

## APPENDIX K: EE and MA Waiver Disclosure Form

*In subsequent years, this form will be required documentation for all individuals reported to the Extended Employment program and on a MA waiver, regardless of the waiver service(s) the individual is receiving, to document that:*

- a) The interdisciplinary team has determined the ongoing employment support services necessary for the individual to achieve their employment goal.*
- b) The individual is receiving separate services from the MA waiver and the Extended Employment program.*
- c) The individual's Extended Employment provider is receiving no duplicate funding from the MA waiver and the Extended Employment program.*

### Instructions

- This form must be completed, with the county/lead agency director or supervisor signature prior to the delivery of extended employment services.
- This form should be completed in consultation with the individual's Interdisciplinary Team composed of the individual, individual's legal representative and advocate, if any, representatives of the Extended Employment provider, the county/lead agency human services case manager, and representatives of providers of the service areas relevant to the needs of the individual as described in the Individual Service Plan or Coordinated Service and Support Plan.
- A copy of this form must be kept in the individual's Extended Employment case record and the individual's status as a waiver recipient must be reported to the extended employment program. Failure to do so will result in the EE program disallowing work hours reported to EE for that individual.

Individual:

Extended Employment Service Provider:

County/Lead Agency of Residence:

County/Lead Agency Case Manager:

County/Lead Agency of Financial Responsibility:

Date:

## MA Waiver Service

The individual is on the following MA waiver:

- Developmental Disabilities (DD) Waiver
- Community Alternative Care Waiver
- Community Alternatives for Disabled Individuals (CADI) Waiver
- Brain Injury (BI) Waiver
- Elderly Waiver
- Alternative Care

## MN Extended Employment – Ongoing Employment Support Services

The interdisciplinary team has determined ongoing employment support services are necessary for the individual to achieve their employment goal. The county/lead agency has determined that the person is not receiving ongoing employment support services under the waiver and thus Extended Employment program funding for Employment Support Services from EE is not duplicative.

Intended Result of EE Services	Subprogram*	Staff	Ongoing Employment Support Services Needed	Why Can't the Service be Provided under the Waiver?
Example: Independent job at Ma's Diner paid customary wage/benefits; expect 15 hours of work per week; \$2.60 more per hour	Supported Employment	Mary Jones	1:1 job coaching until employer & individual approve fade schedule, then at least 2 face-to-face visits per month until employer, individual & IDT agree to stop in favor of natural supports.	Service not permitted by this waiver.  Person is not receiving either Supported Employment Services or Employment Support Services under the waiver

## County/Lead Agency Acknowledgement

- I acknowledge the interdisciplinary team has determined ongoing employment support services are necessary for the individual to achieve their employment goal.
- I acknowledge the individual is receiving separate services from the MA waiver and the Extended Employment program.
- I acknowledge the individual's Extended Employment provider is receiving no duplicate funding from the MA waiver and the Extended Employment program.

This acknowledgement is valid through or when the individual and/or interdisciplinary team desire a change.

Date

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County/Lead Agency Director/Supervisor Signature: Name and Title