 1993**	To provide for the establishment of strategic planning and performance measurement in the Federal Government, and for other purposes.
	http://www.whitehouse.gov/omb/mgmt-gpra/gplaw2m.html

GLOSSARY OF TERMS

Appeals Review process for an individual if there is a disagreement concerning a claim for benefits. This applies to applications and termination notices. The timelines and the rules for an appeal must follow SSA procedures. ***(Applies to SSI and SSDI)***

Benefit Cash payment and/or health insurance received from the government due to a disability and the inability to work at SGA (Substantial Gainful Activity). *(Applies to SSI and SSDI)*

Break Even Point Break Even Point occurs when an individual's countable income level is high enough that the SSI payment amount reaches $0. A person's break-even point depends on factors such as amount of earned and unearned income, income exclusions and State Supplemental eligibility, if any. ***(Applies to SSI)***

BWE Blind Work Expense provides for any earned income a person under blind eligibility uses to meet out of pocket expenses to support the employment. These expenses will be deducted from countable earned income when determining the SSI monthly payments. ***(Applies to SSI)***

CDR Continuing Disability Review is the process SSA uses to determine if monthly cash payments will continue. SSA will review current information about a person's medical condition to make this determination. ***(Applies to SSI and SSDI)***

CMS Center for Medicare and Medicaid Services this is a U.S. Department that oversees Medicare and Medicaid. Previous name HCFA

COLA Cost of Living Adjustment
This is an annual percentage rate, increasing amount to SSA Beneficiaries, both SSI and SSDI.

Countable Earned Income
Gross income and/or unearned income less benefit allowable exclusions and work incentives. ***(Applies to SSI)***

DAC Disabled Adult Child is a person with a disability that occurred before the age of 22, has never been married and has not earned enough of a work record to draw from F.I.C.A. but draw from a parental work record that has been opened. ***(Applies to SSDI)***

Deeming SSA may consider some of the income and resources of a parent, spouse, or sponsor (if you are an alien) to be your income and resources when you are applying for or receiving SSI benefits and possibility Medicaid.

"Disability" This is the inability to engage in Substantial Gainful Activity SGA) by reason of any medical impairment. It must have lasted longer or expected to last or be expected to last for a continuous period of not less than 12 months or result in death.

Earned Income Money a person receives from wages or from self-employment.

EPE Extended Period of Eligibility begins the month after the TWP (Trial Work Period) is completed. It is a period of 36 consecutive months that can keep open medical eligibility even without receiving a monthly cash payment. ***(Applies to SSDI)***

Extended Medicare Coverage

Coverage under Medicare during the 36 months following the TWP (Trial Work Period) even though a person is not receiving a monthly cash payment of SSDI. As of October, 2000 Medicare Part A has been extended another 4 ½ years beyond the 36 months. ***(Applies to SSDI)***

Expedited Reinstatement

Qualified individuals may request reinstatement of benefits, within 5 years of benefits having stopped, without having to file a new application. Up to 6 months of provisional benefits (cash payment) are available while SSA makes a decision on a request.

FBR Federal Benefit Rate is the maximum amount of dollars a person receiving SSI benefits can receive from the Federal government. Usually changes January 1 of each calendar year. ***(Applies to SSI)***

Gross Income Money earned as wages or self employment before any deductions or exclusions are applied (*IRS Term*) ***(Applies to both SSI and SSDI)***

HUD Housing and Urban Development this is a U.S. Department that administers various housing programs in the United States.

In-Kind Counted value of food, clothing or shelter provided at no cost. This is considered Unearned Income. ***(Applies to SSI)***

IRWE Impairment Related Work Expense is a work incentive that allows an individual to deduct certain work-related items and services that are needed to enable the beneficiary to work. The cost of expenses must be paid out of pocket with the income earned, not paid by some other agency providing services. ***(Applies to SSDI and SSI)***

Medicaid A federal medical assistance program administered by states. Eligibility is based on resources, earned and unearned income levels work. ***(Medical Benefit attached to SSI)***

Medicare A federal medical insurance program for SSDI and retirement recipients. Eligibility is based on a person's work record, age, and medical eligibility. ***(Medical Benefit attached to SSDI)***

Net Income Actual money received (cash in hand) as wages after required and voluntary funding programs are funded from the Gross Wage.

PASS Plan for Achieving Self Support is an earned income and resource exclusion that allows a person who is disabled or blind to set aside income and/or resources to reach an occupational goal. ***(Applies to SSI)***

PAYEE A person, agency organization or institution SSA approves to manage a person's benefits when they are unable to manage the benefits themselves. ***(Applies to SSI and SSDI)***

Resources Resources can be anything a person owns that can be converted to cash to pay for food, shelter and clothing. The resource limit is $2000 for an individual and $3000 for a couple**. *(Applies to SSI and Medicaid)***

Section 1619 Is a work incentive that consists of two sections, 1619 A and B. 1619 A allows a working SSI recipient to earned income at the SGA level while receiving both an SSI payment and Medicaid at no cost. A 1619 B status occurs when the income level eliminates an SSI cash benefit. Medicaid eligibility is retained with no cost to the recipient.

SGA Substantial Gainful Activity (SGA) is the performance of paid work in which countable income exceeds SGA per month. This monthly SGA amount will change annually based on the national wage index.

SSA Social Security Administration is the federal agency that administers the SSDI and SSI programs.

SSDI Social Security Disability Insurance A program under Title II. It is a cash benefit program for individuals who have worked and paid into F.I.C.A. (Federal Insured Contribution Act) and who meet the medical eligibility criteria and the SGA Test.

SSI Supplemental Security Income, program under Title XVI. It is a cash benefit paid to individuals who meet criteria for medical and financial eligibility.

SEIE Student Earned Income Exclusion is a work incentive that allows an SSI recipient 22and under and **regularly attending school** to exclude certain amounts of earned income during a **calendar year**. A student can exclude up to a certain amount of earned income per month, with a maximum annual exclusion**. *(Applies to SSI)***

Self Employment Earning wages by working for self rather than employed by someone else.

Subsidy Supports received on the job that results in more pay than the actual value of the Services performed.

TWP Trail Work Period –is a work incentive that offers a person an opportunity to test his/her ability to work without losing benefits. Under this provision, the beneficiary is credited with a month of trial work for each month that earnings exceed the TWP $ amount. When the beneficiary has accumulated 9 such months (not necessarily consecutively earned), the Trial Work Period is completed. ***(Applies to SSDI)***

Threshold A ceiling on gross income established by a state which recipients of SSI are no longer eligible for 1619B status nor the continuation of Medicaid at no cost***. (Applies to SSI and Medicaid)***

Ticket to Work Increase opportunities and choices for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries to obtain employment, vocational rehabilitation, and other support services from public and private providers, and other organizations called Employment Networks (EN)

Unearned Income Any money a person receives which is not performed services (paid work) which might include SSDI or other governmental cash benefits. Money directly paid to a person from a trust, interest, dividends, and monthly provision by a family to subsidize living expenses. ***(Applies to SSI and Medicaid)***

Unincurred Business Expense

Support contributed to your self-employment effort by someone else. If you are self-employed, SSA may deduct unincurred business expenses from earnings when making an SGA decision.

Unsuccessful Work Attempt

An effort to do substantial work (in employment or self-employment), which you stopped or reduced earnings below SGA level after a short time (six months or less). This change must have resulted because of your impairment, or removal of special conditions related to your impairment that were essential to the further performance of your work. SSA will not count earnings during an unsuccessful work attempt when making an SGA decision.

Federal and State Websites of Importance!
Advocating for Individuals with Disabilities

FEDERAL LINKS

http://lcweb.loc.gov/homepage/lchp.html
This will connect you to the Library of Congress. At this site you can explore the issues as many congressional staff does, when they begin to research a subject.

http://lcweb.loc.gov/global/legislative/congress.html
This web site will give you your legislative directories; connect you to current legislation, congressional calendars, and congressional support networks.

http://thomas.loc.gov
Use Thomas to get copies of bills, proceedings, floor activity, and updates on current legislation.

http://www.fedstats.gov
Here you will find the statistics you need when you are speaking to public officials. This site will also provide you access for 70 Federal Agencies.

http://www.socialsecurity.gov
Social Security Administration (SSA) home page. On the SSA web page you will have access to the latest information out of the U.S. Social Security Administration.

http://www.socialsecurity.gov/work
The Work Site: Comprehensive SSA information on work issues can also be found on the SSA website listed above.

SSA POMS ON LINE http://policy.socialsecurity.gov/poms.nsf/poms

SSA Disability Definitions http://www.socialsecurity.gov/disability/professionals/bluebook

SSA Plan for Achieving Self-Support www.passonline.org

SSA Ticket to Work Site www.socialsecurity.gov/work

Maximus Ticket to Work Site www.yourtickettowork.com

Area Work Incentives Coordinator (AWIC)
www.socialsecurity.gov/work/beneficiaries/awic.html
The AWIC coordinates work incentive initiatives and SSA's employment support programs in a Region. The AWIC is SSA Regional, and the Work Incentive Liaison (WIL) is field office staff.

The Disability Planner
General Information on how the Social Security Administration defines disability:
www.socialsecurity.gov/dibplan/dqualify4.htm

Red Book –A summary guide to Employment Support for People with Disabilities under the Social Security Disability Insurance And Supplemental Security Income Programs – a general reference source about the employment-related provisions of the SSDI and SSI programs:
www.socialsecurity.gov/pubs/10029.html

Social Security Handbook
The basic guide to the social security programs:
www.socialsecurity.gov/OP_Home/Handbook/ssa-hbk.htm

CMS Website:
http://cms.gov
• CMS Medicaid Information**: www.cms.gov/medicaid/**

• CMS Overview of Medicaid:
www.cms.gov/publications/overview medicaremedicaid/default4/asp

• CMS Medicaid Buy-in Program Information:
www.cms.hhs.gov/twwiia/buyinqa/asp

• Medicaid Eligibility Groups
www.cms.hhs.gov/twiia/eligible.asp

• For all other questions go to **www.cms.hhs.gov** and search.

Ticket to Work – www.yourtickettowork.com

WorkWorld - http://www.workworld.org

Work Incentives Planning and Assistance (WIPA) functions:
This site includes a link to lists of WIPA's by state.

http://www.ssa.gov/work/ServiceProviders/WIPADirectory.html
Federal Poverty Guideline www.fns.usda.gov/fsp/

Food Stamps
www.fns.usda.gov/fsp/

HUD
www.huduser.org/databases/il/fmr02/index/html

http://www.doj.gov and http://www.usdoj.gov/crt/ada/adahoml.htm
The first web page is the home page for the Department of Justice (DOJ), and the second is the DOJ information regarding the Americans with Disabilities Act.

http://www.dhhs.gov

Department of Health and Human Services: here you will find the most current information regarding key programs. Explore this site and you will find information regarding research, testimony presented before congress and valuable information that will impact the health of our nation.

http://www.acf.dhhs.gov/programs/add
This web page will take you to the Administration on Developmental Disabilities (ADD). You will find important information regarding the programs run through the ADD office. Programs such as Protection and Advocacy, University Affiliated Programs, the Developmental Disabilities Councils and Projects of National Significance may be accessed from this web page.

http://www.gao.gov/index.htm
The General Accounting Office (GAO) is used regularly by Congress to obtain information surrounding public funds. Often when Congress is seeking more details before introducing legislation, they will ask the GAO to study a topic. Upon completion of the study, the GAO will present their findings before Congress. Congress then will use this information to formulate legislative policy.

http://www.hud.gov
U.S. Department of Housing and Urban Development (HUD) is an important site for individuals with disabilities. You will find information regarding available resources surrounding housing and information on initiatives being planned by HUD.

http://www.ed.gov/offices/OSERS/OSEP
Office of Special Education Programs is the site you want to also key into your favorites. This site will provide you with up to date information regarding special education across the country.

http://usworkforce.org
It is designed to provide answers to current and emerging questions about the implementation of the Workforce Investment Act. It represents an unprecedented collaboration between public and private sector groups and individuals to provide access to workforce information and resources and to apply that information toward innovative and effective partnerships and programs.

http://www.ed.gov/EdRes/EdFed/OtherED.html
Various informative sites such as NICHCY, NCDDR, NIDDR, NARIC, NCIP, NCEO, OSERS. All of these web sites are important, but NICHCY and NIDDR provide valuable information that is key to people with disabilities and their families.

http://www.disabilitydirect.gov/
To celebrate the 10th Anniversary of the signing of the Americans with Disabilities Act, the Office of Disability Employment Policy created this site. It provides one-stop online access to resources, services, and information available throughout the Federal government.

http://www.dol.gov/dol/odep/
Under the leadership of an Assistant Secretary, will be to bring a heightened and permanent long term focus to the goal of increasing employment of persons with disabilities. This will be achieved through policy analysis, technical assistance, and development of best practices, as well as outreach, education, constituent services, and promoting ODEP's mission among employers.

WEBSITES TO ADVOCACY

http://www.c-c-d.org
The Consortium for Citizens with Disabilities is a coalition of approximately 100 national disability organizations working together to advocate for national public policy that ensures the self determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

http://www.self-determination.org
Project of the Robert Wood Johnson Foundation is changing the lives of people with disabilities. It is based on four principles: Freedom, Authority, Support, and Responsibility. This site will provide you with links, and information on the status of Self-Determination in our nation.

http://www.cossmho.org
COSSMHO is the sole organization focusing on the health, mental health, and human services needs of the diverse Hispanic communities. COSSMHO's membership consists of thousands of front-line health and human services providers and organizations serving Hispanic communities. The organization was founded in Los Angeles in 1973 as the Coalition of Spanish-Speaking Mental Health Organizations to represent and advocate for the mental health needs of Mexican American, Puerto Rican, Cuban American, Central American and South American communities in the United States.

http://www.aphsa.org
The mission of APHSA is to develop, promote, and implement public human service policies that improve the health and well being of families, children, and adults.

http://www.adapt.org
There's no place like home, and we mean real homes, not nursing homes. We are fighting so people with disabilities can five in the community with real supports instead of being locked away in nursing homes and other institutions.

Virginia Agencies and Organizations of Importance

- **http://www.vadrs.org/ - Department of Rehabilitative Services**
- **http://vadrs.org/essp/whatsnew.htm - DRS "What's New Updates"**
- **http://www.dmas.virginia.gov/ - Virginia Department of Medical Assistance**
- **http://www.dmhmrsas.virginia.gov/ - Virginia Department of Mental Health/Mental**

Retardation and Substance Abuse Services

- **http://www.dss.virginia.gov/ - Virginia Department of Social Services**
- **http://www.vddhh.org/ - Virginia Department of Deaf and Hard of Hearing**
- **http://www.vdbvi.org/ - Virginia Department of Blind and Visually Impaired**
- **http://www.vopa.state.va.us/ - The Virginia Office of Protection and Advocacy** The Virginia Office for Protection and Advocacy (VOPA) helps with disability-related problems like abuse, neglect, and discrimination. We also help people with disabilities obtain services and treatment. All callers receive help with these problems. Individuals with problems, targeted in our program goals, may also receive advocacy services and/or legal representation.

Virginia Workforce Centers –
One-stop access to workforce, employment and training services of various programs and partner organizations. Each Virginia Workforce Center provides services required by federal legislation plus services designed to meet the needs of the local community. Most VEC locations have been designated as Virginia Workforce Centers, and VEC services are provided through many centers operated by other partner organizations and contractors.

http://www.vec.virginia.gov/vecportal/wia/index.cfm
Virginia Roadmap to Services – www.varoadmap.com

Virginia-specific Medicare and You 2006 handbook.
http://www.cms.hhs.gov/partnerships/tools/materials/publications/state/Handbook2006/10050- VA.pdf

Ticket to Work – www.yourtickettowork.com

WorkWorld - http://www.workworld.org

www.vaaccses.org – comprehensive listing of all Federal/state/and local agencies. Look for updates on training activities as well as Public Policy updates.

APPENDIX B

Use of Mental Health Supports to Enhance Recovery for Persons with Serious Mental Illness

Mary B. Brown, APRN, CS, BC, CPRP
PRS, Inc.

Mental Health Supports (MHSS – Medicaid Billing Code H0046)

Service Definition
Training and support services to enable individuals with significant functional limitations to achieve and maintain community stability and independence, in a least restrictive manner

Qualified Provider for MHSS
Licensed by DMHRMSAS as a provider of one of the following services:

- Supportive In-Home Services
- Supportive Residential Program
- Intensive Community treatment
- Assertive Community Treatment

Medicaid Eligibility
Before rendering services, providers must always verify a client's eligibility
A toll-free telephone number providing 24-hour-per-day, seven days a week access to current recipient data necessary to verify recipient eligibility for Medicaid services

MediCall
800-884-9730
800-772-9996
804-965-9732
804-965-9733

Provider Call Center
800-552-8627
804-786-6273

Eligibility Criteria

- While there is no age restriction for this service, the focus is on obtaining independent living skills, and is therefore appropriate for older adolescents and adults
- Individuals must demonstrate a clinical need for the service
- Establish clinical necessity in the Assessment and/or Reauthorization for MHSS
- The need must be from a condition due to a mental, behavioral, or emotional illness which results in significant functional impairment in major life activities

At least two of the following criteria must be met on an intermittent or continual basis

1) Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization, homelessness, or isolation from social supports.
2) Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary.
3) Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.
4) Require help in basic living skills, such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized.

Individuals may have a dual diagnosis of either:

- Mental Illness and Mental Retardation
- Mental Illness and Substance Abuse Disorder
    - The impact of the substance abuse condition must be documented in the assessment, the ISP, and the progress notes

Authorization for Services

- The initial authorization is for six consecutive months
- Continuation of services may be authorized at six-month intervals or following any break in services by an LMHP based on an assessment and documentation on continuing need
- A break in service is defined as more than 30 days or if a case has been closed to the service

Assessment

- An Assessment documents the clinical need for Mental Health Support Services
- Must be completed by either a Qualified Mental Health Provider (QMHP) or a Licensed Mental Health Provider (LMHP)
- If completed by a QMHP, the LMHP must sign the Assessment within 30 days of admission/updates
- The Need's Assessment is completed within 30 days of admission and updated at least annually

Documentation of an Assessment, prior to initiation or re-authorization of MHSS services

- Services must be initiated within 30 days
- Reauthorize service(s) if delays occur or billing could be denied

Medicaid Requirements

- Assessment to establish DSM-IV Diagnosis and functional limitations
- An Individual Service/Recovery Plan is based on the completed Assessment and signed by the client and/or the LAR within 30 days
- Recipients should be referred for a Physical Exam
    - request reports for clinical record

- Assure freedom of choice to recipients in seeking medical care from any institution, pharmacy, or practitioner qualified to perform the service(s) required
    - A person has the right to choose a participating provider of a service
    - Signed document verifying Freedom of Choice of Provider

- Maintain and retain business and professional records that fully document the nature, scope, and details of the health care provided
    - Records are kept for a minimum of five years after providing service(s)

Documentation for Services Billed

- Date of Service(s)
- Services rendered (type of service)
- Signature and credentials of the person who rendered the service(s)
- The setting in which the service was provided
- The amount of time or units required to provide the service
- Bill face-to-face time only

Individual Services Plan

- An Individual Services Plan (ISP) is developed from the completed Assessment, by a QMHP or an LMHP
- Signed and dated within 30 days of admission
- Goals are identified with measurable objectives to be accomplished
- Interventions are clearly spelled out indicating what service(s) will be provided by the practitioner
- The ISP must indicate supports and services to be provided

Medicaid Requirements for Goals and Objectives on the ISP:

- The desired outcome or expected change
- Removal of barriers the person encounters

Key Features of Objectives

Reasonable
Measurable
Appropriate to the treatment setting
Achievable
Understandable to the individual
Time-specific
Written in behavioral language
Responsive to the person's disability/disorder/challenges & stage of recovery
Appropriate to persons' age, development & culture

Medicaid Required Activities or Interventions

Training in or reinforcement of functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management, and monitoring health, nutrition, and physical condition

Interventions

- The activities and services provided by members of the treatment team, the individual/family
- Interventions detail the steps to be taken by the team to bring about the changes described in the objective
- The staff person responsible for the intervention
- Planned frequency of staff activity
- Target date for accomplishment

Key Features of Interventions

- Who Who is responsible
- What Modality or type of service
- When Frequency of intervention
- Where Specify location

Involvement of the Client

- Document involvement of the client in the Assessment process and in development of the ISP
- Person-Centered Care
- Signature of client and/or LAR
- Involvement of other service providers

Medications prescribed for Treatment

- Prescribed dosages
- Progress Notes for each Service that is Billed or Clinical Weekly Summary must be completed
- Progress or lack of progress in achieving objectives
- Barriers encountered
- Staff interventions

Progress Notes

- At least a Weekly Summary is required
- Document (through a daily log) the time involved in the delivery of service(s) and make a summary note at least weekly
- Time is documented on Unicentric calendar and the Individual Service Report per client rather than the daily log

Quarterly Review of ISP

- Review the ISP every three months, modify it as appropriate
- Update and rewrite the Need's Assessment and ISP at least annually

Case Management

- If the individual is receiving case management, there must be coordination with the case management agency
- Document collaboration
- Calls made to link with case manager
- Collaboration with Day/Employment Program staff

Services may be provided by qualified paraprofessionals

- Under the supervision of a QMHP
- Supervision by the QMHP/LMHP is demonstrated by a review of the progress notes; must be in the clinical record
- Sign-off by QMHP

Limitations

- Academic services are not reimbursable
- Vocational services are not reimbursable (but see change below)
- Room and board, custodial care and general supervision are not reimbursable
- Only direct face-to-face contacts and services to the recipient are reimbursable
- Staff travel time is excluded

Limitations – change in regulations 4/25/07

- Vocational services are not reimbursable, BUT
- Support services and activities directly related to assisting a client to cope with a mental illness in the work environment are reimbursable
- Activities that focus on how to perform the job functions are not reimbursable

Rehabilitation Act of 1973 (Section 110)

- Vocational Rehabilitation Services (DRS)
- Assessments for determining vocational rehabilitation needs and eligibility for services in a program funded under the Rehabilitation Act conducted by qualified personnel skilled in rehabilitation technology;
- Counseling and guidance, including information and support services to assist an individual in exercising informed choices about services funded under the Rehabilitation Act;
- Referrals by vocational rehabilitation personnel to secure needed employment-related services from other agencies;
- Job-related services, including job search and placement assistance, job retention services, follow-up services and follow-along services as defined by the Department of Rehabilitative Services and
- Rehabilitation technology, including telecommunications, sensory, and other technological aids/devices.

Mental Health Support Services may broaden skill development and support services to prepare persons to return to work or to cope with mental illness in the work environment

- Use of language and how goals/objectives defined
- A tool to help persons with goal of employment

Overall Work Environment

- Use of MHSS to Enhance Employment in Person-Centered Planning
- Treatment/Service Goal, e.g.,
    - Jacob will increase his ability to integrate into community activities
    - John will increase daily living skills to promote community adjustment
    - Mary will reduce the impact of her symptoms and improve the quality of her life

Sample Objectives –

Jacob will increase his ability to integrate into community activities (i.e. "get a job")
Develop and practice effective communication skills such as active listening, giving and asking for others for feedback or help.
Implement skills that are related to basic personal hygiene on a consistent daily basis.
Budget for and pay bills each month

Service Units

- Billing is by the unit (one unit is 1 hour but less than 3 hours per day)
- Time may be accumulated to reach a billable unit
- There is a limit of 372 units per year
- Intensive services can be provided early in treatment and then may be tapered as progress is made
- Allows for flexibility to be responsive to client needs

Billable Units

- 1 Unit
    - 1 but less than 3 hours per day
- 2 Units
    - 3 but less than 5 hours per day
- 3 Units
    - 5 but less than 7 hours per day
- 4 Units
    - 7+ hours per day

APPENDIX C

Job Hunting Tools: Accomplishments and Skills, Resumes, and Cover Letters

Presented by
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The Working Knowledge project is funded through a Medicaid Infrastructure Grant (CMS Grant No. 1QACMS300058/02) awarded to the Virginia Department of Medical Assistance Services by the Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services.

Definitions

Accomplishments: Things we do which make us feel proud and may earn us praise from others.

Skills: Skills are both "personal" and "transferable".

Personal skills are positive qualities and personality traits which we have developed over time and which we display consistently in a variety of situations (e.g. honesty, punctuality, etc.)

Transferable skills are abilities we have learned in one setting, often through practice, which we can then make use of in an entirely different setting (e.g. word processing, use of power tools, etc.) Remember, transferable skills aren't only learned on the job, they can come from hobbies, volunteer work or life experiences. Our **accomplishments** are the "monuments" we build in life.

Skills -- both personal and transferable -- are the tools we use to build those accomplishments. When we approach a perspective employer, either on paper or in person, we want to be able to point out that we possess the type of tools (skills) he seeks, and that we know how to use them to build him the types of masterpieces (accomplishments) he/she seeks for his business or organization.

Personal Skills List

"**Personal skills**" differ from transferable skills in that they are not task specific. They include both personality traits and interpersonal abilities. Examples include: "the ability to work well as a member of a team", "the characteristic of being punctual", and "the tendency to be flexible". Below are listed some of the top Personal Skills which employers have indicated they look for in a potential new employee. Mark those you believe you possess. If you are not sure about a particular skill, use the accomplishments listed earlier as a reference.

Ability to work with others Positive Attitude
Can accept supervision Decisive
Meet deadlines Dependable
Maintain good attendance Quick learner
Hard worker Organized
Honest Caring
Punctual Confident
Flexible Courageous
Can work independently Persistent
Creative Energetic
Consistent Responsible

Transferable Skills

"Transferable skills" are those used to perform specific job-related tasks. They are learned in one setting, usually through practice, and can then be performed in other settings. Examples of transferable skills include the following: "applying diverse computer applications", "using different hand tools", and "operating various office machines". Below is a list of the top ten Transferable skills that employers look for in prospective new employees. Mark those you believe you possess, as you did in exercise #1.

Possess computer skills
Ability to teach
Ability to negotiate outcomes
Money management
Manage people
Deal with the public
Organize/manage projects
Public speaking
Ability to write
Other

Functional Skills List

Now that you have performed the above exercises, you are on your way to identifying a number of the skills you possess which employers are looking for in the people they hire. These are marketable skills that you can "advertise" to those employers in your resume and during interviews.
Below are several lists of transferable skills broken down by the primary type of activities a person might perform in a particular job. They are useful for both further identifying skills you possess and for deciding what jobs you might prefer based on the types of skills used in performing its principal functions.

Working with **things:**
___Build and repair things
___Drive or operate a vehicle
___Observe and inspect things
___Count things
___Organize things

Working with **information:**

___Analyze information
___Locate information
___Budget information
___Use a computer data base
___Use fiscal or related software
___Organize information

Working with **people:**
___Administer people
___Advise people
___Care for people
___Persuade people
___Coach and instruct people
___Interview people

Working with **words and ideas:**
___Communicate verbally
___Communicate in writing
___Create new ideas
___Edit written material
___Word process
___Speak publicly

Leadership skills**:**
___Delegate
___Direct others
___Make decisions
___Manage others
___Motivate others
___Solve problems
___Explain
___Initiate new tasks

Artistic ability**:**
___Compose/play music
___Draw
___Dance Perform/act
___Use graphics software
___Present artistic ideas

The Skill Based Resume

In today's competitive job market, employers are looking for individuals to hire who can demonstrate that they have specific sets of skills, which matches those needed to perform particular jobs. These will generally be a combination of two types of skills - "transferable skills" and "personal skills."

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"**Transferable skills**" are those used to perform specific job-related tasks. They are learned in one setting, usually through practice, and can then be performed in other settings. Examples of transferable skills include the following: "applying diverse computer applications", "using different hand tools", and "operating various office machines".

"**Personal skills**" differ in that they are not task specific. They include both personality traits and interpersonal abilities. Examples include: "the ability to work well as a member of a team", "the characteristic of being punctual", and "the tendency to be flexible". Today's employer is looking for a potential employee who has the particular combination of these two types of skills needed to perform the specific job he/she is trying to fill. It is, therefore, important that you be able to identify, describe and give examples of successful uses of these skills in your resume.

The 15 Second Rule

Your job is to capture the employer's attention and encourage that second, in depth, reading.

Employers will generally glance at your resume, looking for key words or phrases which lead them to believe that a further, more complete reading is warranted. Every phrase contained in your resume must, therefore, convince the employer that you are a good potential candidate for the job and possess the particular set of skills needed to do it successfully. The 15 second rule also means that you want to put your strongest points in the top third of your resume, where they will be read first.

Type of Resumes

There are 3 primary types of resumes:

Chronological	The body is made up of a chronological work history starting with the present or most recent job and working backwards. This list is not limited to paid employment. Each job entry should include: • Dates worked • Job title • Company name • City and state where the company is located • A description of your duties, the skills you used and your accomplishments
Functional	The body of the Functional resume is made up of a list of your skills you possess which match the skills needed on the job you are applying for. The most important skill is placed at the top of the list with each skill below it being placed in descending order of importance until you reach the least important skill at the bottom. For each skill, list at least three strong examples of your use of it.
Chrono-functional	The best of both worlds. The Chrono-functional resume features a list of highlighted skills in the body, as does the Functional resume. It then includes an abbreviated work history showing dates of employment, job title, name of company, company location including city and state, and may contain a brief phrase or two of job description. The work history should directly support the skills list.

Following are typical elements found in resumes

Heading	**Name**	The heading should start with **your name**. Generally it is centered on the page and written in large, bold type, so as to stand out.
	Address	Your complete address should appear next (no abbreviations) directly below your name in smaller type or in the right hand corner of the page. Remember to include your zip code.
	Phone Number	A phone number where you can be easily reached should appear below your address. If you can't be available to take calls all the time, use an answering device. An answering device is more professional and reliable than a family member, if possible. Remember to include your area code.
	E-Mail Address	If you have an e-mail address which you are able to check regularly, it may be included below your phone number. However, avoid using unprofessional sounding e-mail addresses. (e.g. hotbody@yahoo.com)
Objective Statement	**Description**	**Example**
	The objective statement works best for two types of job seekers: 1. Those who know exactly what type of job they want, and 2. Those whose resume	*To obtain an entry-level position in financial services utilizing my strong analytical and interpersonal skills*

	does not make clear the type career goal they have The objective should be simple, specific and brief- no more than two or three lines. Remember, it should highlight what you can do for a company, not just what you want to get out of it.	
Skills Summary	The skills summary works best for job seekers who are not exactly sure what type of job they are looking for. A skills summary is a one or two sentence overview that expresses the essence of your skills and experience. It highlights what makes you a qualified candidate for the job you are applying for and helps you stand out from other applicants.	*A certified counselor, trained in behavioral therapy, with five years experience in a mental health clubhouse setting.*
Summary Of Qualifications	A formatted list of items rather than a single statement. It highlights specific skills and accomplishments rather than general achievements. A bulleted list which is results-oriented is usually used.	♦ *Skilled Administrative Assistant with three years experience in a professional office environment and an Associates Degree in Business.* ♦ *Consistently completed assignments ahead of schedule* ♦ *Developed filing system which cut the time needed to locate sensitive documents by 25%.* ♦ *Proficient with Word, Excel,* *Power Point, and Outlook*

Body The body of your resume will include the following elements:		
	Description	**Example**
Dates (Not used in a Functional Resume)	Generally you will only need to include the month & year or just the years you worked at a Company	March 1999 - June 2003 1999 to 2003
Locations	Use city and state (or country if applicable)	Alexandria, VA Prince William County, VA
Company Name (May be omitted from a Functional Resume)	Do not use abbreviations, even if they are common. The "ADA" could mean the American Dental Association or the Association of Dieticians in American. If the company is known primarily by its initials, do not use the full name	IBM AT&T American Civil Liberties Union American Psychiatric Association American Psychological Association
Job Title	Use the exact title your company used. If you were a janitor, do not list "Facilities Maintenance Engineer" unless that was your official title	Housekeeper Food Service Worker Cashier Secretary Administrative Director
Duties	Focus on accomplishments rather than just tasks. Tailor this section to showcase the same duties you will be doing in the job you're applying for	♦ Managed a team of 11 truck drivers ♦ Used computer software to create spreadsheets, graphs and financial forecasts ♦ Increase sales by 15% in the first quarter of 2004

		and maintained increases for 9 quarters

Education

Start with the highest degree received and work backwards. Include high school or GED Award if no college. Also include relevant training and certificates. Format the educational section just as you did the contents of the body section.

Include the following information in each entry: ♦ Degree earned ♦ Date of degree ♦ Field of study ♦ School ♦ City and state of school The following is optional information if it enhances you as a potential employee: ♦ Grade point average/class rank ♦ Honors and awards ♦ Special classes taken ♦ Extra curricular activities-sports, clubs, politics ♦ Career- related jobs and activities during school (including tutoring and volunteering) If you attended college, but did not graduate, the courses you completed can be included. Show years attended, field of study, school name and school location.	**Example:** 1984, MA, Psychology, George Mason University, Fairfax, Virginia, GPA 3.9 Dean's list all semesters attended, member Psychology Honor Society

Personal Information (optional)

Add the following if it increases your qualifications for the job for which you are applying.

Military service	Include the branch you served in, the years enlisted and any special training your received
Job related hobbies	Athletic hobbies, photography, martial arts, painting, antique collecting may show an employer you have other job-related skills such as researching, organizing or discipline
Professional affiliations	Toastmasters, Sororities/Fraternities, Lions, Elks, Masons, writers' clubs, etc.
Awards, honors, certificates, recognitions	Include those inside and outside the job if work related

Licenses, accreditation, certification	Notary Public, computer certifications, or other professional accreditations	
Languages	Example: Fluent in writing and speaking Spanish Basic knowledge of spoken Vietnamese	

The choice, of which of these forms you choose to use, is up to you and will, in part, depend on your experience, skills and the type of job you are looking seeking.

Sample A - Chronological Resume

Objective

To be a contributing member of a team where my demonstrated experience empowering individuals with mental health issues, through employment, to live with dignity and to achieve the highest degree of independence possible will make a measurable difference.

Professional Experience

Joseph Smith Center, Fairfax, VA
February 2006-Present
Employment Trainer
Provide employment counseling to patients at a local state mental hospital, through the design and presentation of group work shops and by providing individual counseling, under contract with the hospital's Occupational therapy Department. Focus is on developing recovery based skills in job preparedness, job finding, and job retention. Document client participation and progress in weekly chart notes.

Alexandria City Mental Health Department, Alexandria, VA
2005
Therapist I, Club House Advocate
Motivated individuals with mental health issues to participate in the daily operation of the Food Service Unit of an adult mental health club house. Provided supervision and support to clients operating a member run snack bar, which I organized, and a member staffed full service commercial kitchen. Documented progress and participation of approximately 25 clients in monthly progress notes and provided full case management to approximately 7 of these individuals.

Alexandria City mental health Department
2003-2005
Job Coach
Assisted individuals with mental health issues to find and retain employment in both competitive and sheltered placements. Developed job leads through direct contact with employers in the community and through follow up of published vacancies. Designed and presented work shops on employment preparedness, job seeking, and the impact of mental health issues on retaining employment. Provided clients with on-the-job training when first placed and then continued to follow up with supportive counseling once they had learned to work independently. Acted as a liaison between clients and their employers when problems occurred.

Education
MA Psychology, George Mason University, Fairfax, VA, 1984 (GPA 3.9)
• BA Sociology, George Washington University, Washington, D.C., 1975
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Sample B - Functional Resume

OBJECTIVE

To be a contributing member of a multi-disciplinary team where my experience empowering individuals with disabilities to live with dignity and to achieve the highest degree of independence possible will make a measurable difference.

COUNSELING

♦ Provide group and individual counseling to patients at a local State Mental Hospital.
♦ Supervise the Food Service Unit of a Mental Health Club House
♦ Facilitate Employment Support groups at a Mental Health Club House

EMPLOYMENT SUPPORT

♦ Guide and support individuals in conducting
♦ Job searches including assistance with job readiness, skills identification, resume preparation and interview practice
♦ Develop job openings in the community and facilitate supported placements
♦ Provide on-the-job training and follow up support to individuals once placed

COMMUNICATION

♦ Prepare timely, well-written documentation of all activities
♦ Develop and present workshops on a variety of Mental Health and Employment related issues
♦ Conduct and present results of research in clear, well-written reports, as well as in concise organized oral presentations

EDUCATION

♦ MA Psychology, George Mason University, Fairfax, VA, 1984 (GPA 3.9)
♦ BA SOCIOLOGY, George Washing ton University, Washington, D.C, 1975

Additional Education

♦ AA Human Services, Piedmont Jr. College, Charlottesville, VA 2003
Certificate-Drug and Alcohol Counseling, NOVA Community College, 1994

Sample C - Chrono-functional Resume

Objective

To secure a nonprofit management position where I can use the skills and experiences I have acquired over the last 15 years.

Skills/Experience

Training/Communications

- Utilizes anecdotes, humor, recovery principles and life experiences to reach and inspire others
- Creates and presents workshops on job-hunting skills such as resume writing, career planning and mock interviewing
- Trains social service professionals and clients at local and regional conferences and events

Management

- Leads a staff of eight (8) at two centers providing free employment and computer training
- Creates personnel evaluation procedures and is adept at giving constructive feedback to subordinates
- Oversees five (5) grants from the Department of Labor, Fairfax County, Microsoft Corp., and other funders totaling $220,000 annually
- Acts as a liaison between the staff and Board of Directors

Career Services

- Provides guidance, empathy and motivation to job seekers with disabilities and matches their talents and goals to appropriate opportunities
- Incorporates self-sufficiency, recovery and advocacy principles in helping others reach career goals
- Writes job-winning resumes and cover letters and helps clients practice interviewing skills

Administrative

- Possesses intermediate to advanced skills in Microsoft Windows XP, Word, Excel,
- PowerPoint, Access, Publisher, WordPerfect and Internet Explorer
- Assists the Board of Directors in researching statistics, trends and social service best
- practices to produce grant proposals
- Possesses excellent writing and editing skills

Work History

Stuart Mills Center Alexandria, VA

- Program Manager, 2002 to Present
- Administrative Specialist, 1999 to 2002
- Administrative Assistant, 1996 to 1999

Club Managers Association of America Alexandria, VA

- Manager, Premier Club Services, 1992 to 1999

United Way of America Alexandria, VA

- Compliance Review Clerk, 1991 to 1992

Cover Letters

Why Include A Cover Letter?

Over 80% of recruiters surveyed said a cover letter is a necessity!
Resumes are pretty much the same. The cover letter lets you introduce a "personal messenger" to the employer. It should be brief, energetic, and interesting. It should answer the following questions concisely and instantaneously for the employer:

- Why are you writing me?
- Why should I consider your candidacy?
- What qualifications or value do you have which I could benefit from?
- What are you prepared to do to further sell yourself?

What A Cover Letter Can Do For You

- Say what your resume can't: if your work history has gaps, your cover letter can explain them away in a sentence or two.
- Highlight skills, knowledge and experience which are relevant to the job, which you didn't have room for in your resume.
- Showcase your personality, not just your skills: while professionalism should be the first thing you reflect, use the cover letter to let your personality shine through. Honesty, work-ethic, confidence, creativity and adaptability are all traits you can convey through a good cover letter.
- Sets you apart from the pack: on average, employers receive from 50 to 100 resumes for each opening they advertise. Getting a job is a competitive endeavor. A well written cover letter can give you an edge over the competition.

Common Cover Letter Mistakes

- Too short-simply a restating of your resume
- Too long - gives your life story
- Too fancy - unusual fonts and formatting
- Typos and grammatical mistakes
- No contact information
- No request for an interview
- Does not specify which job you are applying for
- Not **tailored** to the job for which you are applying

Strike a balance between giving the employer what he expects and mildly surprising him with something extraordinary.

Your address, phone number & e-mail
Today's Date
Salutation (Use A Name)

1st Paragraph: State how you heard about the job (include publication name, date, job title, job number if used); brief qualification statement. You may want to try a creative opening, though not too creative. If you are changing careers, say so here.

2nd Paragraph: Elaborate on pertinent experience, skills and education. Give brief examples of accomplishments; make reference to your resume; add any special interest in the position, company or line of work

Final Paragraph: Ask for an interview; give a phone number and specific times you can be reached at this number;

Thank the reader Sincerely,

Your Signature Here

Typed Name (leave 3-4 blank spaces)

Employer's Name, Title and Full Address

APPENDIX D

Mental Health Supported Employment Survey

Virginia is engaged in a dynamic process of transforming the mental health system to one that fully embraces employment as a part of empowerment, recovery and self-determination. The survey below will provide information to help the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department of Rehabilitative Services, and local partners and peers to promote employment supports for mental health consumers (i.e., for this survey, we are not including consumers of intellectual disability services).

We are especially interested in learning about the perceptions of CSB staff in clubhouse, residential, case management, or other community-based service programs. Duplicated responses (e.g., from those who may have overlapping caseloads) are acceptable, so a CSB may choose to distribute the survey widely among staff. Otherwise a director may choose to return a single consolidated response for the entire CSB. Please accept our thanks in advance for taking your time to respond to this survey. Please email a completed copy to michael.shank@co.dmhmrsas.virginia.gov or fax it to 804-786-1587 by June 10, 2008.

Community Services Board _____

Respondent's Job Title _____

Optional: Name _____Phone # / Email _____

Check one: ____This is a single response for the entire CSB; or
____This is a response for just my program/caseload

1. Does your CSB operate an employment services program for mental health consumers?
   Yes_____ No_____

2. To better assist mental health consumers who express an interest in employment, it may be useful to put them into distinct "employment readiness" categories such as the following:

   A. A consumer in the Active phase…
   - Indicates a desire to go to work immediately; and/or
   - Is comfortable with the job hunting process (interviewing, filling out applications, etc.)
   - Can be rapidly assisted in preparing a resume, cover letter, employment history references, etc.
   - Has a clear idea of the type of employment sought
   - Has learned and is practicing behaviors which address many of their initial employment barriers

   B. A consumer in the Job seeker phase…
   - Wants/needs to work soon;
   - Needs to work on several areas to be ready for employment (tools such as a resume, interviewing skills, good work related habits such as punctuality, etc.);
   - Indicates a desire to work, but would benefit from further preparation for the actual job search (interview practice, communication skills, etc.); and/or
   - Has addressed some barriers to employment, but is still addressing these issues

   C. A consumer in the Exploratory phase…
   - Has an interest in employment, but not in the immediate future (next three months or so);

- Needs training or classes to improve skills;
- Needs to earn a degree or certificate to achieve employment goals;
- Is not sure what type of job or career they desire; and/or
- Has major barriers to employment which will take time to address

Based on the above model and thinking about your current consumers, please indicate below what percentage of your consumers you consider to be in each of the three categories

(The total number of my consumers who express an interest in employment equals _____)

The percent of my consumers who express an interest in employment who are in the Active phase= _____%

The percent of my consumers who express an interest in employment who are in the Job seeker phase= ____%

The percent of my consumers who express an interest in employment who are in the Exploratory phase= ____%

3. Do you **routinely** communicate with the state Department of Rehabilitative Services (DRS) to refer mental health consumers for employment services? (check one) Yes_____ No_____

If yes, how would you rate the **quality** of communication with this agency?
(5 = Excellent, 1 = Poor and N/A = Not Applicable) Please circle your response:

Excellent				**Poor**	
5	4	3	2	1	N/A

If you gave a rating of 3 or lower, please explain:

_____
_____
_____

Based on your ratings above, please describe one or two examples of employment outcomes in the space below:

_____
_____

4. Which of the following agencies do you **routinely** communicate with in your role as CSB staff when providing employment assistance to mental health consumers? (check all that apply)

- Private employers_____
- Employment agencies_____
- "One Stop" Employment Centers_____
- Peer-to-peer programs_____
- Clubhouses_____
- Other_____(please specify)_____
- None_____

How would you rate the **quality** of communication with these agencies?
(5 = Excellent, 1 = Poor and N/A = Not Applicable) Please circle your response:

	Excellent				**Poor**	
Private employers	5	4	3	2	1	N/A

Employment agencies	5	4	3	2	1	N/A
”One Stop” Employment Centers	5	4	3	2	1	N/A
Peer to peer programs	5	4	3	2	1	N/A
Clubhouses	5	4	3	2	1	N/A
Other (please specify)_____	5	4	3	2	1	N/A

Based on your ratings above, please describe one or two examples of employment outcomes in the space below:

_____

_____

_____

5. Listed below is a sample of some of the challenges mental health consumers have described or have been observed to face in seeking vocational help., Please rate the frequency with which you encounter these issues in your work with consumers using the following scale: (1 = Rarely 2 = Sometimes 3 = Frequently)

- Fear of losing SSI, SSDI cash benefits_____
- Fear of losing Medicaid, Medicare benefits_____
- Feelings of low self esteem _____
- Difficulty working with multiple providers_____
- Difficulty managing symptoms_____
- Lack of clear cut employment goals_____
- Concerns over criminal history_____
- Lack of skills needed to realize expressed employment desires_____
- Uncertainty over effective approaches to employer response to criminal background_____
- Lack of employment history or gaps in work history_____
- Becoming easily discouraged/difficulty with follow through_____
- Lack of job hunting wardrobe_____
- Transportation barriers_____
- Lack of job hunting funds_____
- Difficulty with interviews/employer contacts_____
- Others (please specify)

_____

_____

_____

6. The Department is working with PRS, Inc. and the Laurie Mitchell Employment Center to develop a manual on how to provide supported employment services by braiding reimbursement funding streams through DMHMRSAS, DRS, and Medicaid’s Mental Health Support Services. Please give examples below of topics you would like to see addressed in the “how to” manual, to better help you help consumers to become employed through empowerment, recovery and self-determination.

_____

_____

_____

THANK YOU!!!!!!!!!

Please email the completed survey to michael.shank@co.dmhmrsas.virginia.gov or fax it to 804-786-1587 by June 10, 2008.

Aggregated Results Follow:

The Number of my consumers who express an interest in employment

Community Services Board (Staff responded just for themselves or their individual program)	# of Individual Respondents	# of Consumers
Alexandria CSB	1	18
Alleghany Highlands	1	
Arlington County CSB	1	71
Blue Ridge Behavorial Healthcare	13	216
Central Virginia CSB	1	
Chesapeake CSB	1	
CHESTERFIELD CSB	2	17
Colonial	2	
Cumberland Mountain CSB	15	40
Danville-Pittsylvania Community Services	1	105
District 19 CSB	1	40
Fairfax/Falls Church CSB	2	26
Hanover	1	98
Highlands Community Sevices	1	19
HNN CSB	6	19
Norfolk	2	28
Northwestern Community Services	8	309
Pr. William County CSB	1	44
Rappahannock Area CSB	1	84
Rappahannock Rapidan CSB	1	48
Region Ten CSB	10	89
Rockbridge Area Community Services	1	
Valley CSB	14	279
Total (note: may include duplicated counts of shared consumers)	**87**	**1550**

Community Services Board (Staff responded on behalf of the entire CSB)	Consolidated Respondents	# of Consumers
CHESTERFIELD CSB	1	145
Crossroads CSB	1	40
District 19 CSB	1	
Fairfax/Falls Church CSB	1	357
Henrico CSB	1	203
HRCSB	1	100
MPNN CSB	1	
Portsmouth	1	
Richmond Behavioral Health Authority	1	1300
Total Consolidated Respondents	**9**	**2145**
Grand Total	**96**	**3695**

Average Percent of Consumers by Job Readiness Category	N=	Avg % in the Active phase	Avg % in the Job seeker phase	Avg % in the Exploratory phase
Individual Respondents	36	36.61	28.61	34.67
Consolidated Respondents	9	14.22	23.78	60.56
Average	45	32.13	27.64	39.84

Do you routinely communicate with the state DRS?	N=
"No" - Individual Respondents	42
"Yes" - Individual Respondents	42
"Yes" - Consolidated Respondents	9

If Yes, how would you rate the quality of communication with DRS? (5= excellent, 1= poor)	Individual Respondents	Consolidated Respondents	All Respondents	
N/R	1		1	**2%**
"1"	1		1	**2%**
"2"	1		1	**2%**
"3"	8	4	14	**25%**
"4"	20	3	24	**44%**
"5"	11	2	14	**25%**
N=	42	9	55	
Average Rating	3.95	3.78	3.91	

Do you routinely communicate with the state DRS?	N=	Avg % in the Active phase	Avg % in the Job seeker phase	Avg % in the Exploratory phase
"No" - Individual Respondents	14	34.43	30.21	35.07
"Yes" - Individual Respondents	22	38.00	27.59	34.41
"Yes" - Consolidated Respondents	8	16.00	25.50	56.88
"Yes" - Both Respondents	31	31.10	26.48	42.00

How would you rate the quality of communication with DRS? (5= excellent, 1= poor)	N=	Avg % in the Active phase	Avg % in the Job seeker phase	Avg % in the Exploratory phase
N/R	13	31.69	30.62	37.38
"1" - Individual Respondents	2	40.00	25.00	35.00
"3" - Individual Respondents	3	25.33	21.33	53.33
"4" - Individual Respondents	12	40.17	31.75	28.17
"5" - Individual Respondents	6	44.67	22.83	32.33
Average = 3.87	36	36.61	28.61	34.67

How would you rate the quality of communication with DRS? (5= excellent, 1= poor)	N=	Avg % in the Active phase	Avg % in the Job seeker phase	Avg % in the Exploratory phase
"3" - Consolidated Respondents	4	12.50	25.00	62.50
"4" - Consolidated Respondents	3	17.33	25.00	53.33
"5" - Consolidated Respondents	1	26.00	29.00	45.00
Average = 3.63	8	16.00	25.50	56.88

Which of the following agencies do you routinely communicate with in your role as CSB staff providing employment assistance to MH consumers?	All Respondents N=100	Individual Respondents N=87		Consolidated Respondents N=9	
Private employers	33	25	29%	8	89%
Employment agencies	29	21	24%	7	78%
"One Stop" Employment Centers	8	5	6%	3	33%
Peer-to-peer programs	25	21	24%	4	44%
Clubhouses	48	40	46%	6	67%
Other (mostly DRS, CSB SE prog, CSB staff)	42	34	39%	5	56%

Avg rating for the quality of communication with...	All Respondents N=100	Individual Respondents N=87	Consolidated Respondents N=9
Private employers	3.74	3.69	4.00
Employment agencies	3.57	3.50	3.71
"One Stop" Employment Centers	3.56	3.67	3.33
Peer-to-peer programs	3.77	3.73	4.00
Clubhouses	4.34	4.29	4.67
Other	4.11	3.96	4.80

Challenges MH consumers face in seeking vocational help (avg - 1=rarely, 2=sometimes, 3=frequently)	All Respondents N=100	Individual Respondents N=87	Consolidated Respondents N=9
Fear of losing SSI, SSDI cash benefits	2.74	2.70	3.00
Fear of losing Medicaid, Medicare benefits	2.62	2.58	2.78
Feelings of low self esteem	2.20	2.21	2.00
Difficulty working with multiple providers	1.73	1.68	1.89
Difficulty managing symptoms	2.21	2.23	2.00
Lack of clear cut employment goals	2.22	2.20	2.22
Concerns over criminal history	1.96	1.91	2.22
Lack of skills needed to realize expressed employment desires	2.34	2.36	2.11
Uncertainty over employer response to criminal background	1.96	1.90	2.11
Lack of employment history or gaps in work history	2.30	2.24	2.56
Becoming easily discouraged/difficulty with follow through	2.43	2.42	2.44
Lack of job hunting wardrobe	2.02	1.95	2.22
Transportation barriers	2.64	2.60	2.78
Lack of job hunting funds	2.11	2.09	2.22
Difficulty with interviews/employer contacts	2.15	2.08	2.44

Challenges MH consumers face in seeking vocational help (rank ordered)	All Respondents N=100	Individual Respondents N=87	Consolidated Respondents N=9
Fear of losing SSI, SSDI cash benefits	1	1	1
Transportation barriers	2	2	2
Fear of losing Medicaid, Medicare benefits	3	3	3
Becoming easily discouraged/difficulty with follow through	4	4	5
Lack of skills needed to realize expressed employment desires	5	5	11
Lack of employment history or gaps in work history	6	6	4
Lack of clear cut employment goals	7	9	7
Difficulty managing symptoms	8	7	13
Feelings of low self esteem	9	8	14
Difficulty with interviews/employer contacts	10	11	6
Lack of job hunting funds	11	10	8
Lack of job hunting wardrobe	12	12	9
Uncertainty over employer response to criminal background	13	14	12
Concerns over criminal history	14	13	10
Difficulty working with multiple providers	15	15	15

Challenges MH consumers face in seeking vocational help (rank ordered)	Yes, CSB does operate employment services	No, CSB does not operate employment services	Yes, do routinely communicate with DRS	No, don't routinely communicate with DRS
N=	75	24	55	42
Fear of losing SSI, SSDI cash benefits	1	1	1	1
Transportation barriers	2	4	2	2
Fear of losing Medicaid, Medicare benefits	3	2	3	3
Becoming easily discouraged/difficulty with follow through	4	3	4	4
Lack of skills needed to realize expressed employment desires	5	7	6	5
Lack of employment history or gaps in work history	6	8	8	6
Difficulty managing symptoms	7	9	5	11
Lack of clear cut employment goals	8	5	9	7
Lack of job hunting funds	9	11	11	10
Feelings of low self esteem	10	6	7	9
Difficulty with interviews/employer contacts	11	10	10	8
Lack of job hunting wardrobe	12	14	12	12
Concerns over criminal history	13	15	14	14
Uncertainty over employer response to criminal background	14	12	13	13
Difficulty working with multiple providers	15	13	15	15

Challenges MH consumers face in seeking vocational help (rank ordered)	> Avg Active Phase	Avg or < Avg Active Phase
N=	27	**63**
Fear of losing SSI, SSDI cash benefits	1	1
Transportation barriers	2	2
Fear of losing Medicaid, Medicare benefits	3	3
Becoming easily discouraged/difficulty with follow through	4	4
Lack of employment history or gaps in work history	5	7
Feelings of low self esteem	6	9
Lack of skills needed to realize expressed employment desires	7	5
Difficulty with interviews/employer contacts	8	11
Difficulty managing symptoms	9	8
Lack of clear cut employment goals	10	6
Lack of job hunting funds	11	10
Lack of job hunting wardrobe	12	12
Concerns over criminal history	13	14
Uncertainty over employer response to criminal background	14	13
Difficulty working with multiple providers	15	15

Challenges MH consumers face in seeking vocational help (rank ordered)	> Avg Exporatory Phase	Avg or < Avg Exploratory Phase
N=	28	61
Fear of losing SSI, SSDI cash benefits	1	1
Becoming easily discouraged/difficulty with follow through	2	5
Fear of losing Medicaid, Medicare benefits	3	3
Transportation barriers	4	2
Difficulty managing symptoms	5	10
Lack of clear cut employment goals	6	8
Lack of employment history or gaps in work history	7	6
Feelings of low self esteem	8	7
Lack of job hunting wardrobe	9	13
Lack of skills needed to realize expressed employment desires	10	4
Difficulty with interviews/employer contacts	11	9
Lack of job hunting funds	12	11
Concerns over criminal history	13	14
Difficulty working with multiple providers	14	15
Uncertainty over employer response to criminal background	15	12

APPENDIX E

Implementing Supported Employment In Virginia's Mental Health Service System

A Report of the Steering Committee of the Mental Health System Transformation
Real Choice Systems Change Grant

Executive Summary

Background

The Americans with Disabilities Act (ADA) (Pub. L. 101-336) recognizes that "society has tended to isolate and segregate individuals with disabilities, and … such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem."[6] The ADA establishes and supports the rights of Americans, including those with mental illness, to lead lives as valued members of their own communities despite the presence of disability. Employment clearly reduces isolation and secures a sense of valued membership in society. Assisting consumers to achieve and maintain employment should be one of the highest priorities of our mental health care system.

Since 2001, Congress has appropriated funds for Real Choice Systems Change (RCSC) grants to states to help realize the goals of the ADA by building infrastructure that will result in effective and enduring improvements in long-term support systems. These system changes are designed to enable persons with disabilities to:

- Live in the most integrated community setting appropriate to their individual support requirements and preferences;
- Exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use, and the manner by which services are provided; and
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), in partnership with the Virginia Departments' of Medical Assistance Services (DMAS) and Rehabilitative Services (DRS) and with Virginia's Mental Health Planning Council, was awarded a three-year $300,000 RCSC grant in October 2004 to strengthen the capacity of Virginia's mental health services system to provide integrated community services that embody self-determination, recovery, and empowerment (see "Project Abstract" – Appendix A). This report outlines the findings and recommendations of the project's steering committee regarding the development and implementation of Mental Health Supported Employment services in Virginia.

Findings

[6] Americans With Disabilities Act of 1990, Pub. L. No.101-336, 104 Stat.327 101st Cong., 2nd session. 42 U.S.C. § 12101(a), Section 2 of the Americans with Disabilities Act. Washington: GPO

- Employment can play a vital role in recovery from mental illness and reintegration into the community.
- While over half of all adults with mental illness would like to be employed, only about one-third actually is; many under-employed.
- Virginia adults with mental illness do not enjoy the same opportunities to receive help with employment, as do those with mental retardation.
- The help that is usually available to them is far less effective than the evidence-based practice known as Supported Employment.
- Virginia's mental health system has not yet successfully embraced supported employment because of confusing and inconsistent DMHMRSAS, DRS, and DMAS policies and procedures and a lack of provider training and incentive.
- Changes in the training and funding provided by DMHMRSAS, the interpretation of DMAS policies, and the implementation of DRS vendor agreements could significantly improve this situation.
- While substantial amounts of existing resources could be leveraged to support the implementation of Supported Employment, the targeting of some new State General Funds will be required to expand and sustain this new service.

Recommendations

- DMHMRSAS should train CSB staff, particularly case managers and clubhouse staff, in the importance of employment in the process of recovery, which is an achievable outcome of mental health services and supports, and in the most effective technologies to help consumers get and keep good jobs.
- DMHMRSAS, DRS, and DMAS should encourage the creation of more effective partnerships among mental health, vocational rehabilitation, and benefits planning and assistance providers.
- DRS and CSBs should establish vendor relationships that support the integration of vocational and mental health services staff as outlined in the Individual Placement and Supports model of Supported Employment.
- DMAS should provide clear interpretive guidance to providers on how existing Medicaid funded Community Mental Health Rehabilitative Services may be provided to mental health consumers in and around employment settings.
- DMHMRSAS should seek additional State General Funds to help underwrite the start-up and transition costs associated with transforming the mental health system towards a more recovery oriented focus on employment.

Introduction

Employment can play a vital role in a person's process of recovery from mental illness and in his or her reintegration into their community. However, research has indicated that of all persons with disabilities, those living with a mental illness face the highest degree of stigmatization in the workplace and the greatest barriers to employment.[7] This paper addresses some of the challenges facing mental health consumer/survivors as they attempt to enter/re-enter Virginia's work force and provides some recommended solutions.

[7] The National Office of the Canadian Mental Health Association. (2005, February). *routes to work- helping people with mental illness secure mainstream employment.* Retrieved July 20, 2005, from www.cmhc.ca/english/route/learned.htm.

Beyond obvious economic benefits, such as exercising purchasing powers and paying taxes, employment is an integral part of self-identity as a valued member of the community. "What do you do?" is often the first question asked of a new acquaintance. People define themselves in large part by how they spend their time and by what interests them. And for most adults, their job encompasses all of those things.

For adults living with a mental illness however, employment has additional importance. Serious mental illness (SMI) is often accompanied by poverty and social isolation. The onset of mental illness often occurs as people are entering young adulthood, when they are developing a sense of themselves as independent adults; when they are defining "what/who shall I be when I grow up?" At a minimum, mental illness interrupts that process of self-definition and assumption of adult roles in community life. Perhaps more often, however, the experience of coping with mental illness leaves people struggling to redefine and rediscover their basic self-confidence, strengths and capabilities. Working can help move people towards self-actualization; towards realizing their full potential and regaining a positive sense of themselves.

To paraphrase Kevin Walsh, a California consumer:[8]

- Work is healing.
- Work focuses on abilities, not limitations.
- Working improves self-concept by demonstrating usefulness and self-worth.
- Working moves people into challenging interpersonal social relationships that decrease isolation and foster social inclusion.
- Earning a salary can help a person escape from poverty, providing the financial capability to become more independent.

Despite these compelling reasons to support employment services, research shows that although over half of most clinical samples[9] of adults with severe mental illness express strong interests in working, only about one-third of people with mental illnesses are employed, and many of them are under-employed.[10]

Mental Health Employment Services in Virginia

Virginian's with mental illness can seek employment assistance from Community Services Boards (CSBs) or Department of Rehabilitative Services (DRS) and its contracted vendors.
However, CSB and DRS data reveals that employment is not widely valued as an important and viable outcome for mental health consumers in Virginia. Mental Health Rehabilitation (clubhouse) services, which include some "pre-" vocational services, are probably the most common vocationally related services available to them. Unfortunately however, they are not an evidence-based practice, nor are they directly related to obtaining and retaining employment. In 2004, CSBs served 5,634 individuals in clubhouse services at a cost of $31,589,469. By comparison, direct employment assistance was funded and provided to only very few CSB consumers.[11]

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[8] Walsh, K.J. (1999). Work: A wellspring of mental wellness. In L.L. Mancuso & J.D. Kotler (Eds.), *A technical assistance toolkit on employment for people with psychiatric disabilities* (pp. 11-20). Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.

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[11] DMHMRSAS – CSB Reported 4th Quarter Data for SFY 2004

CSB Mental Health Service (2004)	Persons Served	% of Total	Reported Cost	% of Total
Mental Health Rehabilitation (clubhouse)	5,634	5.20	$31,589,469	10.9
Transitional or Supported Employment	697	0.60	$1,832,644	0.6
Supported Employment - Group Model	62	0.06	$513,745	0.2
Sheltered (i.e., center-based) Employment	51	0.05	$504,787	0.2

CSB and DRS mental health consumers also do not enjoy the same opportunities to receive help with employment, as do their counterparts with mental retardation. Statewide, CSBs serve roughly six times as many consumers with mental illness as those with mental retardation, but many more consumers with mental retardation actually receive employment services and supports. Similar disparities are also found in the Department of Rehabilitative Services (DRS) vocational services system. In a 2003 analysis prepared by the DRS Employment Services Organization (ESO) Advisory Committee,[12] several findings bear this out:

- Only half as many consumers with serious mental illness were served by DRS as were consumers with mental retardation (MR), even though the statewide number of consumers with SMI far exceeds those with MR.

- The average DRS cost per case for consumers with a primary disability of SMI vs. those with MR were practically identical, but rehabilitation rates (the number of successful DRS closures divided by the number of unsuccessful closures) were lower for consumers with SMI than for consumers with MR in every region statewide.

Anecdotal information from consumers and family members, as well as existing statewide DRS data, show clearly that while the MR system has moved towards employment for all of its consumers, the mental health system has not. For the year ending May 31, 2005, DRS consumers provided with the long-term employment supports (LTESS)[13] necessary to sustain successful employment were as follows:

- Consumers with Mental Retardation: 44%
- Consumers with Serious Mental Illness: 27%
- Consumers with Sensory/Physical Disabilities: 11%
- All other consumers: 18%

Federal Endorsement of Mental Health Supported Employment

These statistics are long-standing and well known to the mental health and vocational rehabilitation service systems. As reported by the President's New Freedom Commission on Mental Health[14], *"Disturbingly, most vocational rehabilitation services are ineffective for the small proportion of people with mental illnesses who manage to get them. Traditional vocational services that most vocational rehabilitation programs offer are far less effective for people with serious mental illnesses than a widely researched approach known as supported employment. Supported employment programs assign an employment specialist to the treatment team. That specialist helps consumers by conducting assessments and rapid job searches, and by providing ongoing, on-the-job support. Studies of supported employment show that 60% to 80% of people with*

[12] Fraley, Scott and Wendy Gradison, Employment Services Organization. Report to the ESOAC, February 4, 2003.
[13] DRS 2005 EES/LTESS Statistics (Long-term employment supports pay for ongoing assistance provided to employed consumers.)
[14] New Freedom Commission on Mental Health. (2003). Achieving the promise: Transforming mental health care in America. *Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: Department of Health and Human Services.

serious mentally illnesses obtain at least one competitive job (compared to 19% who remained in traditional vocational programs) — a clear success rate.[15] *The cost is similar to that of traditional vocational services* [and] *the Commission recommends strengthening and expanding supported employment services, such as Individualized Placement and Support*[16] *to all people with psychiatric disabilities."*

Thirty states and several foreign countries are implementing the innovative supported employment program called IPS, for Individual Placement and Support. An IPS employment specialist serves on a mental health treatment team and collaborates with clinicians to make sure that employment is part of the treatment plan. Then the specialist conducts assessments, rapid job searches, and provides ongoing support while the consumer is on the job. In general, 60-80% of those served by IPS obtain at least one competitive job, according to findings from three randomized controlled trials in New Hampshire, Washington, DC, and Baltimore (Drake et al)[17].

Essential Components of Vocational Rehabilitation in Mental Health

The Vocational Rehabilitation (VR[18]) services system utilizes its own "brand" of supported employment, but as the New Freedom Commission on Mental Health found, *"…individuals with psychiatric disabilities often receive services that may be called "supported employment," but are supported employment in name only. These vocational services lack the key ingredients that make supportive employment effective."* (see "Components of the Individual Placements and Supports Model," Appendix A)

The monograph entitled, *Innovative Methods for Providing Vocational Rehabilitation Services to Individuals with Psychiatric Disabilities,* and presented by the George Washington University Center for Rehabilitation Counseling Research and Education in April 2005, includes a review of the Substance Abuse and Mental Health Services Administration's five-year multi-state Employment Intervention and Demonstration Project (EIDP)[19].

The EIDP study endorsed, and Virginia's vocational rehabilitation service system should incorporate, the following recommendations:

- People with SMI can be successfully engaged in competitive employment.
- VR services should involve employment in integrated settings at customary wages or above.

15 Bailey, E. L., Ricketts, K., Becker, D. R., Xie, H., & Drake, R. E. (1998). *Do longer-term day treatment clients benefit from supported employment?* Psychiatric Rehabilitation Journal, 22, 24-29

16 Experimental research provides evidence favoring supported employment over traditional vocational services for people with serious mental illness. Lehman *et al* showed that the individual placement and support model of supported employment was more effective than a traditional vocational rehabilitation program. (See, Lehman, A. F., Goldberg, R. W., Dixon, L. B., McNary, S., Postrado, L., Hackman, A., & McDonnell, K. (2002). Improving employment outcomes for persons with severe mental illness. *Archives of General Psychiatry,* 59: 165-172.
Dixon *et al.* found that clients in supported employment attained significantly better outcomes in competitive employment (See, Dixon, L., Hoch, J., Clark, R., Bebout, R., Drake, R., McHugo, G., Becker, D. (2002) Cost-effectiveness of two vocational rehabilitation programs for persons with severe mental illness, *Psychiatric Services*, 53(9):1118-1124).

17 Drake R, McHugo G, Bebout R, et al *A randomized clinical trial of supported employment for inner-city patients with severe mental illness.* Archives of General Psychiatry 1999, 56:627-633

18 VR in this context does not refer to the State VR agency but, rather, to vocational rehabilitation interventions as part of the comprehensive services offered by the MH system.

19 Dew, D. W. & Alan, G. M. (Eds.). (2005). *Innovative Methods for Providing Vocational Rehabilitation Services to Individuals with Psychiatric Disabilities* (Institute on Rehabilitation Issues Monograph No. 30). Washington, DC: The George Washington University Center for Rehabilitation Counseling Research and Education.

• People with SMI should be placed in paid jobs as quickly as possible and according to their preferred pace.

• Ongoing employment support services should be available as needed and desired by the person served.

• Persons with SMI should be helped to find jobs matching their career preferences.

• VR services should explicitly and proactively address financial planning and provide education/support around disability benefits and entitlements.

• VR services should involve family and friends in supporting efforts to work.

• Vocational and mental health services should be integrated and coordinated.

• Vocational providers should work collaboratively with persons with SMI to address issues of stigma and discrimination, and help negotiate reasonable accommodations with employers.

• VR services should be made available to all mental health consumers. (Cook et al., in press).

Medicaid Rehabilitative Services as Employment Supports

One reason the mental health system has not yet successfully embraced supported employment is because the pertinent Medicaid rules for community mental health rehabilitation services are so confused regarding employment-related services. The Medicaid definition of rehabilitation, for example, reads in part: *"redevelopment of those skills necessary to enable and maintain independent living in the community." S*ince employment is obviously an important component of independent community living, services designed to help consumers get and keep jobs should clearly be covered. Because Medicaid is only intended to cover medical services, Medicaid rules specifically state that *"job training, vocational and educational services"* do not fall under the definition of rehabilitation.

Yet, services that help a consumer *"develop the social and interpersonal skills"* necessary to function successfully in employment settings are covered under Medicaid, *unless the service is directly associated with specific job performance*. Understanding and applying these fine distinctions is beyond our systems' normal operating capability, and mental health providers have been actively discouraged from documenting any mental health services in or around employment settings. For Virginia to ignore these problems would do a continuing disservice to the large numbers of mental health consumers who want to work. Solutions that resolve the conflicting Medicaid policies are achievable. Other states, such as Texas and Kansas, have explicitly included supported employment-related services in their states' Medicaid rehabilitative services option[20].

The Texas Medicaid State Plan offers employment-related services that provide

> …age appropriate training and supports that are not job specific, and have as their focus the development of skills to reduce or overcome the symptoms of mental illness that interfere with the

[20] *Using Medicaid to Support Working Age Adults with Mental illness in the Community: A Handbook*, 2005, U.S. Department of Health and Human Services, Contract #HHS-100-97-0014

individual's ability to make vocational choices, attain, or retain employment. Included are activities such as skills training related to task focus, maintaining concentration, task completion, planning and managing activities to achieve outcomes, personal hygiene, grooming, communication, and skills training related to securing appropriate clothing, developing natural supports, and arranging transportation. Also included are supportive contacts in school, or on-or-off the work-site, to reduce or manage behaviors or symptoms related to the individual's mental illness that interfere with job performance, or progress toward the development of skills that would enable the individual to obtain or retain employment.

The Kansas Medicaid State Plan defines employment-related services as:

> …assistance which shall have as its objective the development and implementation of a plan for assuring appropriate consumer community integration and the provision of both supportive counseling and problem-focused interventions in whatever setting is required to enable consumers to manage the symptoms of their illness. Services provided at the worksite must be focused on assisting the individual to manage the symptom of mental illness, and not to learn job tasks. These interventions will fall primarily in the areas of achieving the required level of concentration and task orientation, and facilitating the establishment and maintenance of effective communications with employers, supervisors and co-workers.

The Virginia Medicaid State Plan currently includes several rehabilitative services that might also be used to cover similar employment-related services, if adequate interpretive guidance were provided. As defined by the Department of Medical Assistance Services, they are:

Mental Health Case Management - *assists individual children, adults, and their families with accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs.*

Psychosocial Rehabilitation - *programs of two or more consecutive hours per day provided to groups of adults in a non-residential setting …[including] education to teach the patient about mental illness and appropriate medication to avoid complications and relapse [and] opportunities to learn and use independent skills and to enhance social and interpersonal skills within a supportive and normalizing program structure and environment.*

Mental Health Support - *training and support to enable individuals with significant functional limitations to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.*

Intensive community treatment (ICT) - *an array of mental health services for adults with serious emotional illness who need intensive levels of support and service in their natural environment to permit or enhance functioning in the community …provided through a designated multi-disciplinary team of mental health professionals.*

A table of more specific service definitions, eligibility criteria, required activities, and limitations for Mental Health Case Management, Mental Health Supports, and Psychosocial Rehabilitation as compared to DRS-funded Supported Employment is provided in Appendix B.

Recommendations

Make employment a viable option for mental health consumers

The portals through which clients may be introduced to or referred for employment supports are most frequently case managers and clubhouse staff. For such staff within CSBs that have not historically offered employment supports, there may not be the awareness of the positive impact that employment can have on lives of mental health consumers. In addition, current research literature and outcome data may not be available to service providers, and training and education for all staff serving adults with mental illness may be required. Education is key to expanding their knowledge base and strengthening their support to make employment an achievable outcome for mental health consumers.

DMHMRSAS and DRS should encourage interagency partnerships for successful outcomes

Because Virginia's public mental health has traditionally operated as a "stand-alone" service system, operational partnerships with outside organizations have not been a clear expectation of public providers. This is particularly problematic for employment services in that the lack of knowledgeable CSB staff and the scarcity of independent contractors in many jurisdictions are obstacles for many consumers who wish to become employed.

Added to this are the complicated funding mechanisms and overlapping services available through the Department of Rehabilitative Services, the Department of Medical Assistance Services, and the array of Employment Services Organization (ESO) vendors. All are critical partners in coordinating the existing limited funding options and producing positive employment outcomes.

Critical components of a successful supported employment program for adults with mental illness in the Virginia system are consumers, CSBs, DRS and its independent vendor community, and benefits planning, assistance, and outreach programs (BPAO[21]). Collaboration among these stakeholders is essential to consider individual consumer needs and how he or she can be best helped within the existing array of services in their particular community. Partnering and integration of services are critical to the mental health consumer's successful employment.

DRS should encourage more evidenced-based approaches to employment services

Supported employment services should be available on a widespread basis to all consumers with mental illness[22]. No other vocational rehabilitation approach for people with serious mental illness has attained the status of evidence-based practice, despite a half century of program innovation and informal experimentation by many psychiatric rehabilitation programs. Proponents of other vocational approaches either have failed to empirically investigate their methods or have failed to find strong evidence.[23]

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[21] The Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA) established community-based benefits planning, assistance, and outreach (BPAO) programs to provide accurate information and assistance on benefit programs, and work incentives to Social Security beneficiaries with disabilities. The goal of the Benefits Planning, Assistance, and Outreach Program is to better enable beneficiaries with disabilities to make informed choices about work.

[22] Drake, R.D., Goldman, H.H., Leff, H.S., Lehman, A. F., Dixon, L., Mueser, K. T. & Torrey, W. C. (February, 2002). Implementing evidenced-based practices in routine mental health service settings. *Psychiatric Services* 52(2):179-182.

[23] Bond, G.R., Becker, D.R., Drake, RE., et.al.: Implementing Supported Employment as an Evidence-Based Practice. *Psychiatric Services* 52:113-122, 2001.

Attitudinal barriers may exist among vocational rehabilitation and mental health providers, which may require additional training to achieve an increased level of comfort in working with consumers who have a serious mental illness. Consumers need to be able to take risks and experience setbacks as they learn about the world of work in a supported employment program. Because funding for DRS consumers is based upon the ability to achieve a "successful" employment outcome, DRS may need to enhance its use of Work Adjustment Training and Situational Assessments to better accommodate this trial-and-error approach.

Provide Supported Employment services through "braided" funding streams

In order to fully support the Individual Placement and Supports (IPS) model of the evidence-based mental health practice of supported employment, one or more of the above-mentioned Medicaid services should be provided in an integrated fashion with (non-Medicaid) Vocational Rehabilitation services.

Medicaid Provider Manuals should be amended to specifically identify reimbursable employment related services, and providers should be alerted to these changes. In addition, guidance documents, which clearly delineate the various components of Supported Employment and their respective reimbursement mechanisms through coordinated funding streams, should be jointly produced by DMHMRSAS, DRS, and DMAS, and widely disseminated.

Finally, employment specialists in a Virginia IPS program should be trained and qualified to bill under Medicaid and Vocational Rehabilitation services concurrently, depending upon the type of service provided in each instance, and therefore able to provide the "wrap-around" services and supports required by this evidence-based practice.

DMAS Mental Health Case Management	**DMAS Mental Health Support**	**DMAS Psychosocial Rehabilitation**	**DRS Supported Employment**
Service Definition Mental health case management assists individual children, adults, and their families with accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs.	**Service Definition** Mental health support services are training and support to enable individuals with significant functional limitations to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.	**Service Definition** Psychosocial rehabilitation services are programs of two or more consecutive hours per day provided to groups of adults in a non-residential setting. (DMHMRSAS - "Psychosocial rehabilitation service" means care or treatment for individuals with long-term, severe psychiatric disabilities, which is designed to improve their quality of life by assisting them to assume responsibility over their lives and to function as actively and independently in society as	**Federal Definition**[24] "Competitive work[25] in integrated work settings[26] or employment in integrated work settings in which individuals are working toward competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals, for…

[24] According to the 1998 amended federal regulations for the State Supported Employment Services Program, reauthorized in the Rehabilitation Act Amendments of 1998.

[25] Supported employment must provide full-time or part-time work. Weekly goals for hours of employment are to be determined on an individual basis. The individual supported employment model requires the payment of a minimum wage. The setting of an individualized weekly goal for hours of employment is a component of the Individualized Plan for Employment (IPE).

[26] The employment should provide daily contact in the immediate work setting with other employees and/or the general public.

Eligibility Criteria Adults, 18 years of age or older, who have severe and persistent mental or emotional disorders that seriously impair their functioning in such primary aspects of daily living as personal relations, self-care skills, living arrangements, or employment. The population is defined along three dimensions: diagnosis, level of disability, and duration of illness. All three dimensions must be met to meet the criteria for serious mental illness. **Diagnosis** of schizophrenia, major affective disorders, paranoia, organic or other psychotic disorders, personality disorders, or other disorders that may lead to chronic disability. **Level of Disability:** Individuals should meet at least two of the following criteria on a continuing or intermittent basis: 1) Is unemployed; is employed in a sheltered setting or supportive work situation; has markedly limited or reduced employment skills; or has a poor employment history. 2) Requires public financial assistance to remain in the community and may be unable to procure such assistance without help. 3) Has difficulty establishing or maintaining a personal social support system.	**Eligibility Criteria** Individuals must demonstrate a clinical need for the service arising from a condition due to mental, behavioral, or emotional illness that results in significant functional impairments in major life activities. Individuals must meet at least two of the following on a continuing or intermittent basis: 1. Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization, homelessness, or isolation from social supports. 2. Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial systems are necessary. 3. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior. 4. Require help in basic living skills, such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is	possible, through the strengthening of individual skills and the development of environmental supports necessary to sustain community living. Psychosocial rehabilitation includes skills training, peer support, vocational rehabilitation, and community resource development oriented toward empowerment, recovery, and competency.) **Eligibility Criteria** Individuals must demonstrate a clinical necessity for the service arising from a condition due to mental, behavioral, or emotional illness that results in significant functional impairments in major life activities. Individuals must meet at least two of the following on a continuing or intermittent basis: 1. Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or homelessness because of conflicts with family or community. 2. Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial systems are necessary. 3. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or significantly inappropriate social behavior. 4. Require help in basic living skills, such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized. To receive Psychosocial	**Eligibility Criteria** Individuals with the most significant disabilities 1. For whom competitive employment has not traditionally occurred (or for whom competitive employment has been interrupted or intermittent as a result of a significant disability), and 2. Who because of the nature and severity of their disability, need intensive supported employment services from DRS and long-term follow-along services (also called extended services-see below) after transition from supported employment services.“

4) Requires assistance in basic living skills such as personal hygiene, food preparation, or money management. 5) Exhibits inappropriate behavior that often results in intervention by the mental health or judicial system. **Duration of Illness** The individual is expected to require services of an extended duration, or the individual's treatment history meets at least one of the following criteria: 1) The individual has undergone psychiatric treatment more intensive than outpatient care more than once in his or her lifetime (e.g., crisis response services, alternative home care, partial hospitalization, and inpatient hospitalization). 2) The individual has experienced an episode of continuous, supportive residential care, other than hospitalization, for a period long enough to have significantly disrupted the normal living situation. **ALSO:** **1.** Must require case management as documented on the ISP **2.** Must be an "active client," which means that the individual has a plan of care in effect which requires regular direct or client-related contacts and communication or activity with the client, family, service providers, significant others, and others, including a minimum of one face-to-face contact every 90 days. **Unit of Service** A billing unit is one month - **$260.00**	jeopardized. **Unit of Service** One unit = one but less than three hours per day – **91.00 Urban, 83.00 Rural**	Rehabilitative services, the individual must meet one of the criteria listed below. The individual must: 1. Have experienced long-term or repeated psychiatric hospitalization; or 2. Lack daily living skills and interpersonal skills; or 3. Have a limited or nonexistent support system; or 4. Be unable to function in the community without intensive intervention; or 5. Require long-term services to be maintained in the community. **Unit of Service** One unit of service is a minimum of two, but less than four, hours on a given day. – **$24.23**	**Unit of Service** One hour – **average = $42**

DMAS Mental Health Case Management	**DMAS Mental Health Support**	**DMAS Psychosocial Rehabilitation**	**DRS SE**
Required Activities Assessment and planning services, to include developing an ISP (does not include performing medical and psychiatric assessment, but does include referral for such assessment). An assessment must be completed by a qualified mental health case manager to determine the need for services. This assessment then serves as the basis for the ISP. • Mandatory monthly case management contact, activity, or communication relevant to the ISP. Written plan development, review, or other written work is excluded. • Linking the individual to services and supports specified in the ISP. • Provide services in accordance with the ISP. • Assisting the individual directly, which may include transportation, for the purpose of developing or obtaining needed resources, including crisis assistance supports. • Coordinating services and treatment planning with other agencies and providers. • Enhancing community integration through increased opportunities for community access and involvement and creating opportunities to enhance community living skills to promote community adjustment. • Making collateral contacts with significant others to promote implementation of the service plan and community adjustment. • Monitoring service delivery as needed through contacts with service providers as well as	**Required Activities** Provide training in or reinforcement of functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management, and monitoring health, nutrition, and physical condition. • Provide services in accordance with the ISP. Review the ISP every three months, modify it as appropriate, and update and rewrite the ISP at least annually. • At a minimum, services are provided by qualified paraprofessionals under the supervision of a QMHP. • If the individual is receiving case management, there must be coordination with the case management agency. **Limitations** • Academic services and Vocational services are not	**Required Activities** Perform education to teach the patient about mental illness and appropriate medication to avoid complications and relapse and provide opportunities to learn and use independent skills and to enhance social and interpersonal skills within a supportive and normalizing program structure and environment. • Services must be provided in accordance with the ISP. Services that continue for more than six months must be reviewed by an LMHP to document the need for continued services. The ISP must be rewritten at least annually. • The program must operate a minimum of two continuous hours in a 24-hour period. • If case management is being provided, there must be coordination with the case management agency. ***Limitations*** • Vocational services are not reimbursable.	**Situational Assessment** **Job Development** **Job Placement/Training** **Ongoing Support Services** The individual must be provided supports such as job site training, transportation, family support, or any service necessary to achieve and maintain the supported placement throughout the term of employment. • Ongoing supports must include, at a minimum, twice-monthly contact with the supported employee at the work site to assess job stability. However, it may be determined that off-site monitoring is more appropriate for a particular individual. • Off-site monitoring must consist of at least two face-to-face meetings with the individual and one employer contact monthly.

periodic site visits and home visits. • Education and counseling that guide the consumer and develop a supportive relationship that promotes the service plan. Counseling, in this context, is not psychological counseling, examination, or therapy. The case management counseling is defined as problem-solving activities designed to promote community adjustment and to enhance an individual's functional capacity in the community. These activities must be linked to the goals and objectives on the Case Management ISP.	reimbursable. • Room and board, custodial care, and general supervision are not components of this service and are not reimbursable. • Individuals who reside in facilities whose license requires that staff provide all necessary services are not eligible for this service. • Only direct face-to-face contacts and services to the recipient are reimbursable. • Staff travel time is excluded.	• Time for field trips (off-site activities) is allowed if the goal is to provide an opportunity for supervised practice of socialization skills or therapeutic activities that are designed to increase the consumer's understanding or ability to access community services. • Staff travel time is excluded.	
Service Limit There is no maximum service limit for case management services except case management services for individuals residing in institutions or medical facilities. Case management services may not be provided for institutionalized individuals who are age 64 and under.	**Service Limit** Services may be authorized for six consecutive months. Continuation of services may be authorized at six-month intervals or following any break in services by a QMHP based on an assessment and documentation of continuing need. A break in service is more than 30 days or if a case has been closed to this service. • There is a limit of 372 units per year.	**Service Limit** Services that continue for more than six months must be reviewed by an LMHP. The LMHP must document the need for continued services. The ISP must be rewritten at least annually. • A maximum of 936 units of Psychosocial Rehabilitation services may be offered per year.	**Service Limit** The maximum time limit for VR sponsorship of ongoing supports is 18 months following placement, unless the IPE indicates that more than 18 months are needed for the employee to achieve job stability. The time need not be consecutive days worked. That is, for the supported employee placed more than once, the 18-month period begins anew.

License Community Services Board licensed by DMHMRSAS to provide Case Management.	**License** A DMHMRSAS licensed CSB or private provider of Supportive In-Home Services*, Intensive Community Treatment, or as a program of Assertive Community Treatment. **Staff** At a minimum, services are provided by qualified paraprofessionals under the supervision of a QMHP.	**License** Psychosocial rehabilitation providers must be licensed as a provider of Psychosocial Rehabilitation or Clubhouse Services by DMHMRSAS. **Staff** At a minimum, services are provided by qualified paraprofessionals under the supervision of a QMHP.	**Certification** CARF accreditation in Community Rehabilitation or the Supported Employment track of Behavioral Health

DRS Supported Employment

Extended Services - Usually referred to as long-term follow along, extended services are services provided once the time-limited services sponsored by the state VR agency are completed and consist of specific services needed to maintain the supported employment placement. Extended services are to be paid for with funds from sources other than the Titles I, VIB, IIIC, or IIID of the Federal Rehabilitation Act. Extended services means ongoing support services provided by an approved vendor or SEPD counselor that are sufficient to maintain a person with a most significant disability in employment after DRS case closure. These services may consist of but are not limited to:

- direct face to face contact and intervention with the consumer and/or employer on a regular basis
- phone or other communication with the consumer or employer on a regular basis
- development and maintenance of natural workplace supports.

A minimum of one contact per month is required with either the consumer, employer or consumer advocate. The type of contact may be either face to face or by other means. Otherwise, the frequency and type of contact must be provided on a sufficient basis, based on consumer need, in order to ensure that the consumer is maintained in employment.

DMHMRSAS Licensing

***"Supportive in-home service"** (formerly supportive residential) means the provision of community support services and other structured services to assist individuals. Services strengthen individual skills and provide environmental supports necessary to attain and sustain independent community residential living. They include, but are not limited to, drop-in or friendly-visitor support and counseling to more intensive support, monitoring, training, in-home support, respite care and family support services. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis.

"The only place where success comes before work is in the dictionary."
(Donald Kendall)

APPENDIX F

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Resources:

Virginia Commonwealth University, Rehabilitation Research and Training Center on Workplace Supports and Job Retention hosts on-line training and technical assistance courses for providers of supported employment services for individuals with serious mental illness.
http://www.t-tap.org/

Employment Information for Consumers -- http://www.mentalhealthpractices.org/se.html

Employment Information for Practioners -- http://www.mentalhealthpractices.org/se_pcs.html

National Alliance for the Mentally Ill (NAMI) -- http://www.nami.org

National Mental Health Consumers' Self-Help Clearinghouse -- http://www.nostigma.org/

Implementing Supported Employment as an Evidenced Based Practice --
http://www.mentalhealthpractices.org/pdf_files/bond.pdf

Fact Sheet on Customized Employment –
http://www.t-tap.org/strategies/factsheet/odepfactsheet.htm