Stay Well, Stay Working
Operations Manual

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I. INTRODUCTION

This manual documents Stay Well, Stay Working (SWSW), the State of Minnesota’s Department of Human Services (DHS) Demonstration to Maintain Independence and Employment (DMIE) initiative. Stay Well, Stay Working was a 20-month demonstration project funded by the Centers for Medicare and Medicaid services from December 2006 to September 2009. SWSW provides health, mental health and employment support services to persons with mental health diagnoses who want to stay well and working so that they can avoid having to apply for unemployment or disability benefits.

The manual is designed for two purposes. The first is to serve as a guide for professionals such as state agency leaders and program managers who may want to implement a similar program. As such, this manual covers basic steps while leaving some details for project developers to work through as they address the needs of their local communities. For example, the manual does not describe the process of securing funding, managing service provision contracts or managing details such as outreach and enrollment. The second purpose of the manual is to document the process of the project that terminated in 2009, an iterative process in which decisions and changes were made along the way. Much of this process can be found in the following overview of the project, and in footnotes explaining why certain decisions were made. It is organized as follows:

- Section II provides a high-level overview of the SWSW intervention model. It includes a visual depiction of how the intervention model interfaces with participants.
- Section III documents the preferred processes for implementing key components of the intervention model from the perspective of the client’s experience in the program. Components are organized chronologically from a description of eligibility determination and participant referral to Wellness Employment Navigators (who work directly with program participants), to a summary of transition planning at project termination.
- Section IV reviews selected documentation and oversight protocols and policies needed to successfully implement the model and the associated research demonstration.
- A snapshot of program costs is provided in Appendix A.
- Documents used to support program operations are provided in Appendix B.

A DHS administrative manual is currently under development that will provide additional detail on DHS procedures, policies and oversight functions implemented during the demonstration, focusing on streamlined procedures and best practices.
The following partners in the Stay Well, Stay Working program participated in the development of this manual:

- Minnesota DHS
- Medica (a non-profit independent health managed care organization)
- Minnesota Resource Center (MRC; a non-profit career resource center)
- The Lewin Group, Inc. (a health care research and policy management consulting firm).

The Lewin Group also completed an evaluation of the model, which can serve as a supplement to this report for those wishing to learn more about participant service utilization and outcomes in this program.¹

II. OVERVIEW OF THE STAY WELL, STAY WORKING DEMONSTRATION MODEL

Minnesota was one of five states participating in the Demonstration to Maintain Independence and Employment funded by the Centers for Medicare and Medicaid Services. Under this research demonstration, the Minnesota Department of Human Services (DHS) developed an intervention – Stay Well, Stay Working - that offered working persons with a serious mental illness a comprehensive set of health, behavioral health, and employment support services, facilitated by a trained “Navigator” who helped consumers plan and access those services. The SWSW demonstration was implemented in two regions in Minnesota – the Twin Cities metro (Anoka, Dakota, Hennepin, and Ramsey counties) and the northeast rural (Carlton, St. Louis, Pine, and Lake counties). Almost 1,500 people were enrolled in SWSW between January 2007 and August 2008 and almost 75% remained active over the service period.

A. Goals

The goals of the research demonstration were to:

1. Create a comprehensive and coordinated set of health care, behavioral health, and employment based supports for employed individuals with serious mental illness. 
2. Determine how access to and utilization of these services and supports influences the progression of potentially disabling conditions.
3. Prevent or delay a person with serious mental illness from becoming disabled and no longer able to work.

B. Eligibility

The program was designed for individuals with mental illness, e.g., having a mental health diagnosis, who were working at least 40 hours a month but needed extra support to maintain employment, attain career advancement, or succeed in related functional domains such as health or mental health. Eligible individuals were between the ages of 18 and 60; not enrolled in any other federally funded Minnesota public healthcare program; not certified as disabled or receiving Social Security benefits; and in possession of less than $20,000 in countable assets at application. Participants paid a flat premium of $10 a month.

C. Program Services

Program participants had access to a health care benefit package similar to MinnesotaCare, a state and federally subsidized program for Minnesota residents who do not have access to affordable health coverage. Health benefits include medical, mental health, substance abuse, pharmacy, dental and eye care services. Participants also had access to a menu of employment supports which included access to an Employee Assistance Program and more intensive
employment support services provided by the Minnesota Resource Center (MRC). The Employee Assistance Program offered legal consultation, financial consultation, and telephonic solution focused counseling. Intensive employment support services included work-related support visits, vocational evaluation and training, job coaching, and job retention services. Participants were also offered peer recovery services through a consumer organization offering the Wellness Recovery Action Program (WRAP). Navigators assisted participants to assess their needs and access these and other services available in the community.

D. Intervention Model

At the core of the model was the concept of Wellness and Employment Navigation facilitated by MRC, which is a division of RESOURCE (a non-profit organization providing employment, training, mental health and chemical health services). Participants were assigned a Wellness and Employment Navigator (Navigator) who assessed their health, behavioral health, and employment support needs. In collaboration with the Navigator, participants developed plans and set goals for using the range of benefits available through the SWSW provider network. Providers in the network included: Medica, Medica Behavioral Health, OptumHealth (Optum; a managed care health and wellness organization), MRC, and the Consumer Survivor Network (Minnesota’s only statewide mental health organization run by people who have experience with mental health issues).

The SWSW model is a client-driven, holistic approach to wellness and employment, allowing participants to identify strengths, goals, stresses, and weaknesses in multiple areas of life. Participants have very few program requirements outside of meeting with the Navigator for an initial intake and assessment, the development of a Wellness and Employment Success Plan (which documents the participant’s goals and service referrals) as well as periodic updates. Navigators educate, support, and empower participants to manage health, behavioral health and employment issues and to use the available services effectively. Following the development of a plan, participants are free to make their own health care and employment service decisions. One of the program goals is for participants to move toward self-navigation of the various service systems to maintain independence, wellness and employment. Exhibit 1 illustrates the intervention model, representing key interactions between the Navigator and the participant.

The blue boxes represent the relationship dyad from the perspective of the Navigator, while the green boxes represent the participant perspective. The SWSW provider network and community resources provide overarching supports to both the Navigator and participant as referrals are made and services are utilized to help participants meet their wellness and employment needs. The Medica Liaison (Medica is the prime contractor for the SWSW network) provides support to MRC and the Navigators to ensure service access across the provider network, and the external evaluation provides data on the implementation process and individual health and employment outcomes.
Exhibit 1: Stay Well, Stay Working Intervention Model Value Chain

Stay Well, Stay Working Intervention Model
Minnesota’s Demonstration to Maintain Independence and Employment

The SWSW Intervention Model value chain depicts (in another format) the person centered approach of the SWSW program. The long term effects of this approach are expected to provide the client with more tools and resources to navigate the health care and other systems on their own.
E. Program Management Structure

The SWSW intervention model consisted of a public-private partnership between the Minnesota DHS and a provider network administered by Medica. The model was complex and required multiple levels of oversight and coordination. The Department of Human Services (DHS) managed the overall contract and day-to-day operations of the program. Medica was responsible for day-to-day management and coordination of service providers, claims and encounter processing and reporting, training coordination for the Navigators and other providers, and developing marketing and other informational materials for participants, as well as other contract management activities. In addition to DHS and Medica, MRC played a central role, interacting with participants and providing navigation and employment support services. The following organizational chart defines these working relationships.

Exhibit 2: Interagency Program Management Organizational Chart

F. Evaluation

The research demonstration used an experimental design in which participants were randomly assigned to either the intervention or the control group. Individuals in the intervention group accessed a full array of services (health, behavioral health, and employment supports) covered under the SWSW benefit, while individuals in the control group received “usual care” and participated in the research component of the demonstration by completing an annual survey. Outreach began in December 2006; the first participant was enrolled in January, 2007; and participants were transitioned during project closure in September, 2009.
III. THE MANUAL - PROGRAM OPERATIONS

A. Services

Both DHS and its network providers interact directly with program participants. DHS is responsible for conducting all activities related to outreach, recruitment, and enrollment. Each entity in the provider network is responsible for providing specific services in the comprehensive SWSW program:

**Minnesota Resource Center – Wellness and Employment Navigation**: Services include Initial Intake and Assessment, Wellness and Employment Success Plan, supportive consultations, assistance with navigating the SWSW provider network to access appropriate health, wellness and employment supports, training or counseling.

**Medica**: Physician and health clinic visits, prescription drugs, inpatient hospital, dental, and eye care services.

**Medica Behavioral Health (MBH)**: Mental health services, chemical dependency treatment services, crisis intervention, and prescription drugs.

**Minnesota Resource Center – Employment Assistance and Support Entity (EASE)**: Work-related counseling and support visits, vocational testing and training, and job retention services.

**OptumHealth (Employee Assistance Program, or EAP)**: 24 hours a day, 7 days a week EAP services over the telephone and limited in person counseling.

**Consumer Survivor Network - Wellness Recovery Action Program (WRAP)**: An individually driven, person-centered, peer facilitated system that empowers individuals to manage their mental illness and activities of daily living, and reach their individual goals.

B. Eligibility Determination, Recruitment and Enrollment

1. Eligibility

DHS identifies potentially eligible participants primarily from its administrative databases.

**Eligibility criteria**

- a) Working at least 40 hours per month and earning at least minimum wage;
- b) Diagnosed with a mental illness by a mental health professional during the application process;
- c) Not enrolled in any other federally funded Minnesota public healthcare program;
- d) Not receiving Social Security Disability benefits or certified disabled by the State Medical Review Team (SMRT);
- e) Having less than $20,000 in personal assets at application;
- f) Age 18 through 60;
- g) Resident of one of the target counties in Minnesota with the intent to remain in the State;
- h) Paying a monthly premium.

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2 The majority of the enrollees came from MinnesotaCare and General Assistance Medical Care.

3 Applicants who disclosed a pending SSA disability claim and were randomized to the intervention group were required to verify that they dropped the claim to continue participation in the SWSW program.
2. Recruitment

DHS has responsibility for developing recruitment and application materials. All recruitment, applicant and participant mailings receive rigorous review by DHS staff and the project’s Management Coordination Group (which consisted of DHS, Medica, MRC and The Lewin Group evaluation team directors and managers) to ensure that the tone of the text is friendly and welcoming and the reading level is appropriate. External mailings and participant materials are required to be at a 7th grade reading level to promote accessibility.

3. Unique Administrative Features of SWSW

SWSW conducts outreach, recruitment and administrative operations differently than existing DHS healthcare programs. DHS application and eligibility determination processes have been streamlined to successfully meet enrollment targets and create greater efficiencies.

► The electronic data management system for all information exchanges between DHS and applicants (and eventually participants) is paperless.
► A separate database is used for tracking and reporting on SWSW; this database is shared weekly with both The Lewin Group and MRC staff and Navigators who work directly with participants.
► Repeated mailings are sent to potentially eligible individuals (tracked in the separate database) until enrollment or notification of non-interest.
► Multiple sources are used to verify eligibility criteria, e.g., information provided by DHS staff, the applicant, and electronic searches of other State program data.
► Outreach is made to MinnesotaCare recipients identified as meeting SWSW eligibility criteria. Participants identified through this outreach effort are not required to complete applications because all eligibility information required to enroll in SWSW is available through state records. Participants are only required to sign an informed consent form and attend a mental health diagnostic assessment to be eligible for SWSW.
► Medica-recruited clinics are contacted to schedule initial diagnostic assessments, often through three-way calls with applicants and clinic staff.4
► A $20 Target gift card is offered to eligible clients who complete the application process. While the project pays the clinic cost of an applicant’s diagnostic assessment, the gift card compensates, in part, for applicant time participating in the assessment. The $20 incentive is purchased by Medica and mailed to potential enrollees after randomization.
► A “friends and family” mailing initiative is completed, based on the premise that enrolled participants would know about the eligibility requirements and application process and might be able to identify and refer interested friends or relatives who are potentially eligible for participation.
► Outreach strategies are employed to engage applicants whose initial SWSW program applications are denied for lack of employment, if they resume work. DHS searches the

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4 Medica recruited for, created and maintained the clinic network for mental health diagnostic assessments of SWSW applicants.
Minnesota Department of Employment and Economic Development (DEED) wage match database on a monthly basis for denied applicants to identify whether their employment status changed as demonstrated by reported earnings. Applicants with wage information are mailed a letter suggesting they reinstate their SWSW application. Using available resources for this targeted group allows for additional enrollees and less administrative work.

- A flat monthly fee of $10 is charged.\(^5\) The fee is set at a fixed, low level to maximize program enrollment and retention and eliminate the administrative time needed to recalculate premiums as income or household size change.

C. Referral to MRC

DHS staff complete and fax an SWSW project referral and employment form to MRC for each new SWSW intervention group participant. (See Appendix B1: Referral and Employment Form.) This form provides MRC with important contact information as well as initial data on participant health and employment status which Navigators use to make initial contact with SWSW participants. DHS also mails each participant randomized to the intervention or service group a welcome packet including:

- A welcome letter (see Appendix B2: Welcome Letter) introducing the participant to the program and benefits.
- A fee for service letter (see Appendix B3: Fee for Service Letter). This letter explains how participants’ first month of healthcare benefits is paid. The fee for service letter also references the option to pursue retroactive coverage.\(^6\) All SWSW participants are eligible for health care reimbursement for expenses incurred up to three months before the month in which participants have applied for the program.
- An enrollment form that allows participants to choose their primary care clinic under Medica’s managed care program.
- A Frequently Asked Questions sheet about fee for service and retroactive coverage.
- An invoice for the first monthly SWSW premium.
- An information sheet on premium payment that details participant premium payment obligations, premium schedule and processing.

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\(^5\) Initially premiums were calculated according to a sliding fee scale based on income and household size. The premium estimator was modeled after the current estimator for enrollees in Minnesota’s Medicaid buy-in program. The minimum premium was $10. There was concern for enrollees transitioning from MinnesotaCare, who had to pay monthly premiums for both MinnesotaCare and SWSW in the same month. A policy decision was made in February 2007 that waived the first month’s premium (during which random assignment was carried out). Income-based premiums proved, however, to be a barrier to entry in the program due to the job instability of the target population. Frequent job and income changes required multiple premium adjustments. In March 2007, SWSW reduced premiums by 25 percent. By October 2007, it was decided to streamline the premium policy to a flat $10 monthly fee.

\(^6\) Wellness Employment Navigators also received copies of each participant’s fee for service letter. The first month of DMIE/SWSW health care use was not covered by Medica’s managed care program. All services were paid by the state on a fee for service basis.
D. Role and Responsibilities of a Wellness Employment Navigator

1. Navigator Role

All referral information from DHS referral forms is entered into an MRC database and the supervisor of the Navigators assigns participants to them. Navigators serve as neutral guides in assessing enrollees’ physical, behavioral and employment status and matching identified needs to available resources. The role of the Navigator is conceptualized as a “coach” who encourages the participant and provides a seamless interface with the health care system, community mental health, and employment and social service providers. Participants are encouraged to contact their Navigator regularly for assistance and guidance. Participant contact with Navigators (after the initial assessment, goal setting and periodic check-ins) is voluntary.

Primary Navigator responsibilities include:

► Orient participants to the benefits of the SWSW program, including reviewing provider network services, disseminating the SWSW Wellness and Employment Planner, and providing participants with contact information to access needed services;
► Assess physical, behavioral health and employment needs during the initial meeting between Navigators and participants, using the standard Initial Assessment of Enrollee Form (Appendix B4);
► Develop Wellness and Employment Success Plans (Appendix B5) with participants to document their wellness and employment goals;
► Suggest referrals to and communicate with service providers in the network and outside of the network;
► Answer questions and help enrollees access needed services;
► Identify needed educational/training topics to be provided by Optum;
► Make direct referrals to the MRC Employment Assistance and Support Entity (EASE), WRAP and Optum training services;
► Communicate to all coordinating parties areas of concerns or system breakdowns that need resolution; and
► Monitor (at least monthly and annually) participant progress and provide ongoing support.

Administrative tasks of Navigators include:

► Coordinate eligibility and enrollment with DHS;
► Track initial assessments, success plans, annual reviews and monthly contacts on a caseload spreadsheet, which helps Navigators manage their caseloads and scheduling;
► Document encounters with participants;
► Attend regular Navigator team and network meetings;
► Track disengaged/non-responsive and unemployed participants;
► Prepare monthly reports to the supervisor on caseload and activities, specifically the number of initial assessments and plans completed, the number and type of other
participant encounters, information on no shows or non-responsive participants, the number of unemployed participants, the number of participants referred to EASE or WRAP services, and the number of participants whose cases were closed by DHS and reasons for closure;¹

- Track and report address changes to maximize participant receipt of mailings; and
- Participate in trainings and technical assistance related to the DMIE/SWSW evaluation component.

Exhibit 3, below, provides observations on the differences between navigation and traditional case management.

**Exhibit 3: Observations on the Differences between Navigators and Traditional Case Managers**

<table>
<thead>
<tr>
<th>By design, Navigators approach case management holistically. In collaboration with SWSW network providers, Navigators assist participants in navigating across different systems of care that promote wellness and employment. In some traditional models, case managers operate within one service system (health plan, employment, mental health). It is not unusual in traditional models for persons presenting with multiple disabilities to have more than one case manager to address their needs. Navigator service coordination spans multiple care settings, including medical, behavioral health, and employment support services, and all three care domains are of equal importance. The concept of “wellness” in the SWSW model is a broad and holistic one that includes physical health, mental health, nutrition, exercise, stress management, substance use, smoking cessation and overall quality of life. Traditional case managers tend to focus more narrowly on chronic and persistent physical or mental health conditions. In addition, “employment navigation” also has a broader scope than job status or job skill development, because it includes debt management, financial planning, tax preparation, household budget development, resolving conflict in the workplace and learning how to disclose a mental health condition to an employer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlike some case management models, Navigators make suggestions to the participant rather than prescribe provider network referrals. The development of the Wellness Employment Success Plan is a joint effort between the Navigator and the enrollee, and goal setting and referrals (as well as how they are prioritized) change over time. Care is self-directed - Once referrals are made, it is up to enrollees to follow through. Education and advocacy are important components in navigation that may or may not appear in traditional case management services. Navigators are knowledgeable about vocational rehabilitation as well as the physical health and mental health provider and payer systems. In addition, they have significant knowledge of community and peer resources. Navigators help enrollees to empower themselves to seek needed care by educating and helping them navigate the system of care and benefits, advocating on their behalf to overcome any access barriers, and offering support to make the most effective use of the resources available. Benefits to enrollees include self-navigation and help-seeking behaviors, wellness promotion, and ultimately independence from reliance on the system to manage life and work.</td>
</tr>
<tr>
<td>Navigators do not perform the gate-keeping function included in some case management services. DHS determines eligibility, authorizes funding for services and maintains open lines of communication with Navigators to address questions or concerns. Compared to case managers in some programs, e.g., intensive case management, Navigators do not provide direct health care, mental health care or vocational rehabilitation services.</td>
</tr>
</tbody>
</table>

¹ Navigators reference and update several tracking documents on a monthly basis to identify the ongoing eligibility status of the participants on their caseload. They include: Master Closure List, Unemployment Tracking List, Past Due Premium List, and Project Renewal List. Several of these tracking documents and processes are described in Section III.
2. **Navigator Recruitment and Hiring**

MRC is responsible for hiring and supervising Navigators. Candidates with a Masters degree in Rehabilitation Counseling, Psychology, Social Work or similar social or human services field, with two years of experience working with persons with mental health issues are sought. However, minimum qualifications are a Bachelors degree in one of the above noted areas. (See Appendix B6: Wellness Employment Navigator Job Description for more information on Navigator requirements.)

Hiring interviews consist of open-ended questions primarily to identify candidate skill sets. Scenarios are presented for candidates to demonstrate on-the-spot problem solving abilities. At least two references are contacted for candidates of interest.6

3. **Navigator Training and Supervision**

Navigators receive two to three days of training designed to fully equip them with information on the SWSW program, including a program overview, a description of DHS processes, and details on each of the providers in the provider network and the benefits and services available to participants. The training also provides an overview of the independent evaluation. This training enables Navigators to make service connections and referrals as soon as they are assigned cases. In addition, trainings facilitate team and relationship building between Navigators and collaborating network partners, who discuss participant needs and available services.

The following content is covered in the training:

- Overview of SWSW: Role of Medica, Network Partners and Evaluator;
- Medica Health Plan and Benefits (See Medica section for more detail);
- Optum Employee Assistance Program Services (See Optum section for more detail);
- Medica Behavioral Health Program Services (See Medica section for more detail);
- Consumer Survivor Network - WRAP Services (See WRAP section for more detail);9
- Department of Human Services - Eligibility and Enrollment Processes and Overview of Minnesota programs.

Medica has created a SWSW training manual and provides Navigators with the following documents, many of which can be provided to participants upon program enrollment:

- Fliers about Medica programs being offered during the program (See Appendix B7: SPP Vital Brochure for a sample) and/or information on any program updates or changes, e.g., Health Advantage, Nurses Line, Optum EAP, Chronic Pain Program, etc.;

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6 In the first 18 months of the SWSW project, MRC made 17 offers; a total of 13 permanent Navigators were hired. Of the 13 Navigators, 11 were staffed in the Twin Cities area and 2 were staffed in the Duluth office. One Navigator was promoted internally. 3 Navigators were hired out of internships completed with MRC and the remaining Navigators were outside hires. The hiring process took approximately 3 to 4 weeks per Navigator.

9 In addition to the Medica training, Navigators attended a separate training facilitated by WRAP personnel to learn more about WRAP services.
The SWSW Program Brochure (Appendix B8), which Navigators hand out to participants during their initial in person meetings;

SWSW diagnostic assessment clinic procedures (processes providers follow to assess mental health status of participants);

Medica’s Certificate of Coverage;

Medica provider directories;

A comprehensive SWSW Wellness and Employment Planner;

Contact information for the SWSW program staff and for key personnel at each of the providers in the network.

In addition to training on the eligibility and enrollment process and services and benefits available through the SWSW Network, Navigators receive ongoing trainings on all MRC and SWSW policies and procedures, which include discussions on how to administer the SWSW initial assessment, the Wellness and Employment Success Plan, and the annual review. Specialized and/or ad hoc MRC trainings include:

- **Motivational interviewing**: These discussions help Navigators customize the open-ended questions on the Initial Intake and Assessment to be more effective.

- **Success planning**: Informal training on how to complete a Wellness and Employment Success Plan with participants, emphasizing that the plan should be participant driven. In addition, Navigators receive guidance on how to record plan information in the project database.

- **Annual reviews**: Use of the annual review form to track participant progress specific to goals and referrals identified in success plans and monthly contacts.

- **Documenting encounters**: How to document their interactions with participants in an Access database (see Section III for more detail on this database of encounters).

### 4. Supervision of Navigators

New Navigators go through a 30-, 60-, and 90- and in some cases, 120-day review process, also known as their probationary period. (Some Navigators can require a longer ramp-up time and so their probationary period can be extended to 120 days.) The SWSW manager monitors a Navigator’s understanding of the key concepts and core requirements of the navigation function through a review of case notes, database encounters, and feedback on success plans.

After their probation period, Navigators meet with their supervisor weekly as a group and monthly on an individual basis (unless more frequent discussions are needed) to review progress with caseloads and program requirements, and address problems or questions. Discussions include the types of contacts Navigators are having with participants, any themes that emerge across caseloads, questions about data entry, challenging issues or cases, communication updates or clarifications, and tracking and decision making related to unemployed participants. Subsequent issues that arise frequently include excessive workloads.
when case loads are high and frustration when new or revised program policies are not communicated in a timely manner.

5. Navigator Caseload Assignment

Caseload assignments occur on a rotating basis, unless participants request to work with a male or female; filtering or customization of assignment is rarely needed. At the beginning of the SWSW project, Navigators can be expected to receive from one to four referrals per week; ramping up to 10 to 15 referrals per week as enrollment increases.

Steps for caseload assignment include:

a) With each assigned case, Navigators receive the referral and employment form, which includes diagnosis, contact information, Medica enrollment date, past history with MN state health insurance programs such as MN Care or General Assistance Medical Care (GAMC), employer information, and the fee for service letter, which may indicate when and how long the participant had fee for service coverage.

b) Navigators are expected to make initial contact with participants within 10 working days of referral.

c) Navigators then schedule an in person meeting with new participants. In person meetings to complete the Initial Intake and Assessment occur at the MRC office or in a convenient public location, such as a library.

When the program reaches full operation Navigators can be expected to carry a caseload of over 100 participants. At peak enrollment, Navigators can manage caseloads of 110-140 participants because a subset of participants may not be actively engaged in the monthly contacts.

6. Navigator Supports for Effective Communication

Interpretation

In order to be culturally competent and to serve a greater number of participant language needs, Navigators may need access to interpreter services. Requesting an interpreter involves the following steps:

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10 One exception was in the Northern region, where for a period of time the MRC Manager tried to assign cases to one Navigator who lived in Pine County, for reasons of proximity and knowledge of areas resources.
11 Navigators initially were asked to contact participants within 2 working days of receiving a referral but this proved to be impractical as caseloads increased, so the standard was increased to 10 working days.
12 Original estimates for optimal caseload size were approximately 60 to 70 participants per Navigator. A review of in-person, phone and e-mail contacts between Navigators and participants revealed that over 100 participants could be served by a Navigator; the demand for more time consuming in-person appointments decreased after initial assessments and Wellness and Employment plans were completed. Over time, Navigators observed that participants learned how to navigate the various service systems independently so the number and length of monthly contacts decreased. This trend allowed MRC Navigators to support larger caseloads and handle Navigator turnover.
13 In the project interpreter services were provided through Garden & Associates Translators and Interpreters.
The Navigator makes an appointment with the participant to ask if an interpreter is needed. At times, an interpreter may be needed to set up the appointment; if interpreter services are required for interactions between Navigators and participants, the Navigator completes and faxes an Interpreter Request Form that includes appointment times during which services are needed; the interpreter assigned to the Navigator’s appointment calls to confirm the appointment time with the Navigator and the participant; and if the Navigator has to cancel an appointment, a cancellation form is completed and faxed as soon as possible, otherwise SWSW is charged.

Other Supports
Other protocols that support effective navigation include:
- Regular communication among Navigators, teaming, and group brainstorming for problem solving and peer support;
- Effective communication and support with SWSW service partners, including anticipating and planning for issues before they arise and resolving unexpected issues in a timely manner;
- Effective training, functional databases for reporting and ongoing technical assistance;
- Awareness of DHS mailed or other communication with participants to maximize Navigator support to participants as they process events and changes in the project and what is expected of them; and
- Clear policies and delineation of roles across network providers, e.g., DHS, Medica, MRC, etc.

E. Primary Service Encounters
Primary service encounters include: 1) initial intake and assessment; 2) developing the employment and success plan; 3) monthly checks; 4) annual review; and 5) follow-up and informal problem solving.

1. Initial Intake and Assessment
The Navigator begins by making the first phone contact with a new enrollee to schedule the initial intake and assessment. Navigators conduct the initial assessment in person to determine enrollee health, behavioral health and employment needs, and then use this information to help ensure the enrollee’s ongoing success on the job and managing overall health.

Navigators do their best to accommodate participants when scheduling meetings. For example, to accommodate work schedules, meetings are scheduled early in the morning or in the evenings. Navigators generally meet at one of the MRC locations to ensure that participants are in a safe and confidential environment where they feel comfortable sharing personal information. However, it can be helpful to eliminate transportation barriers by offering
enrollees the option of meeting in the community, for example at public libraries or Workforce Centers. 14

The Initial Assessment of Enrollee Form (Appendix B4) is organized as follows:

**Exhibit 4: Intake and Assessment Tool**

<table>
<thead>
<tr>
<th>Part One: Identification Information</th>
<th>Information on diagnosed disabilities, medical home, medications, substance abuse history, current employment and accessibility factors, e.g., transportation, language, needed accommodations, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part Two: Mental Wellness</td>
<td>Including mental health and substance abuse treatment history; how mental health conditions affect enrollee activities of daily living, family and social interaction; memory and ability to complete tasks; and stressors or positive things that may be influencing participants’ mental health.</td>
</tr>
<tr>
<td>Part Three: Physical Wellness</td>
<td>Physical health, including history, stressors and positive things enrollees do to manage their physical condition.</td>
</tr>
<tr>
<td>Part Four: Employment Status</td>
<td>Including satisfaction with current employment, employment history, and the impact mental health, physical condition, and substance abuse history have on participant employment over time.</td>
</tr>
<tr>
<td>Severity Ratings</td>
<td>Severity of any impairments in mental health, physical functioning, and employment status, rated on a 5 point Likert Scale, ranging from zero for no problem to 5 for severe problem.</td>
</tr>
</tbody>
</table>

In this initial meeting, Navigators orient participants to the range of services available through the program using the SWSW and Employment Planner, which describes the menu of health, behavioral health and employment service options available to participants.

The Employment Planner, created by Medica, contains:

- Navigator Name
- Overview of the Stay Well Stay Working Benefits
- Copy of the Success Plan
- Important Phone Numbers
- How to Access Primary/Preventive Care
- Urgent or Emergency Care
- Mental Health and Substance Abuse Care
- Dental Care
- Pharmacy
- Customer Service
- Transportation
- Interpreter and Social Service Coordination
- Ask Your Doctor Checklist.

If there is sufficient time in the initial meeting, Navigators complete the Wellness and Employment Success Plan (described in the following section), and if there is not enough time they attempt to

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14 For example in the northern regions of Minnesota, where there was often a great distance between participants residing in the northern regions and the SWSW Duluth office.
finalize this step within two weeks of the initial assessment meeting. Navigators also inform participants of future monthly contacts and request their preference for conducting monthly check-ins (by phone or in person).

In addition to identifying participant needs, the initial assessment aims to:

- Build rapport and trust between the Navigator and participant;
- Explain the project purpose, the roles of each of the network providers, and the intent to prevent individuals with mental illness from becoming disabled; and
- Identify high risk participants or those who lack mental health services and support, to allow Navigators to address these needs promptly.

**Releases**

MRC Navigators request that participants sign information releases during the initial visit (See Appendix B9: Project Authorization for Release of Confidential Information to Wellness Navigator). Fully executed releases allow the Navigators to discuss personal information with those who need a better understanding of the services participants are receiving under the SWSW project, e.g., family medical professionals, fee for service contacts/representatives, EASE professionals, etc.

**No Self Harm Policy**

If a participant expresses current self-injurious or suicidal thoughts during an in person discussion with the Navigator, and refuses medical or emergency assistance, Navigators are required to review and fully execute MRC’s No Self-Harm Form before the participants leave the meeting. Appropriate MRC leadership is notified immediately in these instances. Usually, Navigators have been able to connect participants in crisis with a Medica psychiatrist through the 48 hour immediate access to a psychiatrist benefit in the Medica health plan. Navigators may even be able to arrange emergency transport. These actions reduce MRC’s need to secure signatures on the No Self Harm Form.

### 2. Wellness Employment Success Plan (WESP)

The Wellness and Employment Success Plan (WESP, Appendix B5) is a document developed between the participant and Navigator that outlines the wellness and employment goals the participant wants to address while participating in SWSW. The WESP specifies goals in two primary areas:

- Goal setting related to wellness (quality of life, physical health, and mental health); and
- Goal setting related to employment.

Navigators and participants establish goals and complete plans by walking through a series of questions:

- *What areas are going well with respect to your wellness and employment?*
- *What areas would you like to focus on regarding wellness and employment?*
Navigators document referrals to network providers and other community resources in the WESP. A participant may have discussed several health, mental health or employment related issues during the initial assessment, but the WESP documents only the specific goals the participant is prepared to act on when coming into the program. For example, a participant may have acknowledged a conflict with a co-worker or supervisor, but may not be ready to address it. Therefore, resolving workplace conflicts is not stated as a goal by the participant in the WESP and the Navigator does not initiate a referral for intensive employment supports at that time.

The WESP includes the list of referrals with contact information. Referrals include: Consumer Survivor Network (CSN) - WRAP; Delta Dental; EASE; MBH; Medica; MN Workforce Center; Optum (see Section F for detailed description of the services they offer); or other outside community resources. At the end of or following the meeting, the participant receives a copy of the success plan, signed by both the Navigator and the participant. Some participants use this document as a reference, resource, and/or motivational tool to access needed services. Navigators suggest that participants have this plan with them during follow up meetings to discuss progress made on goals and follow through with service referrals.

3. Monthly Check-in

Monthly check-ins to monitor progress toward goals may be in-person, by phone contact or email. During the monthly contacts Navigators address: health status; employment status; follow-up on referrals; other existing or new concerns; premium status; preventive check-ups; interest in Fit Choices; annual survey; and any transition planning for project end or for early termination.\(^{15}\)

Navigators usually make up to three attempts to reach participants monthly. As caseload sizes increase to 140, this may need to be reduced to two attempts per month. Navigators leave general messages for those participants whom they cannot reach in person and request a return call to their direct line. More specific messages may be left for those participants with pressing issues to be addressed. If three attempts are made with no return call, Navigators mail these participants a No Response Letter (described in more detail in Section IV).

Navigators offer ongoing service coordination and wellness “coaching” to participants in monthly contacts. Navigators help participants to become empowered to follow through on

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\(^{15}\) As was referenced earlier, DHS tracked various issues that might jeopardize participants’ status in the SWSW program, e.g., late premium payments, annual renewal in the program and re-consent to participate in the DMIE/SWSW evaluation, employment status, etc.; Navigator’s tried to support compliance on these issues during monthly contacts.
needed referrals; however, because SWSW is a client-driven model, the decision to act on a suggested referral rests with the participant. Navigators explain needed services and address any barriers enrollees faced in accessing those services. Navigators recognize that each problem is unique and may require a different solution. With their extensive knowledge of the provider network and benefits, they serve as a participant’s advocate to understand the range of problems that may arise, and discuss challenges with provider partners to work collaboratively towards resolution.

For some enrollees, monthly contacts with their Navigators are all that are necessary to access services and make progress towards goals. For other enrollees, more frequent contacts may be necessary.

4. Annual Review

After 12 and 24 months in the program, Navigators complete an update on participant progress. (See Appendix B10: Wellness Employment Success Plan – 12-Month Update) The first four sections of the annual update form call for Navigators to ask participants to reflect on original WESP goals and referrals as well as those discussed in monthly updates. The last four sections of the form allow Navigators to document the future wellness and employment goals of their clients and associated referrals. These discussions are an opportunity to restate goals, revisit suggested referrals, learn clients’ perspectives on the progress they made after one year in the program, and set new goals.

Navigators also follow up on other requests by participants, such as:
  ► Premium and benefit inquiries related to the certificate of coverage;
  ► General questions about how to access services;
  ► Inquiries about referrals to specific clinicians or clinics, to EASE services, or to out of network providers;
  ► Overcoming real or perceived access barriers to in network providers;
  ► Addressing service gaps;
  ► Inquiries regarding possibly incorrect billing; and
  ► Questions about transportation.

Navigators are also proactive about following up with participants on suggested referrals or outstanding DMIE/SWSW evaluation related matters, e.g., survey completion or focus group participation.

In the event of service access or provider satisfaction issues, Navigators support participants in making the first attempt at contacting the responsible provider to problem solve. Navigators are often called upon to intervene if the issue is not resolved after the participant’s first attempt. Sometimes, participants and their Navigators contact providers together to discuss the issue of
concern. At other times, Navigators may contact providers on behalf of participants who are either unwilling or unable to reach providers directly.

Issues are elevated to the Medica Liaison if they have not been resolved after direct interactions between participants and/or Navigators and providers. Navigators also have access to manager-level contacts at each provider site, e.g., Director of Quality Assurance at Medica Behavioral Health or the Account Manager at Optum EAP, to solve problems. The Medica Liaison informally tracks all concerns to verify that each concern has been resolved.

Problem solving occurs on a case-by-case basis and each case is presented for review by the Navigator team as part of ongoing training. Medica also reviews problems to identify navigator training needs, such as clarification of Medica’s authorization process for obtaining specific brand name drugs.

F. SWSW Services and Referral Processes

As soon as the initial intake and assessment is complete, Navigators use a community resource list to offer service referrals both in and out of the SWSW provider network.\textsuperscript{16} Navigators make referrals to address high priority issues (as determined by the participant through ratings of problem severity) and also provide information and resources for a variety of potentially useful services. Navigators make referrals when participants score at least a moderate problem on any of the three assessment areas: mental health, physical health or employment.\textsuperscript{17}

1. Health, Behavioral Health and Dental Services

Medica provides coverage for participants’ physical health care services, including physician and health clinic visits, prescription drugs, inpatient hospital, eye care services and dental services through Delta Dental. Medica Behavioral Health provides mental health services, chemical dependency treatment services, crisis intervention, and prescription drugs. As needed, Navigators refer participants to specific Medica services such as:

- **Medica Customer Service**: finding a provider, obtaining benefit information, clarifying covered services or needed authorizations, discussing denials, insurance cards, complaints.
- **Medica Physical Health Care Services**: primary, preventive, and specialty care.
- **Medica Behavioral Health Services** (including the Health Advantage program\textsuperscript{18}): finding a therapist/psychiatrist, chemical dependency treatment assessments for referrals, 48-

\textsuperscript{16} In this program Medica worked with Optum EAP to advise participants on out-of-network resources available to them in their local communities and/or through local, state and federal government agencies.

\textsuperscript{17} Initially a participant with a score of 3 (moderate problem) or higher in two of the three assessment areas was referred for EASE services. As the project progressed, the decision was made to refer a participant for EASE or other provider service when he or she received a score of 3 or higher in any of the three assessment areas.

\textsuperscript{18} Participants called the Health Advantage Program directly to enroll. Navigators educated participants on this mental health program; a program description was provided in the Wellness and Employment Planner as well.
hour immediate psychiatrist access, crisis services, mental health or chemical dependency coverage issues.

- **Vision:** Vision care and eyeglasses.
- **Interpreter Services:** Medica can arrange foreign and sign language interpreter service for medical, dental, mental health and substance abuse visits at no cost. Medica also provides foreign language customer services lines for Spanish, Russian, Hmong, Somali, Vietnamese and other languages.
- **Medica Call Link Nurse Line:** 24-hour triage, assessment of urgency of symptoms, availability to learn self-care tips and ask health questions.
- **Pharmacy Services:** Coverage includes prescription medications, some over-the-counter medications and some pharmacy supplies. It provides access to pharmacy benefit information, lists of preferred drugs (formulary), ability to conduct drug searches (through Medica website) and review of pharmacy claims.
- **Provide-A-Ride Medica Transportation:** Transportation to and from medical, dental, mental health and substance abuse appointments; two to five day advance notice recommended; bus and taxi information. Bus route and bus vouchers can be provided. For taxi service there is a 30 mile travel limit for a generalist provider and 60 mile round trip travel limit for specialist provider.
- **Member Newsletters:** Quarterly newsletters are mailed to each household and also available online. These include updates on programs available to members, plus program phone numbers and health information.
- **Social Services Coordinators:** Social service referrals.
- **Fit Choices:** Gives a credit on monthly dues at participating health club facilities if the participant visits the facility at least eight days a month.
- **Health Coaching:** Designed to improve participants’ overall health. Coaches work directly with participants to identify lifestyle and healthy behavior changes the participant wants to adopt (e.g. taking medications, managing stress, exercising) and help establish priorities to achieve better health. Coaches discuss topics such as the participant’s readiness to change; motivation and confidence to make changes; and the self-management skills to take charge of one’s health.
- **Mainstreetmedica.com:** Participants can view how network clinics, hospitals and others compare on cost and quality-of-care measures.
- **Health Information Library:** The audio Health Information Library allows participants to confidentially listen to recorded health and well-being messages. Topics range from aging well to women’s health, with approximately 1,100 different message from which to choose.
- **Urgent Care:** After-hour facilities offer diagnosis and treatment for non-life threatening medical emergencies when participants can’t wait until the next business day to be seen at his/her clinic.
- **Emergency Care:** Care for conditions that need urgent treatment right away and/or are life threatening conditions. Treatment that requires immediate medical attention to preserve life, avoid permanent harm, or avoid continuation of severe pain.
**Delta Dental Services and Customer Service:** Access to dental care, dental emergencies, coverage questions, and finding a dentist.

Participants access all Medica services by contacting an in-network provider directly. Participants can find in-network providers by checking their provider directory or accessing Medica.com or the Medica Customer Service telephone line.

Medica also facilitates access to dental services through Delta Dental. Participants contact Delta Dental directly by phone to obtain coverage and in-network provider information. If participants have outstanding issues that are not getting resolved through Delta Dental, (for example, Navigators in the Twin Cities and in the rural northeast counties experienced challenges finding dental providers that accepted new patients) they are instructed to inform their Navigators. Navigators are authorized to contact the Delta Dental Hunt Line, which was established by Medica to facilitate SWSW and other Medica issue resolution as it related to dental services.19

2. **Employee Assistance Provider (EAP)**

Navigators suggest Optum’s EAP services when participants can benefit from telephone consultations in any of the following areas: legal and mediation; finance; general counseling or assistance to reduce stress; child/parenting or adult/elder care information; life learning; and chronic conditions support. Participants have telephone access to counselors 24 hours a day, 7 days a week. Optum EAP also offers in person group trainings and referrals to providers for up to three in person counseling sessions per participant, per issue, per year.

Navigators identify possible training topics for participants during regular weekly team meetings with their peers and supervisor. MRC works with Medica and Optum EAP staff to facilitate scheduling, curriculum development, recruitment and administration of group trainings. These flyers are drafted by MRC and in most cases mailed by DHA staff.

Optum has offered the following EAP trainings:

- **Money Matters: A Program from the FDIC** (budgeting, personal spending, tax liability, and debt and credit management);
- **Wellness and You: Feeling Good, Feeling Fit** (factors influencing health, creating balance, benefits of exercise, smoking cessation, risks of alcohol use, dealing with stress, healthy nutrition, orientation to the food pyramid, obesity, and eliminating health risks);
- **Dealing with Conflict: A Process for Resolving Discord** (understanding conflict, conflict management styles, tools for conflict negotiation, and costs and dangers of unmanaged conflict);

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19 Navigators had access to a designated group of facilitators at Delta Dental. In general, access to dentists and psychiatrists in the Northeast counties was limited. Many participants had to travel to Duluth to receive needed services and transportation could not always be arranged (transportation was either not available or too far to be covered under the Provide-A-Ride benefit). Navigators worked closely with Medica and network providers to secure access to necessary referrals for the program participants.
3. **Employment Assistance and Support Entity (EASE)**

A unique aspect of this intervention model is the employment support services offered as part of the benefit package. Participants have access to a variety of employment supports through the EASE program at MRC. Services include:

- **Intensive Assessment of Needs**: An intensive assessment to determine emergent needs and the type, amount, and frequency of appropriate services to address those needs. (e.g., disclosure, figuring out accommodations, FMLA consultation, ergonomic assessments, questions about discrimination, employer and co-worker education about a participant’s disability);

- **Career Counseling**: Implementation of the Career Scope testing to determine how participants’ skills and interests match their current jobs; vocational counseling following testing to determine how participants can acquire the necessary skills and training to advance their careers;

- **Worker Supports/Coaching**: Ongoing job-related assistance, coaching and counseling on or off participants’ job sites. Assistance could include developing checklists or to-do lists, counseling on strategies for communication or interpersonal skills (i.e., anger management), implementing accommodation recommendations, and time management strategies;

- **ADA Disclosure Training**: Overview of the Americans with Disabilities Act (ADA), common misconceptions of the ADA, disclosure approaches and practical accommodation solutions;

- **Family Education**: Education for families of participants (participant permission required) on how mental illness affects loved ones and how family members can develop coping strategies for managing mental illness in the workplace;

- **Referrals/Workforce Center Referrals**: Referrals to the Workforce Center for services such as placement, job leads or other vocational counseling to assist participants in determining and achieving their employment goals;20 and

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20 Originally this service was the designated referral within the SWSW program for job placement services when participants experienced job loss. However, SWSW program leadership added job placements services as an EASE service to offer more direct assistance.
- **Job Placement:** Placement services provided by MRC to meet participant demands for job search related assistance. Services include: direct placement, resume development, interviewing skills assistance, job club or other job seeking skills activities.21

Navigators refer participants to one or more of the EASE services outlined above if they score a three or higher on the employment section of their initial assessment, if their stress at work is impacting their health or if they report that their job is in jeopardy, among other reasons. If participants confirm their willingness to access EASE services, Navigators complete the necessary MRC EASE referral paper work and participants are promptly contacted by an EASE staff person. EASE intake includes goal setting tailored to the specific EASE service.

EASE staff meet with participants as often as needed to achieve goals and keep in touch with Navigators to report participant progress or lack of follow through. Navigators communicate participant program status to EASE staff, e.g., pending closures due to four months or more of unemployment or nonpayment of premiums, etc. Having the same MRC manager supervise both the Navigators and EASE personnel helps with service integration. An EASE Exit form is completed when participants exit from EASE services (See Appendix B11: Internal SWSW Program Referral Form EASE Exit). This form informs the billing process for EASE services and also serves to document outcomes and reasons for exit.

4. **Peer-to-Peer Employment Support**

The program also offers the Consumer Survivor Network’s (CSN) one-to-one and group peer support services called Wellness Recovery Action Plan (WRAP). The WRAP approach is a client-driven, peer-facilitated system that empowers individuals to manage their mental illness and reach goals. It is complementary to (but not a replacement for) other mental health treatment protocols. WRAP enables people with psychiatric illness to understand and acknowledge what they are like when they feel well and formulate a wellness plan from that perspective. The WRAP curriculum is a structure for defining wellness and monitoring symptoms through:

- Acknowledging personal wellness;
- Planned responses that reduce, modify or eliminate symptoms; and
- Planned responses when participants need help making decisions, taking care of themselves or keeping themselves safe.

Navigators refer participants to the 8-week WRAP program when they express an interest in WRAP when first introduced to the service, or when they attend a later orientation to WRAP and are motivated to try a new approach. Participants can access WRAP services either by contacting the Consumer Survivor Network directly or by requesting WRAP contact information

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21 This service was added in December 2008, when the economy was poor and participants were in need of timely job placement services. The intent was to help many unemployed participants find new jobs before they were determined ineligible to continue in SWSW.
from their Navigator. There are separate WRAP contacts for the Metropolitan area and Northeast Minnesota. Making WRAP sessions available in the evenings may increase interest and participation.22

G. Transition Planning and the Road to Self-Navigation

Transition planning involves:

- Determining if the SWSW participant is eligible for MinnesotaCare, as some aspects of the DMIE/SWSW demonstration were extended under MinnesotaCare to those who were eligible and in good standing under the SWSW program;
- Participating in the planning and scheduling of five educational sessions on MinnesotaCare to help participants understand eligibility guidelines and what to expect for premium payments and coverage;
- Working with participants one-on-one to help them apply for MinnesotaCare, and to explain the requirements of the employment verification statement, estimate their premium and determine factors that might make participants ineligible;
- For those who are potentially eligible for MinnesotaCare, encouraging participants to follow through on all other aspects of the SWSW program, such as paying premiums, completing renewals, and staying employed;
- For those who are not eligible for MinnesotaCare (due to income, other employer insurance offerings, or other factors), working with participants on determining and securing coverage options. Participants receive a list of health insurance resources, including physical health, mental health and pharmacy coverage. In addition, Navigators work with participants who have employer insurance options to educate and prepare them for some of the medical costs they may incur with an employer insurance plan.
- Medica also makes available by mail a resource book organized by need and location to help participants better understand potential resources available to aid in their transition.
- Navigators discuss employment supports available through MRC’s Extended Employment Program if participants meet the criteria.
- Participants also receive a letter at the end of the program reminding them of available resources and acknowledging the self-navigation that they have successfully achieved during the project.

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22 MRC decided to hold four evening WRAP orientations in the Metro area and one evening WRAP orientation in Duluth area. Participant commitment to enroll in the eight-week session did increase in the Metro but there were never enough participants to operate an eight-week session in the Northeast regions. One-on-one WRAP counseling was suggested, but CSN was unable to execute.
IV. ADMINISTRATIVE PROCESSES

This section highlights select processes including monitoring of participant status, case closure policy, documenting interactions between Navigators and participants, and management and communications.

A. Monitoring SWSW Participant Status

To maintain eligibility for SWSW, participants must to pay their premiums, work at least 40 hours per month and stay in contact with their Navigators, e.g., complete Initial Assessments and plans and demonstrate attempts to respond to monthly outreach efforts by Navigators.

1. Policy for Non-Payment of Premiums

- DHS tracks unpaid premiums, generates a Past Due Report monthly and shares it with the MRC Manager and Navigators. Spreadsheet fields include participant’s name, current month and amount of unpaid premium, and previous three months receipts and unpaid premium amounts. The Past Due Report facilitates staff identification of participants in jeopardy of closure (nonpayment for three consecutive months).
- Navigators contact participants each month to try to help them come up with ways to pay their premiums. If the participant is eligible, Navigators suggest Emergency Premium Payment (EPP) options (see below).
- After the third month of non-payment, participants are sent a potential closure letter and given a deadline for settling all unpaid premiums. If participants are unable to pay by the deadline, their cases are closed. Closures are tracked on a Master Closure List.

Emergency Premium Payments

The EPP process is available if program participants demonstrate that they have been affected by an unforeseen circumstance that has impeded their ability to pay monthly premiums. Circumstances can include:

- Diagnosis or exacerbation of a serious physical condition which temporarily affects participant ability to work the required 40 hours per month.
- Exacerbation of a serious mental illness or chemical health issue which temporarily affects participant ability to work the required 40 hours per month.
- Existence of a family or personal emergency such as loss of housing which requires short term diversion of employment earnings to deal with identified emergency. The Medica Liaison has discretion when determining whether the presented facts constitute a legitimate emergency.
- A billing error or omission on the part of the SWSW enrollment staff has caused an enrollee to miss a premium payment or underpay a premium.
The EPP process is designed to help participants in difficult situations get back on their feet financially, while maintaining their active status in the program. Navigators either suggest EPP as an option for participants or participants request it. In the EPP process:

- Navigators review participant reasons for requiring EPP and, if warranted, complete and fax an EPP application for Medica approval.\(^{23}\) (See Appendix B12: Emergency Premium Payment Application.) If the Medica Liaison is unavailable the request is sent to the MRC Manager for review and approval.
- Navigators document EPP requests by noting the date of the circumstance or emergency that led to unpaid premiums, the reason for the emergency and the premium amount. Navigators can request from one to three months of EPP per form. Upon approval; payments are made on a monthly basis for up to three consecutive months.
- A decision regarding premium payment is made within five working days of receipt of request, provided information is sufficient to render a decision. If additional information is required, the Medica Liaison informs the Navigator. The participant has seven working days to submit the requested information to their Navigator, who submits the information to Medica.
- Navigators communicate the results of EPP requests to participants. The Medica Liaison submits copies of both approved and denied EPP Assistance Applications to SWSW staff at DHS on a monthly basis for record keeping purposes.
- If EPP is granted, Medica pays premiums on behalf of participants and is reimbursed by DHS. Medica prepares an itemized list of emergency premium payments made on behalf of enrollees as part of its monthly expense invoice submitted to DHS SWSW fiscal staff.
- Navigators discuss with participants how they plan to pay for premiums following EPP.
- If an enrollee has requested payments beyond the time period of three consecutive months or submitted a second request for premium payment assistance within the same 12 month period of time, the request is reviewed by Medica, the Navigator and the DHS SWSW policy staff person.

2. **Policy for Unemployed Participants**

During monthly contacts, Navigators discuss with participants their employment and unemployment status as well as their employment support needs. DHS searches the DEED database on a regular basis to flag changes in the employment status of SWSW participants. Once a participant either reports unemployment to a Navigator or surfaces as unemployed from a search of the DEED database, he or she is placed on a list of potentially unemployed participants for further review.

\(^{23}\) Early in the program, Navigators and Medica first determined whether a participant was able to make a partial premium payment. If the participant could, the Navigator assisted the participant in negotiating a payment plan with SWSW enrollment staff.
The SWSW staff use a spreadsheet to verify and track unemployed participants. Fields include participant name, Navigator name, participant stop work date, date of potential closure (after four months of unemployment), explanation for job loss, demonstration of active job search, date of participant last contact with Navigator, and date of DHS closure notice letters mailed.

During the four months available to obtain employment, participants are required to maintain monthly contact with Navigators and to be actively looking for employment.

A monthly meeting is held by DHS, MRC and Medica to review the list of unemployed participants and flag those nearing case closure.

A DHS reminder letter is mailed to unemployed participants who are not actively looking for employment or who have not maintained contact with their Navigator.

After four months of participant unemployment, DHS mails participants a cancellation notice warning them that they will lose coverage at the end of the fifth month of unemployment.

If participants obtain and verify employment by the last day of the fifth month, then their benefits continue.

Participants who are actively working with their Navigator and accessing employment support services after the four month grace period expires are assessed on a case by case basis for continuation in the program. In most cases, participants who are engaged in job finding services with their navigator are not closed out of the program.

3. Policy for Non-engaged Clients

Participants are considered non-engaged in the SWSW program if they fail to meet with their Navigator to complete the initial intake and assessment or have been unresponsive to monthly follow-up attempts made by Navigators.

When a Navigator attempts to contact a SWSW participant to set up an initial meeting and receives no response, the protocol is as follows:

The Navigator attempts to call the participant two to three times and leave messages, if possible. If the Navigator does not receive a reply, he or she sends out a letter notifying the participant of the requirement to get in touch with their Navigator to set up an initial meeting.

The Navigator allows two weeks (ten business days) for the participant to respond either via phone or email.

If the SWSW participant does not respond, then the Navigator contacts DHS to inform eligibility staff of the lack of response. The Navigator makes a database notation and added the participant to a monthly tracking spreadsheet called the No Response List.

DHS eligibility staff mails a letter to the SWSW participant to remind the individual of the requirement to follow through on the initial assessment. (See Appendix B13: Non-Engaged – Initial Assessment.)
DHS, MRC and Medica meet monthly to review the No Response List and make final decisions about a participant’s status in the program.

When a Navigator completes the initial assessment and success plan with the SWSW participant but the participant does not respond to monthly follow up calls or emails made by the Navigator, the protocol is as follows:

- The Navigator attempts to call the participant two to three times and leaves messages, if possible. If the Navigator does not receive a reply, he or she sends out a letter notifying the participant that he or she needs to get in touch for a monthly contact either by phone, email or in person. (See Appendix B14: Non-engaged Monthly Call Letter.)
- The Navigator allows five business days for the participant to respond.
- If the SWSW participant does not respond, then the Navigator makes a database notation and adds the participant to the No Response List. The Navigator continues to pursue the same process for subsequent months.
- Though participants are not closed out due to monthly non-engagement, these monthly contacts and this communication by the Navigators do play a part in participants calling when a crisis or question arises or when needing to follow through on the annual review plan.

B. Formal Grievance Procedures

A formal grievance process called the Navigation Barrier Process enables participants to either direct their complaints to the Medica Liaison or to the specific SWSW partner involved. The process for documenting and addressing complaints made to the Medica Liaison is as follows:

- Participants with an issue about the program or services (including all Navigator services) are instructed to contact the Medica Liaison (whose contact information has been provided) or a SWSW staff member records the complaint on a participant’s behalf and submits it to the Medica Liaison.
  - The SWSW staff member documenting the complaint records the participant’s name, contact information and the issue. (See Appendix B15: Navigation Barrier Form.)
  - The SWSW staff member also identifies a date and time when the participant will be contacted about the complaint.
  - If the issue has not been resolved by the designated time, the participant receives information on the status of his or her issue.
- The complaint is submitted via mail, fax or email to the Medica Liaison. If the complaint is taken by an MRC Navigator, the Navigator sends an email copy of the complaint to the MRC Manager. MRC forwards a copy of the complaint to DHS.
- The Medica Liaison works with the appropriate entity or entities to resolve or address the participant’s concern.
Documentation of the complaint/concern and resolution is recorded and held at both Medica and DHS.

A summary report of the complaint and resolution is sent to DHS and the evaluator monthly (or sooner upon request).

Complaints/concerns are reviewed monthly at the SWSW Network Leadership Committee meeting.

If complaints are made to a specific SWSW partner, e.g., Medica, Medica Behavioral Health, Optum EAP, DHS, MRC EASE, The Lewin Group, or the Consumer Survivor Network, participants are given contact information for each of the partners and follow partner-specific grievance protocols. Each partner is instructed to report the complaint to the Medica Liaison (with the exception of DHS). For example:

- Participants access the Medica Customer Service line with any formal complaints about specific Medica services or to request service exceptions through the appeals process. Medica follows a formal Internal Complaint Process to resolve complaints / concerns.
- Participants access DHS with any concerns regarding DHS services. DHS staff attempt to resolve the concern/complaint and notify DHS management as needed. Participants file appeals if they are not satisfied with issue resolution.

C. Client Case Closure

Reasons for case closure include:

- Failure to complete Initial Intake and Assessment. Participants who do not complete initial assessments are designated as “non-engaged” and informed of case closure.
- Refusal to participate in DMIE at any time.
- Initial premium nonpayment. Participants have three months to pay their initial premium before receiving a notice of potential case closure.
- Decision to pursue disability. Despite Navigator efforts to explain to participants that one of the goals of the SWSW program is to prevent or delay a person with serious mental illness from becoming disabled and no longer able to work, some participants may find that disability benefits are the best option for them in managing their health. When Navigators learn of participant interest in applying for disability, they explain to participants that SWSW benefits will end. If the participant continues to pursue disability, Navigators inform DHS and DHS generates a letter informing participants of case closure at month’s end.
- Decision to enroll in another Minnesota Health Care Program.
- Decision to pursue other private health insurance.
- Monthly premium non-payment. Cases are closed for participants whose premiums are three months past due.24

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24 This and the case closure reasons that follow were instituted after three months of experience implementing the program.
Failure to complete annual renewal. Participants are required to renew their status in the SWSW program annually, by verifying employment and re-consenting to participate in the research demonstration. Participants who do not complete renewal paperwork are tracked by DHS and if they fail to respond to reminders are terminated from the program.

- Prolonged unemployment.
- Moved out of area/state.

DHS eligibility staff maintain a master closing list to track participants who have received notice of potential case closure. Fields include participant name, Navigator name, date closing notice mailed, date considered inactive, and reason for closure. This list is shared with Navigators in the middle of each month so they can have an opportunity to help participants resolve issues during their monthly contacts before their cases are closed on the last day of the month. At the beginning of each month, DHS shares an updated list with MRC so that Navigators are up-to-date on any participant closures.

D. Documentation of Navigator Encounters

Navigators document all encounters with participants. An encounter is defined as a substantive or meaningful interaction or contact between the Navigator and the participant by phone, in person, or via e-mail. Encounters are recorded in an Encounter Database built in Microsoft Access and housed at MRC. Navigators can enter information about encounters as they are occurring or in weekly batches.

Each encounter is required to have three characteristics in order for it to be a valid entry in the Encounter Database:

1. Service Type – the mode of interaction, e.g., in person, phone, e-mail, regular mail, or in the orientation process.
2. Primary Issue(s) – the most important issue or issues raised by the participant, e.g., mental health, physical health, employment, benefit questions, etc.
3. Primary Outcome(s) - the result or results of an interaction, e.g., supportive consultation only, referral to in network provider, referral to out of network provider.

A guide developed by the Lewin Group assists Navigators to maximize consistency and quality of data entry. The guidelines for documenting common encounters simplify data entry for Navigators and facilitate data analysis.\(^{26}\)

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\(^{25}\) Supportive Consultation refers to: 1) reflective listening to client situations that did not result in a referral, 2) answering questions related to SWSW benefits, and 3) following up on the status of previous referrals and their respective results.

\(^{26}\) MRC and The Lewin Group worked together on revising database guidelines when questions arose on how to document unique encounters. The Lewin Group relied on the encounter data to track the nature of discussions between participants and Navigators for evaluation purposes.
The Encounter Database structure encourages Navigators to analyze their interactions with participants and identify and document the most pressing issues discussed and progress made. Navigators link pressing issues to outcomes. In addition, the structure promotes consistency across Navigators in coding similar contacts. The MRC manager uses the Encounter Database to review Navigator caseloads.

E. Roles of SWSW Partners and their Staff

SWSW is a complex, multi-level program with the involvement of multiple agencies. DHS secures and administers finances, directs the project, manages eligibility and enrollment, and maintains management information systems (data). Medica contracts for and manages the provider network, develops assessment and service protocols, and provides training. MRC provides direct service, recruiting, hiring and supervising Navigators, developing service policy and protocols, and managing service program budgets. While developers of similar programs may choose to develop somewhat different interagency responsibilities, the core functions described in the staffing pattern below must be covered in order to successfully operate the program.

1. DHS Staffing

<table>
<thead>
<tr>
<th>#</th>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Project Director</td>
<td>Manages and coordinates all contracts and overall project oversight. Leads discussions and decision making for Management Coordination Group during regular monthly meetings. Serves as a public voice at national conferences and other public venues for the SWSW research project. Provides liaison with legislators and other government entities regarding project development, progress and potential integration with other related program areas.</td>
</tr>
</tbody>
</table>
| 1  | Project Supervisor                   | Coordinates all of the above on a day to day operational level; works directly with Medica and MRC to ensure efficient operation and seamless delivery of all aspects of the project to participants; ensures documentation of program activities on an Intranet site. Works closely with DHS healthcare staff, including provider help desk, ombudsman office, eligibility staff, Medicaid Management Information System (MMIS) help desk staff, managed care staff, MinnesotaCare management and staff; interacts with other areas of DHS as needed.  

| 4  | Eligibility and Enrollment Staff     | Determines eligibility and enrolled program participants; notifies team of any issues needing resolution during the enrollment phase of project.                                                                                                                          |
| 1  | Outreach and Communications Staff    | Develops outreach and communication materials and tools to best attract potential eligible participants to apply for the SWSW insurance program and research project. Prepares direct mail notices for participants regarding ongoing eligibility, anticipation of project closure, and other issues as they arise. |
| 1  | Federal Reporting and Data Staff     | Acts as a liaison between policy and information technology staff in developing and maintaining the Access database for the project; prepares ad hoc reports for internal assessments of SWSW strategies; works regularly with the evaluator to exchange needed administrative data via the Minnesota Information Technology System (MN-ITS) to satisfy reporting and evaluation needs. |
| 1  | Administrative Support Staff        | Enters data into the Electronic Data Management Systems (EDMS) and the project’s Access database for participant mailings, phone contacts, changes of address, returned mailings, among other administrative tasks for tracking and reporting.                                              |
| 1  | Fiscal Staff                         | Works with internal DHS staff to develop a workable premium receipt system within DHS                                                                                                                         |

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27 DHS developed an Intranet site to store and share project documentation with both internal and external SWSW partners as well as to facilitate drafting and review of project materials that required input from multiple parties.
<table>
<thead>
<tr>
<th>#</th>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Policy Staff</td>
<td>Works with DHS healthcare and other internal staff to develop policies and protocols for direct service delivery under the SWSW program; coordinates with contractors for effective program operation.</td>
</tr>
</tbody>
</table>

2. **Medica Liaison**

- Works with the DHS to successfully implement the operational and evaluation protocols; manages all aspects of the contracted program administration including evaluation data collection, billing (to DHS), provider payments, accounting and reporting.
- Participates in any orientation and successive training sessions required by the State.
- Assists DHS with the development of the assessment protocols; develops and manages program member materials and communications.
- Negotiates contracts with the legal department for all necessary services including for Navigators, EASE, Optum EAP and CSN WRAP supports in accordance with Medica policy and procedure and DHS contract terms.
- Serves as the primary contact for DHS, subcontracting entities, and health care providers regarding issues related to the implementation and ongoing operations, including but not limited to coordination, compliance, provider training and education, data collection and claims submissions.
- Serves as the primary contact for the independent evaluators regarding issues related to the implementation of the evaluation protocols.  
- Facilitates monthly provider network meetings with representatives from the DHS and any subcontracting entities. The meeting purpose is to provide sub-contractor DMIE updates and problem-solve network cases / concerns.
- Serves as primary contact for DMIE grievances and problem solving.
- Participates in any state or national conferences as required by the State.

3. **MRC Manager Role**

The MRC Manager oversees the productivity and activities of the SWSW program, MRC’s Retention Services, and Extended Employment staff. Responsibilities include:

- Manages day to day activities of SWSW, including direct service provision of Navigation and EASE services as well as ongoing coordination with Medica and DHS.
- Refers participants to appropriate staff for services.
- Oversees navigation efforts and supervises Navigators; hires and trains new staff on program processes and facilitates ongoing training for existing staff as needed; ensures

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28 Medica provided DHS and The Lewin Group with pharmacy, Fit Choices, Optum EAP, WRAP and EASE data on a monthly and quarterly basis.
that Navigator productivity is upheld; monitors Navigator reporting; provides ongoing staff support and problem solving.

- Writes policies and procedures for services.
- Supervises EASE staff providing services.
- Manages program budgets; forecasts budget needs to various collaborating partners or stakeholders.
- Holds program staff meetings on a regular basis and attends management and center meeting as required.
- Maintains monthly reports (See Appendix B16: Monthly Activity Report).

4. **Program Communications and Meetings**

**Interagency Meetings**

Regular and frequent communication among the collaborating entities is a necessity. Standing meetings include:

- **Management Coordination Group Meetings.** The Management Coordination Group (MCG) meets monthly (and more frequently if needed) to discuss policy and operational issues. Members of the MCG include the DHS project director, the DHS project supervisor, the MRC project manager, a representative from the State Division of Mental Health, the Medica Liaison, and representatives from The Lewin Group evaluation team. Meetings are facilitated by DHS. Occasionally external stakeholders are invited for their input on program policy changes and to brainstorm about the applicability of program strategies to other efforts in the State.

- **Network Leadership Committee Meetings.** The Network Leadership Committee meets monthly to discuss and resolve issues related to service coordination across the network. Members include representatives from Medica, MRC, Medica Behavioral Health, Optum, the Consumer Survivor Network, DHS and The Lewin Group. Medica facilitates these meetings, providing program updates and raising provider questions or program concerns. Unresolved issues are presented at the MCG meeting.

- **DHS Eligibility and Enrollment Staff and Navigator Meetings.** Holding monthly meetings with Medica, Navigators and DHS eligibility and enrollment staff improves communication and coordination around transitioning individuals into the program and ensures that participants, once enrolled, understand and access the benefits of the program. These meetings are also an opportunity to review and clarify operational policies and protocols and coverage rules, as well as to discuss case concerns.

- **Medica and Navigator Meetings.** Medica and the Navigators discuss any program or case concerns monthly.

- **Case Closure Meetings.** DHS and the MRC Manager and Navigators meet monthly to discuss potential case closures due to consistent unemployment or non-responsiveness to program requirements.

- **Data Team Meetings:** The Medica Liaison, the DHS project supervisor and data expert, the MRC manager and The Lewin Group manager participate in bi-monthly conference
calls to review research and documentation protocols, data exchanges, and any case concerns or policy changes.

- **Evaluation Advisory Group Meetings.** The Lewin Group facilitates two annual meetings of the SWSW Evaluation Advisory Group. Members include representatives from the Provider network and DHS, as well as mental health stakeholders from county government and community-based organizations. The goal of these meetings is to elicit input regarding the content of the annual survey, interpret data trends and findings, and monitor public and program policy linkages as well as dissemination strategies.

**Entity-specific and ad hoc meetings**

- Medica schedules ad hoc meetings as needed with individual providers in the SWSW network to address program issues or case concerns.
- Weekly DHS team meetings are held to discuss issues related to enrollment and eligibility and to share decisions made during the MCG meetings. ²⁹
- MRC Navigators meet weekly with the MRC Manager to discuss issues of concern related to participants or service delivery, communication expectations, policy changes, unemployment decisions, resource ideas, benefit/coverage interpretation issues and new services being implemented. These meetings are an opportunity for Navigators to brainstorm collectively and agree to consistent processes for addressing issues. Collaborators are invited on occasion to these team meetings, to address certain topics or for educational or training purposes.
- MRC Navigators participate in regular administrative meetings at MRC to assure quality and consistency in program operations.
- MRC Navigators coordinate on an ad hoc basis with DHS on issues related to the status of participants. For example, they alert DHS of participants who are no longer employed or who have been unresponsive to attempts to schedule required meetings. They also refer participants to DHS regarding premium issues or retroactive coverage issues.
- MRC Navigators facilitate participant interactions with Medica on a case by case basis to inquire about or verify coverage issues.

This completes a summary of the infrastructure, functions, resources, tools and strategies required to implement an employment, health and mental health support program such as Stay Well, Stay Working.

For a summary and examples of SWSW costs for a month when 1,904 participants were served, please see Appendix A.

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²⁹ These were originally called Demonstration Operations and Implementation Team (DO IT) meetings.
Operations Manual

Appendices
Appendix A: SWSW Program Costs

This appendix includes real cost data for the month of August 2009 as an example of the operating costs of the SWSW components. Because the full 1094 participants were enrolled and using services in this month, it represents a time when the program was operating at its highest capacity.

Table 1: Example Month

<table>
<thead>
<tr>
<th>SWSW Program Cost Summary</th>
<th>August 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1094 Participants</td>
</tr>
<tr>
<td>Wellness Navigation Services</td>
<td>$51,213.02</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>$1,094.00</td>
</tr>
<tr>
<td>EASE Services</td>
<td>$13,860.75</td>
</tr>
<tr>
<td>WRAP Services</td>
<td>$0.00</td>
</tr>
<tr>
<td>Emergency Premium Payments</td>
<td>$390.00</td>
</tr>
<tr>
<td>Stop Loss Reinsurance (pmpm)</td>
<td>$10,185.14</td>
</tr>
<tr>
<td>Medica Administrative Costs</td>
<td>$10,329.25</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$87,072.16</td>
</tr>
</tbody>
</table>

Table 2: Navigator Caseload during Example Month

<table>
<thead>
<tr>
<th>Navigator Caseload</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Navigators: Metro</td>
<td>7</td>
</tr>
<tr>
<td>Navigators: NE MN</td>
<td>1</td>
</tr>
<tr>
<td>Average Caseload: Metro</td>
<td>140</td>
</tr>
<tr>
<td>Average Caseload: NE MN</td>
<td>125</td>
</tr>
</tbody>
</table>

The following table breaks down these expenditures in more detail. Wellness Navigation service costs varied month by month. They include:

1) Staffing salaries and fringe benefits for the Navigator supervisor, Navigators, and administrative support.
2) Office space, telephone costs, computer network costs and support and cell phone costs for Navigators and Navigator supervisor.
3) Any furniture costs, office supplies, printing/copies, advertising, training and costs of laptop computers for Navigation or program services.
4) All travel costs for Navigation meetings with participants, for trainings or meetings attended by Navigators and Navigator supervisor.
5) Interpreter services include any language interpretation services needed for Navigator to communicate with program participants.
Table 3: Example Month SWSW Program Cost Detail

<table>
<thead>
<tr>
<th>Wellness Navigation Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$31,966.14</td>
</tr>
<tr>
<td>Fringe</td>
<td>$9,517.87</td>
</tr>
<tr>
<td>Administrative Fee</td>
<td>$4,878.03</td>
</tr>
<tr>
<td><strong>Subtotal WEN Staffing</strong></td>
<td><strong>$46,362.04</strong></td>
</tr>
<tr>
<td>Office Rental</td>
<td>$2,237.00</td>
</tr>
<tr>
<td>Phones</td>
<td>$623.33</td>
</tr>
<tr>
<td>Computer Network</td>
<td>$700.00</td>
</tr>
<tr>
<td>Cell Phones</td>
<td>$265.59</td>
</tr>
<tr>
<td><strong>Subtotal WEN Office</strong></td>
<td><strong>$3,825.92</strong></td>
</tr>
<tr>
<td>Office Supplies and Printing</td>
<td>$176.28</td>
</tr>
<tr>
<td>Mileage</td>
<td>$698.78</td>
</tr>
<tr>
<td>Consultants/Interpreters</td>
<td>$150.00</td>
</tr>
<tr>
<td><strong>Subtotal WEN Other</strong></td>
<td><strong>$1,025.06</strong></td>
</tr>
<tr>
<td><strong>Subtotal WEN Services</strong></td>
<td><strong>$51,213.02</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medica Administrative Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Liaison Salary</td>
<td>$5,899.20</td>
</tr>
<tr>
<td>Indirect Support Salary</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Fringe</td>
<td>$1,227.00</td>
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<tr>
<td>General Operating Costs</td>
<td>$1,650</td>
</tr>
<tr>
<td>Travel</td>
<td>$53.05</td>
</tr>
<tr>
<td><strong>Subtotal Medica Services</strong></td>
<td><strong>$10,329.25</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EASE Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subtotal EASE Services</strong></td>
<td><strong>$13,860.75</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stop Loss Reinsurance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge of $9.31 per participant per month</td>
<td><strong>$10,185.14</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Assistance Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge of $1 per participant per month</td>
<td><strong>$1,094.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Premium Payments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subtotal Emergency Premium Payments</strong></td>
<td><strong>$390.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WRAP Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subtotal WRAP Services</strong></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grand Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$87,072.16</strong></td>
<td></td>
</tr>
</tbody>
</table>

Medica Administrative Costs included:

1) Medica DMIE Project Manager Salary and fringe benefits.
2) Indirect Support includes administrative support to the DMIE Project Manager.
3) General Operating Costs include costs for Medica finance, data & reporting, and office supply costs.
4) All travel costs for DMIE project manager to attend meetings, trainings and clinic recruitment for DMIE.
5) Diagnostic Assessment costs were billed at $161 per participant. The cost per diagnostic assessment was billed at a lower rate in the beginning of the program but was increased to $161 per participant. Most diagnostic assessments were billed at this rate.

6) Printing of Applications and Brochures included fees for creating, printing and shipping program applications, brochures, planners and materials. Medica Indirect Support and General Operating costs were fixed monthly costs. All other costs varied on a monthly basis.

EASE accounted for the costs of delivering the following services to program participants:
- Intensive Assessment for High Risk Members,
- Career Counseling,
- Worker Support,
- Employer and Co-Worker Education,
- Family Education and Placement.

Most EASE services were billed in 15 minute increments at rates ranging from $12.00 to $12.50 per 15 minutes. Intensive Assessment for High Risk Members was billed in 30 minutes increments at a rate of $37.50. EASE rates were billed a fixed rate but invoices for EASE services varied month by month depending on usage.

Stop Loss Reinsurance was billed on a fixed per member per month (pmpm) cost at a rate of $9.31.

The Employee Assistance Program was billed as a fixed charged on a monthly basis of $1.00 per participant.

Emergency Premium Payment costs were the funds used to help participants pay from one to three months of health insurance premiums. The number of participants receiving this benefit varied from month to month, and hence cost varied as well.

WRAP costs included charges for Group Sessions with Peer Facilitation and Peer Follow-up Support. Group sessions with peer facilitation were charged per participant attending a group session. Group sessions with peer facilitation was billed in hourly increments at a rate of $5.00 per hour. Peer follow-up support was charged per participant that received one-to-one follow up from the WRAP group facilitator. Peer follow-up support was billed in 30 minute increments at a rate of $24.00 per half hour. WRAP rates were fixed costs but WRAP invoices varied month by month depending on usage. There was no usage of this service in the month illustrated.
## Appendix B: Documents and Forms

<table>
<thead>
<tr>
<th>Appendix B</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix B1</td>
<td>Referral and Employment Form</td>
<td>41</td>
</tr>
<tr>
<td>Appendix B2</td>
<td>Welcome Letter</td>
<td>42</td>
</tr>
<tr>
<td>Appendix B3</td>
<td>Fee for Service Letter</td>
<td>44</td>
</tr>
<tr>
<td>Appendix B4</td>
<td>Initial Assessment of Enrollee</td>
<td>46</td>
</tr>
<tr>
<td>Appendix B5</td>
<td>Wellness and Employment Success Plan</td>
<td>53</td>
</tr>
<tr>
<td>Appendix B6</td>
<td>Wellness and Employment Navigator Job Description</td>
<td>55</td>
</tr>
<tr>
<td>Appendix B7</td>
<td>SPP Vital Brochure</td>
<td>57</td>
</tr>
<tr>
<td>Appendix B8</td>
<td>Stay Well Stay Working Program Brochure</td>
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<tr>
<td>Appendix B9</td>
<td>Project Authorization for Release of Confidential Information to Wellness Navigator</td>
<td>61</td>
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<tr>
<td>Appendix B10</td>
<td>Wellness Employment Success Plan - 12-Month Update</td>
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<td>Appendix B11</td>
<td>Internal SWSW Program Referral Form EASE Exit</td>
<td>75</td>
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<td>Appendix B12</td>
<td>Emergency Premium Payment Application</td>
<td>76</td>
</tr>
<tr>
<td>Appendix B13</td>
<td>Non-engaged - Initial Assessment</td>
<td>77</td>
</tr>
<tr>
<td>Appendix B14</td>
<td>Non-engaged Monthly Call Letter</td>
<td>78</td>
</tr>
<tr>
<td>Appendix B15</td>
<td>Network Navigation Barrier Form</td>
<td>79</td>
</tr>
<tr>
<td>Appendix B16</td>
<td>Monthly Activity Report</td>
<td>80</td>
</tr>
</tbody>
</table>
Appendix B1: Referral and Employment Form

TO REFER: Please return completed referral form and disability related or medical information to:
MRC, 199 Chicago Ave., Minneapolis, MN 55404
FAX # 612-xxx-xxxx

- STAY WELL, STAY WORKING: ☑ METRO ☑ NE REGION ☑ EASE SERVICES

<table>
<thead>
<tr>
<th>01 Intensive Assessment of Needs</th>
<th>02 Career Counseling</th>
<th>03 Worker Supports/Coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 Employer and Coworker Education</td>
<td>05 Family Education</td>
<td>06 Referral (No Cost)</td>
</tr>
</tbody>
</table>

☐ Other Explain: _____________________________________________________________

**NAME:** ___________________________

**PMI:** ___________________________

**ADDRESS:** ___________________________

**CITY/STATE/ZIP:** ___________________________

**TELEPHONE:** (____) ______

**SOCIAL SECURITY#:** ______.______

**AGE:** ______  **RACE:** ______  **SEX:** ______

**DATE OF BIRTH:** ______

**TRANSPORTATION:** CAR: ☐  BUS: ☐  METROMOBILITY: ☐

**PERSON TO CONTACT IN AN EMERGENCY:** NAME: ___________________________

**PHONE:** (____) ______

VETERAN: Yes ☐  No ☐  U.S. CITIZEN: Yes ☐  No ☐  IMMIGRANT: Yes ☐  No ☐

Any interpreter needs? ______  SWSW Monthly Premium Amount: $_____

Prior insurance: ______  Potential insurance/benefit start date for SWSW: ______

**HEALTH INFORMATION**

Axis I: ______  ______  Axis II: ______  ______  GAF: ______

**Physician:** ___________________________

Accommodations Needed: ___________________________

Medications: ___________________________

Any history of Chemical Dependency? ☐  When Treated? ______  Length of Sobriety? ______

**CURRENT EMPLOYMENT INFORMATION**

Employer: ___________________________

# hours worked weekly: ______

Address: ___________________________

Work #: ______

Employment Start Date: ______

Current Salary: ______

Job Title: ___________________________

Supervisor: ___________________________

Job Duties: ___________________________

Insert Additional Employment Information on Next Page
Welcome to Stay Well, Stay Working!

March 29, 2010

Name: <FirstName> <LastName>
Recipient ID Number:

Congratulations! Your application has been processed and you are now part of the Stay Well, Stay Working Program (SWSW). As a participant in the SWSW full service group, you will receive comprehensive health care and employment assistance services.

Your health care coverage starts today! Enclosed is a letter that explains your coverage in more detail. Your monthly health care premium will not change as long as you are enrolled in the SWSW Program. Your first premium payment is due shortly, so please review the enclosed information about the health care premium payment. If you have any questions about the premium payment, please call us at 651-xxx-xxxx or toll free at 1-866-xxx-xxxx.

One of the outstanding benefits of the SWSW program is having one-to-one access to a Wellness Employment Navigator from the Minnesota Resource Center. Your personal navigator will assist with any questions you have about your health or employment needs. You will be contacted soon by your navigator to set up an initial meeting to discuss:

- Your health care benefits (i.e., services available, coverage, co-pays, etc.)
- The multiple resources available to you under the Stay Well, Stay Working Program
- Your needs related to your overall health and employment
- A plan to address your health and employment goals
- Monthly contacts that you can have with your Navigator to ensure you are taking full advantage of the range of resources available; and
- Any questions you might have about the Stay Well, Stay Working Program

As a service group participant, you are required to have an initial meeting with your Navigator to maintain your eligibility for the project. If you do not hear from your Navigator in the next ten days, you can call xxx at the Minnesota Resource Center at: 612-xxx-xxxx.

Thank you for participating in our research study. You will receive your first survey shortly from the researchers at The Lewin Group. When you complete your survey, you will receive a $25 Visa gift card. You will be sent a survey each year you are in the program and receive $25 every time you complete a survey. Call us if you have any questions. Our number is 651-xxx-xxxx or toll free at 1-866-xxx-xxxx.

Welcome again to the Stay Well, Stay Working Program!

Important: See back page for your right to appeal.
Appeal Rights

An appeal is when you ask in writing for a Human Services judge to review a decision made on your Stay Well, Stay Working case. You can appeal if you disagree with an action taken by the Department of Human Services. You should appeal by writing to:

Department of Human Services
Appeals Office
PO Box 64941
St. Paul, MN 55164-0941

To keep your coverage during the appeal, you must:

- Appeal before the date of the proposed action OR
- Appeal within 10 days from the date of the agency notice, whichever is later
- You must also continue to pay your premium

You should file your appeal within 30 days from the date of the Notice of Action, but you can still appeal for up to 90 days from the date of the action.

If you appeal after the 90 day period you must show “good cause” for not appealing sooner.
Appendix B3: Fee-for-Service Letter

Stay Well, Stay Working
Demonstration to Maintain Independence and Employment
PO Box 64250
St. Paul, MN 55164-0250

Phone: 651-xxx-xxxx
Toll Free: 1-866-xxx-xxxx
Fax: 651-xxx-xxxx

March 29, 2010

Name: <FirstName> <LastName>
Recipient ID Number: <PMI>

You will have fee-for-service health care coverage under the Stay Well, Stay Working program for the month(s) of ____________.

“Fee-for-service” means when you go to a clinic or pharmacy during this time, they will bill the State of Minnesota directly.

Take this letter with you to the clinic or pharmacy.

You can get medical services from any Minnesota Health Care Programs provider who agrees to bill “fee-for-service”. Before you make appointments or fill prescriptions, make sure the clinic or pharmacy can bill the state on a “fee-for-service” basis.

You will be enrolled in Medica as of ____________, Medica will send you a new health plan card. Be sure to use that card once your Medica coverage begins.

You may also be eligible for retroactive health care coverage for up to three months prior to the month we received your application. If you want to pay an additional premium to get retroactive coverage, please contact us at 651-xxx-xxxx or toll free at 1-866-xxx-xxxx to discuss your options.

If you have questions, please call us at the telephone number(s) shown above.

Important: See back page for information about your right to appeal.

This information is available in other forms to people with disabilities by contacting us at (651) 431-4300 (voice) or toll free at (866) 267-7655. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
Appeal Rights

An appeal is when you ask in writing for a Human Services judge to review a decision made on your Stay Well, Stay Working case. You can appeal if you disagree with an action taken by the Department of Human Services. You should appeal by writing to:

Department of Human Services  
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- Appeal within 10 days from the date of the agency notice, whichever is later
- You must also continue to pay your premium

You should file your appeal within 30 days from the date of the Notice of Action, but you can still appeal for up to 90 days from the date of the action.

If you appeal after the 90 day period you must show “good cause” for not appealing sooner.
Appendix B4: Initial Assessment of Enrollee

Section I: Identifying Information

Name ______________________________  PMI# ____________________

Introduction

What do you know about the project?

What things attracted you to the project?

Section II: Mental Wellness

1. Describe the enrollee’s current mood/affect.
   - How are you doing today?
   - How are you feeling health wise?

2. Describe enrollee’s recent mental health treatment history.
   - For this project you had to have a mental health condition or diagnosis, can you tell me more about that?
   - Do you have a therapist, psychologist or a psychiatrist that you see? If so, how long have you been seeing them?
   - Are you taking any medication? Are they working for you?
   - Do you have an adequate supply of medications?
   - Do you have any side effects from your medications?

3. Describe how enrollee’s MH condition affects (activities of daily living, social/family interaction, and memory and ability to complete tasks).

   ADLS’s
   - What is your regular routine like each day? How does that work for you?

   Social/Family
   - Who are the other people in your life that you interact with?
   - How close are you with those individuals?
   - How does your mental health condition affects those relationships?
What activities do you like to do or be involved with (i.e. hobbies, special interests, etc.)? How does your mental health condition impact that at all?

4. Does the enrollee have substance abuse issues? Explain.
   - When was the last time you drank alcohol or use other drugs? Related to other drugs, what substance(s) do you use?
   - How much or how often do you drink/use?
   - Are you comfortable with your drinking or use habits? Explain

   - Has your drinking or use caused any difficulties or problems for you?

5. Describe enrollee’s recent substance abuse treatment history.
   - Do you have any history of chemical dependency treatment?
   - Where did you receive treatment and when?
   - What things did you like about treatment?
   - What things didn’t you like about treatment?

6. Describe stressors (excluding work-related stressors) that may be negatively influencing the enrollee’s mental health condition.
   - Can you describe any stressors in your daily life?
   - Are these stressors new or something that has been around for a long time?

   - Rate for me your current stress level from 1-10 (1 = low, 10 = high)

7. Describe positive things the enrollee is doing to manage his/her mental health condition.
   - What are some positive things you are doing to manage your mental health?

   - On a scale from 1-10 (1 = low, 10 = high), where do you feel your mental health status is right now?
8. Based on the items above, how would you rate the enrollee’s overall mental health functioning on the following scale:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = No Problem</td>
<td>Enrollee’s mental wellness is consistently average or better than average considering the enrollee’s age, gender, and other demographic characteristics.</td>
</tr>
<tr>
<td>2 = Slight Problem</td>
<td>Enrollee’s mental wellness falls short of what is typical considering the enrollee’s age, gender and other demographic characteristics. The presenting issue(s) may be intermittent or persist alongside at a low level. The need for treatment of this area is not urgent but may require therapeutic intervention in the future.</td>
</tr>
<tr>
<td>3 = Moderate Problem</td>
<td>Enrollee’s mental wellness is clearly marginal or inadequate considering the enrollee’s age, gender and other demographic characteristics. This means that the dysfunction or problem with this area may persist at a moderate level or become severe on occasion. Problems in this area may be related to problems in other domains and do require therapeutic intervention(s).</td>
</tr>
<tr>
<td>4 = Severe Problem</td>
<td>Enrollee’s mental wellness is marked by obvious and consistent failures, never meeting expectations typical for the enrollee’s age, gender and other demographic characteristics. The dysfunction or problem with this area may be chronic. It extends to other domains and generally interferes with the enrollee’s ability to function. Hospitalization or some other form of intensive intervention may be needed in addition to other therapeutic interventions.</td>
</tr>
<tr>
<td>5 = Extreme Problem</td>
<td>Enrollee’s mental wellness is totally unmanageable, unacceptable, and/or potentially life threatening. The need for intervention is immediate.</td>
</tr>
</tbody>
</table>
Section III: Physical Wellness

1. Generally, describe enrollee’s current physical health.
   ➢ Do you have concerns with respect to your physical health?

2. Generally, describe enrollee’s physical impairments.
   ➢ Do you have other conditions that affect your wellness? Describe these for me.

3. Describe how enrollee’s physical health impairments affect activities of daily living.
   ➢ How do these conditions affect you day-to-day?

4. Describe stressors (excluding work-related stressors) that may be negatively influencing the enrollee’s physical health (diet, exercise, etc.).
   ➢ Are there stressors or things that make your physical health worse, at times (i.e. work related stressors, nutrition, etc.)?

5. Describe positive things the enrollee is doing to manage his/her physical health condition.
   ➢ What are positive things you are doing to manage your physical health?

   ➢ On a scale from 1-10 (1 = low, 10 = high), where do you feel your current physical health status is?

6. Based on the items above, how would you rate the enrollee’s overall physical health functioning on the following scale:
1 = **No Problem**  Enrollee’s physical wellness is consistently average or better than average considering the enrollee’s age, gender, and other demographic characteristics.

2 = **Slight Problem**  Enrollee’s physical wellness falls short of what is typical considering the enrollee’s age, gender and other demographic characteristics. The presenting issue(s) may be intermittent or persist alongside at a low level. The need for treatment of this area is not urgent but may require therapeutic intervention in the future.

3 = **Moderate Problem**  Enrollee’s physical wellness is clearly marginal or inadequate considering the enrollee’s age, gender and other demographic characteristics. This means that the dysfunction or problem with this area may persist at a moderate level or become severe on occasion. Problems in this area may be related to problems in other domains and do require therapeutic intervention(s).

4 = **Severe Problem**  Enrollee’s physical wellness is marked by obvious and consistent failures, never meeting expectations typical for the enrollee’s age, gender and other demographic characteristics. The dysfunction or problem with this area may be chronic. It extends to other domains and generally interferes with the enrollee’s ability to function. Hospitalization or some other form of intensive intervention may be needed in addition to other therapeutic interventions.

5 = **Extreme Problem**  Enrollee’s physical wellness is totally unmanageable, unacceptable, and/or potentially life threatening. The need for intervention is immediate.

---

**Section IV: Employment Status**

1. Describe enrollee’s employment history (education/job training, categories of past work, number of past jobs, approximate length of time at each, reasons past jobs ended).
   - Tell me about your work history or past jobs you have performed.
   - What type of educational background do you have?
   - What is the longest job you have had and the shortest job you have had?
   - What skills do you feel you have due to your past employment?
   - With each of your past jobs, what were the reasons you had left?
2. Describe enrollee’s current job (type of job, length at job, things enrollee enjoys about his/her job, work-related challenges/frustrations within the enrollee’s control, number/frequency of absences due to physical/mental health).

➢ Tell me about your current job. What is your title? What do you do?

➢ What are the number of hours you are working?

➢ What is your current work environment like?

➢ What do you like about your job?

➢ What don’t you like about your job?

➢ How do you get along with your supervisor? Co-workers?

➢ What is your attendance at work like?

➢ Do you feel your medical (mental health or physical health) condition (s) affect you at all in performing your job?

➢ If there is one thing you could change about work, what would that be?

Is there anything else you would like me to know about you that will help in us working together?
3. Based on the items above, would you rate the enrollee’s overall employment status on the following scale:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = No Problem</td>
<td>Enrollee’s employment status is consistently average or better than average considering the enrollee’s age, gender, and other demographic characteristics.</td>
</tr>
<tr>
<td>2 = Slight Problem</td>
<td>Enrollee’s employment status falls short of what is typical considering the enrollee’s age, gender and other demographic characteristics. The presenting issue(s) may be intermittent or persist alongside at a low level. The need for intervention in this area is not urgent but may require monitoring.</td>
</tr>
<tr>
<td>3 = Moderate Problem</td>
<td>Enrollee’s employment status is clearly marginal or inadequate considering the enrollee’s age, gender and other demographic characteristics. Problems in this area may be related to problems with the enrollee’s mental or physical wellness. The enrollee requires employment-related supports to prevent further deterioration in employment status.</td>
</tr>
<tr>
<td>4 = Severe Problem</td>
<td>Enrollee’s employment status marked by obvious and consistent failures, never meeting expectations typical for the enrollee’s age, gender and other demographic characteristics. Enrollee may be in immediate danger of losing his/her job and requires intensive support to stabilize enrollee’s employment status.</td>
</tr>
<tr>
<td>5 = Extreme Problem</td>
<td>Enrollee’s employment status is at crisis level. Immediate intervention is required to stabilize enrollee.</td>
</tr>
</tbody>
</table>

IF AN ENROLLEE RECEIVES A SCORE OF 3 OR HIGHER IN TWO OR MORE SECTIONS, THE ENROLLEE SHOULD BE CONSIDERED “HIGH RISK” AND REFERRED TO A PARTICIPATING EASE FOR APPROPRIATE INTENSIVE SERVICES.
Section I: Wellness
1. These are the areas that I feel are going well with my health or overall wellness:
   - Physical Wellness
   - Mental Wellness
   - Nutrition
   - Exercise
   - Stress Management
   - Medication Management
   - Housing
   - Personal Finances
   - Legal Issues
   - Other

2. These are the areas I would like to focus on regarding my wellness:
   - Physical Wellness
   - Mental Wellness
   - Nutrition
   - Exercise
   - Stress Management
   - Medication Management
   - Housing
   - Personal Finances
   - Legal Issues
   - Other

3. These are my goals (short term and/or long term) related to maintaining my wellness, including my physical and mental health.
4. These are some of the steps I can take to achieve my goals and maintain my physical and mental wellness.
5. These are some of challenges or potential obstacles I face in maintaining my wellness.
6. This is how I will know that I am making progress towards my wellness goals:
7. I have reviewed this section of my Wellness Employment Success Plan with my Navigator and the following services will help me maintain my wellness:

RESOURCES
- Service provider:
  - To provide/for:
  - Provider’s contact information

- Service provider:
  - To provide/for:
  - Provider’s contact information

OTHER ACTIVITIES
- Other things I will do
Section II: Employment

1. These are the things I like about my current employment situation.
2. These are the following skills and talents I have, as related to my current and/or previous jobs.
3. These are concerns I have or areas I would like to improve about my current employment situation.
4. These are my goals (short term and/or long term) for maintaining my employment.
5. These are some of the steps I can take to achieve my goals and maintain my employment.
6. These are some of the challenges or potential obstacles I face in achieving my employment goals.
7. This is how I will know I am making progress towards my employment goals.
8. I have reviewed this section of my Wellness Employment Success Plan with my Navigator and the following services will help me achieve my employment goals:

RESOURCES
- Service provider:
  - To provide/for:
    - Provider’s contact information
- Service provider:
  - To provide/for:
    - Provider’s contact information

OTHER ACTIVITIES
- Other things I will do

My Responsibilities:
- I will ask my Navigator if I have questions about anything in my Plan.
- I will let my Navigator know if I want to change anything in my Plan.
- I will let my Navigator know about any major changes in my wellness or employment status.

Navigator Responsibilities:
- My Navigator will assist me in accessing the services identified in this Plan.
- My Navigator will check in with me on at least a monthly basis to monitor progress towards my employment and wellness goals.
- My Navigator will answer any questions I have about the health care and employment services available to me.

_______________________     _____________
Enrollee’s Signature       Date

_______________________     _____________
Navigator’s Signature                                                    Date
Appendix B6: Wellness and Employment Navigator Job Description

<table>
<thead>
<tr>
<th>Job Title: Case Manager/Service Navigator</th>
<th>Program: MRC Minneapolis</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTE: 100% IIC</td>
<td>Reports to: MRC Manager</td>
</tr>
</tbody>
</table>

Summary

This position is responsible for initial needs assessments, wellness plans and ongoing case management/navigation services for participants enrolled in Stay Well Stay Working, a Demonstration project from the Department of Human Services and under the management of Medica.

Primary Responsibilities

1. PROVIDES ONGOING CASE MANAGEMENT/NAVIGATION SERVICES TO PARTICIPANTS ENROLLED THROUGH A SEAMLESS INTERFACE WITH THE WORKPLACE, HEALTH CARE SYSTEM, COMMUNITY MENTAL HEALTH, EMPLOYMENT AND SOCIAL SERVICE PROVIDERS.
   A. Administers a comprehensive initial assessment related to the mental and physical health and employment of the participant. Utilizes the results from the assessment to ensure ongoing success on the job and management of their overall health by involving the participant, their supports and their employer, as needed.
   B. Develops and maintains an individualized and person-centered wellness employment service plan for each enrollee that includes strategies for maintaining wellness and employment.
   C. Assists participants with accessing community supports and services that meet their goals and help them understand the project they are enrolled in.
   D. Assists participants with getting the supports in place to understanding their job duties, the expectations established by the employer, and their accommodation needs to ensure successful employment.
   E. Handle “crisis” or “emergency” situations as they may occur, using the project resources and beyond.
   F. Offers ongoing navigation and case coordination services, “wellness “coaching and planning services to all participants.
   G. Assists participants in accessing Medica and its related services, using the Medica Health Planner as a guide; the various partner contacts, the certificate of coverage; and pure advocacy, to eliminate or decrease barriers within the health plan system.
   H. Access and make referrals to Consumer Survivor Network (the peer support for this project) for WRAP services, as needed.

2. Review and update wellness employment service plans for participants enrolled in the project.
   A. Review wellness employment service plans annually with the participants and ensure that they are accurate and up-to-date, and reflect the current wellness and employment goals,
   B. Document all progress on goals and refer participants to proper resources within the health plan and within the community to ensure that needs are getting met.
3. Coordinates project activities with Medica and other project staff to ensure appropriate services are being referred to.
   A. Works directly with Medica and other project staff to eliminate or decrease barriers within the health plan system that may adversely affect the continued wellness and employment of participants.
   B. Communicate with Medica and other project staff to understand processes and ensures that referrals for services are appropriate and fit the needs of the participants.
   C. Provide input to help with developing policies that are necessary for the success of the project.
   D. Attend meetings and phone conferences as needed.

4. Maintains a computerized record of each project participant.
   A. Maintains ongoing case notes and records in the Access (Encounter) database system and ODM system on each participant enrolled. Code encounters as appropriate and ensure that proper narratives are written in the assessments and plans to provide a baseline to participants health and employment.
   B. Collects all necessary documentation on each participant and ensures this data is incorporated into their case file.
   C. Uses a log sheet to document activities on each participant.

5. Miscellaneous duties as assigned and necessary to achieve project goals.
   A. Attends and participates in all staff center and project meetings as assigned.
   B. Understands the billing process related to the project.

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**Job Specifications**

1. Bachelors degree in a related field, and 2 years of mental health disability work experience.
2. Knowledge of the Minnesota rehabilitation and service community.
3. Experience working with diverse populations and health care industry.
4. Knowledge of disability accommodations and case management experience preferred.
5. Knowledge of Employee Assistance Programs and social services.

_________________________  ________________
Employee                  Date

_________________________  ________________
Supervisor                Date
Appendix B7: SPP Vital Brochure

Dental Services
Delta Dental® Plan of Minnesota (Delta Dental) manages the dental benefits for our members. Their Customer Service staff can help you with:

- explaining what types of services are covered
- claims issues
- finding a dental provider

Finding a dental provider that is open to new patients is sometimes a difficult task. If you have called several dental clinics and are unable to make an appointment, call a Customer Service Representative at Delta Dental. They will give you names of dental clinics that are open to new patients, or they will call dental clinics for you. When they find a dental provider for you, they will call you back with the dentist's name and telephone number so that you can call for an appointment.

Representatives are available to help you from 8 a.m. to 5 p.m., Monday through Friday.

651-406-9919 or 1-800-459-8574

TTY Line (for hearing impaired members) 651-406-5915 or 1-800-916-9514

Mental Health & Substance Abuse Services
At times, life can be demanding and stressful. Medica Behavioral Health helps you get the care you need.

Medica Behavioral Health manages and arranges mental health and substance abuse services for our members. If you or family members need this help, you can do the following:

1. Call the SPP Member Services number: 1-800-948-6527
2. Use the TTY Line (for hearing-impaired members): 1-800-943-7162

Medica Behavioral Health staff will listen to your needs and:

- assist in selecting a provider who specializes in the services needed
- locate a provider based on your preference (e.g., gender, culturally appropriate or language spoken)
- assist with locating additional services you may need
- monitor the quality of care you receive

Crisis Situations
If you have a crisis, call Medica Behavioral Health right away to let them know. A Case Manager will help you get the care that is needed. If you go to an Emergency Room, ask the hospital staff to call Medica Behavioral Health for you.

For life-threatening emergencies, call 911.

---

Medica Choice Care™ & Medica MinnesotaCare

Because you are a Medica member, we want you to know about the variety of services we offer to you. Please take a look inside.

If you have questions, call Medica. We look forward to hearing from you!

© 2006 Medica, MedicaCare is a registered service mark of Medica Health Plans. “Medica” refers to the family of health plan businesses that includes Medica Health Plans, Medica Health Plans of Wisconsin, Medica Insurance Company, Medica Self-Insured, and Medica Health Management, LLC.
Customer Service

Medica’s Customer Service staff answers your questions about:
✓ health care benefits
✓ claims issues
✓ enrollment status
✓ information in the Certificate of Coverage
✓ grievance, appeal and Fair hearing processes

Representatives are available to help you from 8 a.m. to 5 p.m., Monday through Thursday; 8 a.m. to 4 p.m. on Fridays.

952-992-2322 or 1-800-373-8335

Social Service Coordinators

Medica’s Social Service Coordinators help you locate community services and resources you may need, such as:
✓ housing information
✓ financial assistance
✓ parenting and child care information
✓ family violence resources
✓ food, clothing, baby and household items

Coordinators are available to help you from 9 a.m. to 4:30 p.m., Monday through Thursday; 9 a.m. to 4:30 p.m. on Fridays.

952-992-3535 or 1-800-373-8335

Provide-A-Ride

Medica pays for and arranges transportation for Medica Choice Care members. This transportation is for health care related, mental health and substance abuse visits.

Call 2 to 3 days before your appointment to arrange transportation. Please have your doctor’s name and address available when you call.

Representatives are available to help you from 7:30 a.m. to 4 p.m., Monday through Thursday; 9 a.m. to 4 p.m. on Fridays.

952-992-2292 or 1-800-601-1805

Interpreter Services

Medica pays for and arranges foreign language and sign language interpreter services for Medica Choice Care and Medica MinnesotaCare members. These interpreter services are for health care related, mental health and substance abuse visits.

Call one of the Language Line numbers listed above 2 to 3 days before your appointment to arrange the interpreter services. Please have your doctor’s name and address available when you call.

Hearing Impaired Members

To speak to a Customer Service Representative, call the number listed below for your area:

TTV (for hearing impaired members)

952-992-2297 or 1-800-234-8889

Emergency Rooms

Emergency Rooms are for conditions that need treatment right away. An emergency is when you believe you need immediate care, and without prompt care, it could cause serious physical or mental harm, or cause severe pain; serious damage to body functions; or cause you to die.

Primary care clinics are the best place to go for routine care, minor illness (such as headaches and the flu), and minor injuries. You should not use the Emergency Room for these types of services. If your regular clinic is closed, you should still call them. Clinics have on-call staff to help you get the needed care.

Medica CallLink Nurse Line

Do you ever wonder what level of care you need? Registered Nurses are available 24 hours a day, seven days a week to help you:
✓ choose appropriate care
✓ locate providers that are close to you
✓ find the right specialty provider
✓ find a clinic that is open during the evening hours and on weekends
✓ with general health questions

Medica CallLink nurse line also has an Audio Health Library. It is a valuable health information resource with almost 1,300 health and wellness related topics.

1-866-715-0915

Hearing impaired members using a TTY should call the National Relay Center at 1-800-855-2880 and request they call 1-866-715-0915.
What does it mean to participate in a demonstration project?

There will be two different groups in the demonstration project. People who are eligible for Stay Well, Stay Working will be randomly placed into either a (stipend only) control group or a (full service) intervention group. People in the (stipend only) control group will get payment for participating in regular surveys. People in the (full service) intervention group will get the benefits described in this brochure, as well as payment for participating in regular surveys.

You can be enrolled for a maximum of three years. When you leave the program your wellness navigator and DHS eligibility specialists will assist you in obtaining other health care you may be eligible for.

You will play a role in shaping future policies. Researchers will ask individuals to share their experiences about the services they get. All responses will be summarized and reported to policy makers. When individuals complete surveys for the researchers, they will be paid for their time.

Your responses are confidential. Researchers will report summary information without using anyone’s name.

How can I get more information?

For more information or assistance with applying, call:

651-431-4300 or 1-866-267-7655

TTY users may call Minnesota Relay at: 711 or 1-800-627-3529

For Speech-to-Speech Relay call: 1-877-627-3848

This information is available in other forms to people with disabilities by contacting us at 651-431-4300 (voice) or toll free at 1-866-267-7655

This brochure was prepared with support from a Demonstration to Maintain Independence and Employment grant from the Centers for Medicare and Medicaid Services to the Minnesota Department of Human Services. The funds for this grant were authorized through the Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law 106-170).
Do mental health issues make it hard for you to stay well and keep working?

**Stay Well, Stay Working**, a demonstration project of the Department of Human Services (DHS), may be a helpful option for you to consider.

It is intended to make workers as healthy as they can be by offering coordinated health care, employment assistance and peer support services in a comprehensive coordinated way.

**Who can apply?**

Workers must:
- Be employed at least 40 hours a month
- Be earning at least minimum wage
- Pay a monthly premium
- Be 18 to 60 years old
- Be living in Anoka, Carlton, Dakota, Hennepin, Lake, Pine, Ramsey or St. Louis county
- Be living with a mental health condition

**Who is not able to enroll?**

Individuals are not able to enroll if they currently:
- Receive SSI or Social Security disability benefits
- Are certified disabled by the State Medical Review Team (SMRT)
- Have Medical Assistance
- Have over $20,000 in countable assets

What benefits are offered to workers for a $10.00 monthly premium?

**Health care services include:**
- Physician and health clinic visits
- Mental health services
- Prescription drugs
- Inpatient hospital services
- Dental and eye care services

**Wellness and Employment Navigation:**

Each worker will have a navigator who will help them to:
- Develop a work and wellness plan
- Access services and supports
- Resolve work and health issues

**Employment Support may include:**
- 24/7 Employee Assistance Program
- Work-related support visits
- Career counseling
- Family education
- Referrals to other needed services

**Other Support includes:**
- Training on wellness planning
- One-on-one wellness counseling

Can I keep the health care providers I have?

There is a good chance your provider is in the provider network. Medica is the health plan for Stay Well, Stay Working participating workers and has a very large network. In some cases, even if your provider is not in the health plan network, you will be able to continue seeing that provider.

What if I’m already on a Minnesota Health Care Program?

MinnesotaCare or General Assistance Medical Care (GAMC) participating workers who meet the eligibility criteria for the demonstration can transfer to the Stay Well, Stay Working option.

If you are eligible, staff will help you change your current (MHCP) coverage to Stay Well, Stay Working.

If I have other insurance, can I still enroll?

In most cases, you can keep your current insurance and also enroll in Stay Well, Stay Working. DHS eligibility staff will help you find this out if you are interested in applying.
Appendix B9: Project Authorization for Release of Confidential Information to Wellness Navigator

Regarding Records of:

Name: ______________________________________________________________
Address: ____________________________________________________________
City, State, Zip: ______________________________________________________
Date of Birth: ___________________________ SS #:_________________

Authorized Agent:

Name: ______________________________________________________________
Title: _______________________________________________________________
Address: ____________________________________________________________
City, State, Zip: ______________________________________________________

Wellness Navigator
SWSW Project
Minnesota Resource Center
1900 Chicago Avenue South
Minneapolis, MN 55404-1995

I also authorize the following:

- My Stay Well, Stay Working Wellness Navigator to exchange verbal information with the above named agent, for the purpose of assisting me with my mental and physical health, and employment related needs.
- The above-named agent to disclose to my Stay Well, Stay Working Wellness Navigator medical records pertaining to myself, for the purpose of assisting me in my efforts to maintain my health and my employment.

This consent for disclosure of confidential information may be revoked by me at any time. If, at any time, I revoke my consent, I understand that information released with my consent may continue to be used to complete programmatic activities/actions already initiated. Furthermore, this consent will be valid for twenty-four (24) months from the below date, or until by participation in this agency’s programs/services are terminated. Information released pursuant to this authorization may not be duplicated or re-released without any express authorization.

________________________________________________ _______________
Signature of Stay Well Stay Working Participant Date

_________________________________________________ _______________
Witness/Guardian Date

_________________________________________________ _______________
Wellness Navigator Date
STAY WELL, STAY WORKING PROJECT

RELEASE OF INFORMATION

SECOND PARTY: OVERALL

I, ______________________________________________, give my permission to my Stay Well Stay Working Wellness Navigator to request and exchange necessary information from:

(List all potential individuals/companies and resources you may want information exchanged with.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________

This information may be released to SWSW Wellness Navigator for the purpose of providing further services for me.

_________________________________________  __________
Stay Well Stay Working Participant         Date

__________________________________________ __________
Witness/Guardian           Date

_________________________________________  __________
Wellness Navigator           Date

♦ This release is valid for 2 years from the date of signature, but can be revoked at any time.
## Client Information

- Last Name:
- First Name:
- Date of Birth:
- PMI:
- Date of 12-Month Update:
- Date of Original WESP:

### Original Wellness Goals (from initial WESP and monthly updates)

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<thead>
<tr>
<th>Goal #1:</th>
<th>Achievement of goal:</th>
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<tbody>
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Description of progress/comments/changes:

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**Goal #9:**

Achievement of goal:

- Met – continue as goal
- Met – no longer a goal
- In progress – not yet met
- Unmet: continue as goal
- Unmet: no longer a goal (dropped)

Description of progress/comments/changes:

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**Goal #10:**

Achievement of goal:

- Met – continue as goal
- Met – no longer a goal
- In progress – not yet met
- Unmet: continue as goal
- Unmet: no longer a goal (dropped)

Description of progress/comments/changes:
### Original Wellness Resources or Referrals (from initial WESP and monthly updates)

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<th>Resource/Referral #1: Service:</th>
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<tbody>
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</tbody>
</table>

**Achievement of referral:**

- Followed through on referral:  | Satisfied | Dissatisfied |
- Services still needed           | Services no longer needed

**Explanation**

- Referral scheduled
- No progress but still an appropriate referral
- No progress – no interest or no longer appropriate

**Description of progress/comments/changes:**

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**Achievement of referral:**

- Followed through on referral:  | Satisfied | Dissatisfied |
- Services still needed           | Services no longer needed

**Explanation**

- Referral scheduled
- No progress but still an appropriate referral
- No progress – no interest or no longer appropriate

**Description of progress/comments/changes:**

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**Achievement of referral:**

- Followed through on referral:  | Satisfied | Dissatisfied |
- Services still needed           | Services no longer needed

**Explanation**

- Referral scheduled
- No progress but still an appropriate referral
- No progress – no interest or no longer appropriate

**Description of progress/comments/changes:**
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Goal #9:
Achievement of goal:
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   Met – no longer a goal
   In progress – not yet met
   Unmet: continue as goal
   Unmet: no longer a goal (dropped)
Description of progress/comments/changes:

Goal #10:
Achievement of goal:
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   Met – no longer a goal
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Description of progress/comments/changes:

**Original Employment Resources or Referrals** (from initial WESP and monthly updates)

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Achievement of referral:
   Followed through on referral: Satisfied Dissatisfied
   Services still needed Services no longer needed

Explanation

   Referral scheduled
   No progress but still an appropriate referral
   No progress – no interest or no longer appropriate

Description of progress/comments/changes:
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<td>Services still needed</td>
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<tr>
<td>Explanation</td>
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<td>No progress but still an appropriate referral</td>
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<td>No progress – no interest or no longer appropriate</td>
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<tr>
<td>Description of progress/comments/changes:</td>
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<th>Resource/Referral #4: Service:</th>
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<tr>
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<tr>
<td>Followed through on referral:</td>
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<td>Followed through on referral:</td>
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<td>Services no longer needed</td>
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<td><strong>Explanation</strong></td>
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<td><strong>Description of progress/comments/changes:</strong></td>
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| Resource/Referral #6: Provider: |  |
| Resource/Referral #6: Service: |  |
| **Achievement of referral:** |  |
| Followed through on referral: | Satisfied | Dissatisfied |
| Services still needed | Services no longer needed |
| **Explanation** |  |
| Referral scheduled |  |
| No progress but still an appropriate referral |  |
| No progress – no interest or no longer appropriate |  |
| **Description of progress/comments/changes:** |  |

**New Wellness Goals?**  
Yes  
No  
If yes, please describe.  

| New Goal #1: |  |
| **Steps to Achieve New Goal #1:** |  |

| New Goal #2: |  |
| **Steps to Achieve New Goal #2:** |  |

| New Goal #3: |  |
| **Steps to Achieve New Goal #3:** |  |

| New Goal #4: |  |
| **Steps to Achieve New Goal #4:** |  |
New Goal #5:
Steps to Achieve New Goal #5:

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<th>If yes, please describe.</th>
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<th>If yes, please describe.</th>
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<td>If yes, please describe.</td>
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Enrollee Signature ________________________________ Date _______________

Navigator’s Signature ________________________________ Date _______________
Appendix B11: Internal SWSW Program Referral Form EASE Exit

PARTICIPANT: ________________________________ DATE: ____________

PARTICIPANT WAS RECOMMENDED TO PARTICIPATE IN - Choose one

_____ EASE 01 INTENSIVE ASSESSMENT OF NEEDS ($75 per hour)
_____ EASE 02 CAREER COUNSELING ($48.00 per hour)
_____ EASE 03 WORKER SUPPORTS/COACHING ($50 per hour)
_____ EASE 04 EMPLOYER AND CO-WORKER EDUCATION ($48.00 per hour)
_____ EASE 05 FAMILY EDUCATION ($50.00 per hour)
_____ EASE 06 REFERRALS (FOR NO COST)
_____ EASE 07 PLACEMENT ($60 per hour)
_____ WRAP

PARTICIPANT COMPLETED EASE SERVICES
EASE SERVICE END DATE: ____________________
OUTCOME/REASON: ________________________________
ADDITIONAL COMMENTS:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

NAVIGATOR/MRC STAFF REQUESTING THE REFERRAL DATE __________

Staff person that is requesting the Internal Referral EASE EXIT is to:

• Fill in this form.
• Call the Navigator and let them know that the participant is exiting the EASE services and the reason.
• Give the EASE EXIT form to MRC Manager to enter into the database and make a copy for your working file. MRC Manager will put in your original EASE Exit form in for main case filing once the data is entered into the database.
Appendix B12: Emergency Premium Payment Application

Name: ____________________________ Date of Request: __________________

PMI #: __________________________ Address: __________________________

Phone: ____________________________

SWSW Premium Invoice # ____________________________

Amount requested to be paid: $ ____________________________

Month(s) being requested to be covered: ____________________________

Month & Year Participant Entered the SWSW Program ____________________________

Assigned WEN: __________________________ WEN Phone: __________________________

Reason for emergency payment request: ____________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Supporting Documentation attached: □ Yes □ No Explanation: __________

Enrollee Signature: __________________________ Date: __________

Outcome Status

□ Approved □ Denied Explanation: __________________________________________________________________________

________________________________________________________________________

Reviewed By: __________________________ Application Review Date: __________

*If Approved this application is good for one month*

Fax this form to: Medica: 952-xxx-xxxx
March 29, 2010

Name: <FirstName> <LastName>
Recipient ID Number: <PMI>

Dear <FirstName> <LastName>,

My name is ________; I am your Wellness Employment Navigator with the Stay Well, Stay Working Program. I have been trying to reach you by phone to set up a meeting, to go over and discuss the full benefits of the Stay Well, Stay Working Program. You can reach me at 612-752- _____ or email me at ___________, to arrange a meeting. If there is a good time to connect with you, please leave such details in your message.

Please contact me within 10 business days, or you will be contacted by the Department of Human Services to determine your interest in the program.

I look forward to hearing from you!

Sincerely,

Wellness Employment Navigator
Date

Name: <FirstName> <LastName>
Recipient ID Number: <PMI>

Dear <FirstName> <LastName>,

I have been trying to connect with you and set up a meeting, to see how work/everything is going. You can reach me at 612-752- _____ or email me at __________, to arrange a meeting. If there is a good time to connect with you, please leave such details in your message.

I look forward to hearing from you!

Sincerely,

Wellness Employment Navigator
### Participant Information

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<thead>
<tr>
<th>First Name</th>
<th></th>
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<tbody>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
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<td>Phone Number</td>
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### Staff Member gathering information

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<td>Phone Number</td>
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<tr>
<th>Date barrier identified:</th>
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<th>Description of Member Experience/ Barriers identified:</th>
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<th>Actions taken to address Barriers:</th>
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<tr>
<th>Resolution for each identified barrier:</th>
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<tr>
<th>Date participant should be contacted by with an update or resolution:</th>
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Appendix B16: Monthly Activity Report

Month Year

Staff: ______________________________________________

STAY WELL STAY WORKING

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<td>10.</td>
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Total Active SWSW Case:
Number of participants who left/voluntarily quit the SWSW Project:
Number of participants referred to EASE Services:
Number of participants referred to CSN WRAP Services:
Number of participants who stayed in their job:
Total number of SWSW participants served this year:

Total number of initial assessments:
Total number of WESPs:
Total number of monthly contacts:

Other Work Related Activities this month:
(Include meetings, marketing, training, etc. and put in date)