

Employment Services Prior-Authorization Criteria

Please submit with each PA request for Supported employment.

Participant Name:

MAID #:

1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the person currently working in an integrated job in the community and needs to receive long-term employment services? If yes, skip to section D. If no, go to question 2. Remember, a letter of exhaustion of Vocational Rehabilitation services dated within the past 12 months is required for all employment services except Long-Term Employment Supports.
2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the person provide a letter of exhaustion of Vocational Rehabilitation funding dated within the past twelve months? If yes, go to question 3. If no, contact jeff.white@ky.gov to obtain a letter of exhaustion.
3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the person currently working in an integrated job in the community but needs additional training to reach their highest level of independence? If yes, go to section C. If no, go to question 4.
4)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the person have a Person-Centered Employment Plan (PCEP) that accurately describes their employment desires? If yes, go to question 5. If no, go to section A.
5)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the person have a job offer that is consistent with their Person-Centered Employment Plan? If yes, go to section C. If no, go to section B.

Section A: Person-Centered Job Selection					
			SCL	Michelle P	
A)	The person has an outdated or inaccurate PCEP.		Submit a request for 60 units of Supported Employment with a duration of two (2) months.	The Michelle P regulation does not include the same specificity as the SCL regulation. The information presented under SCL represents best practice. If you wish to make a different request, provide justification with the request. If you need assistance with justification, please email jeff.white@ky.gov .	
B)	The person does not have a PCEP.		Submit a request for 120 units of Supported Employment with a duration of four (4) months.		
Units Requested:			Duration:		Start Date Requested:

Section B: Job Development	
	Michelle P
	SCL

The person is seeking a competitive job in the community.		Submit a request for 90 units of Supported Employment with a duration of four (4) months.	The Michelle P regulation does not include the same specificity as the SCL regulation. The information presented under SCL represents best practice. If you wish to make a different request, provide justification with the request. If you need assistance with justification, please email jeff.white@ky.gov .
Units Requested:		Duration:	
		Start Date Requested:	

Section C: Job Acquisition with Support and Stabilization -			
	SCL	Michelle P	
Direct on-the-job supports to help the person reach their highest level of independence in the workplace	Request up to eight hundred (800) units in total of supported employment for a duration appropriate to move the person as close to their level of independence on the job as is possible.	The Michelle P regulation does not include the same specificity as the SCL regulation. The information presented under SCL represents best practice. If you wish to make a different request, provide justification with the request. If you need assistance with justification, please email jeff.white@ky.gov .	
Units Requested:		Duration:	
		Start Date Requested:	

Section D: Long-Term Employment Supports			
	SCL	Michelle P	
The person is able to meet job requirements.	Request twenty-four (24) units per month for a duration of twelve (12) months. While the full twenty-four (24) units may not be necessary each month, requesting this amount will in the event of a work crisis, provide sufficient units to update the long-term employment plan and request additional units.	The Michelle P regulation does not include the same specificity as the SCL regulation. The information presented under SCL represents best practice. If you wish to make a different request, provide justification with the request. If you need assistance with justification, please email jeff.white@ky.gov .	
The person is able to meet job requirements; but the person is unhappy and wants to find a different job.	Ensure you have a letter proving exhaustion of services through Vocational Rehabilitation dated within the past 12 months (see question two (2)) then, request twenty-four (24) units of supported		

	<p>employment per month to maintain employment while addressing the person's desire for a new job. Evaluate the person's PCEP to determine if it is still relevant for the person. Based upon this determination, either go to section A to address the PCEP, then Section B to develop a new job; or, if the PCEP is appropriate, go directly to Section B.</p>	<p>The Michelle P regulation does not include the same specificity as the SCL regulation. The information presented under SCL represents best practice. If you wish to make a different request, provide justification with the request. If you need assistance with justification, please email jeff.white@ky.gov.</p>			
<p>The person is not operating at their maximum level of independence, needs assistance with job tasks a significant percentage of the time while at work, and does not seem to be making progress.</p>	<p>Ensure you have a letter proving exhaustion of services through Vocational Rehabilitation dated within the past 12 months (see question two (2)), then go to section C and request additional units of job acquisition with support and stabilization.</p>	<p>The Michelle P regulation does not include the same specificity as the SCL regulation. The information presented under SCL represents best practice. If you wish to make a different request, provide justification with the request. If you need assistance with justification, please email jeff.white@ky.gov.</p>			
<p>The person is at their current maximum level of independence on the job but, at times, needs some assistance to meet speed, quality, or other standards. Revise the long-term employment plan to justify the service level necessary to support the person and identify a plan to reduce future supports.</p>	<p>Request the number of units justified in the revised long-term employment plan per month for a duration of six (6) months.</p>				
<p>Units Requested:</p>		<p>Duration:</p>		<p>Start Date Requested:</p>	