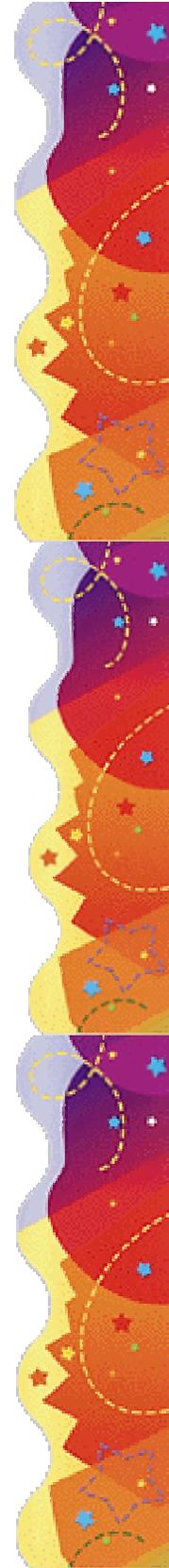


# **Working Together To Reach Employment Goals For Persons with Developmental Disabilities**

## **Guide #2 Supported Employment Guidelines & Toolkit for Support Service Brokerage and OVRS Staff**

Created by  
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Support Service Brokerage Staff  
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Services  
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## Introduction

### **A Mandate for Partnership**

Beginning in 2002, new support services and funds became available through the Staley Settlement to help individuals with developmental disabilities maintain independence at home and in their communities. The Staley Settlement represented a renewed opportunity to strengthen the partnership that brings together time-limited services provided through the Office of Vocational Rehabilitation Services (OVRs) and long-term support available through Seniors and People with Disabilities (SPD) and DD local resources to help individuals with developmental disabilities get and keep a job through supported employment. Although there had been success in interagency or joint efforts between local Support Service Brokerage Personal Agents and VR Counselors, the service system lacked a clear model of how to service providers would best work together.

An Interagency Workgroup was established in late 2003. Members of the workgroup included Brokerage Directors, Personal Agents, VR Counselors, VR Branch Managers, family members of people with developmental disabilities, advocates for people with developmental disabilities as well as representatives from both DHS' Staley Implementation Team and OVRs' Administration Unit. Their mandate was to:

- Identify the process that would support effective services and real employment outcomes for customers;
- Develop and or identify tools that would increase staff and customer understanding and participation in the process.

This diverse membership brought varying levels of understanding of the service systems involved and varying experiences related to the success of collaboration between systems. Through honest communication and personal commitment, the workgroup members discovered that they were united in their belief that employment has great value, builds self-esteem, encourages self-empowerment and enriches the life of the worker as well as the lives of those closest to him or her.

## **The Products of the Workgroup**

The VR/DD Workgroup is proud to share with you the following materials designed to increase understanding and success for all involved in a partnership to achieve competitive employment.

### **Guide #1 The Basics**

Identifies the common values, process, general guidelines and outcomes that are the foundation of the VR/DD partnership to achieve supported employment for common customers.

### **Guide #2 The Toolkit**

Identifies interagency guidelines and best practice tools for each major stage in the service delivery process.

### **Guide #3 Customers' Guide**

Information provided in a user friendly manner to help persons with developmental disabilities and their families understand and make informed choices in the process of getting and keeping a job and career.

## **A Note on Terminology**

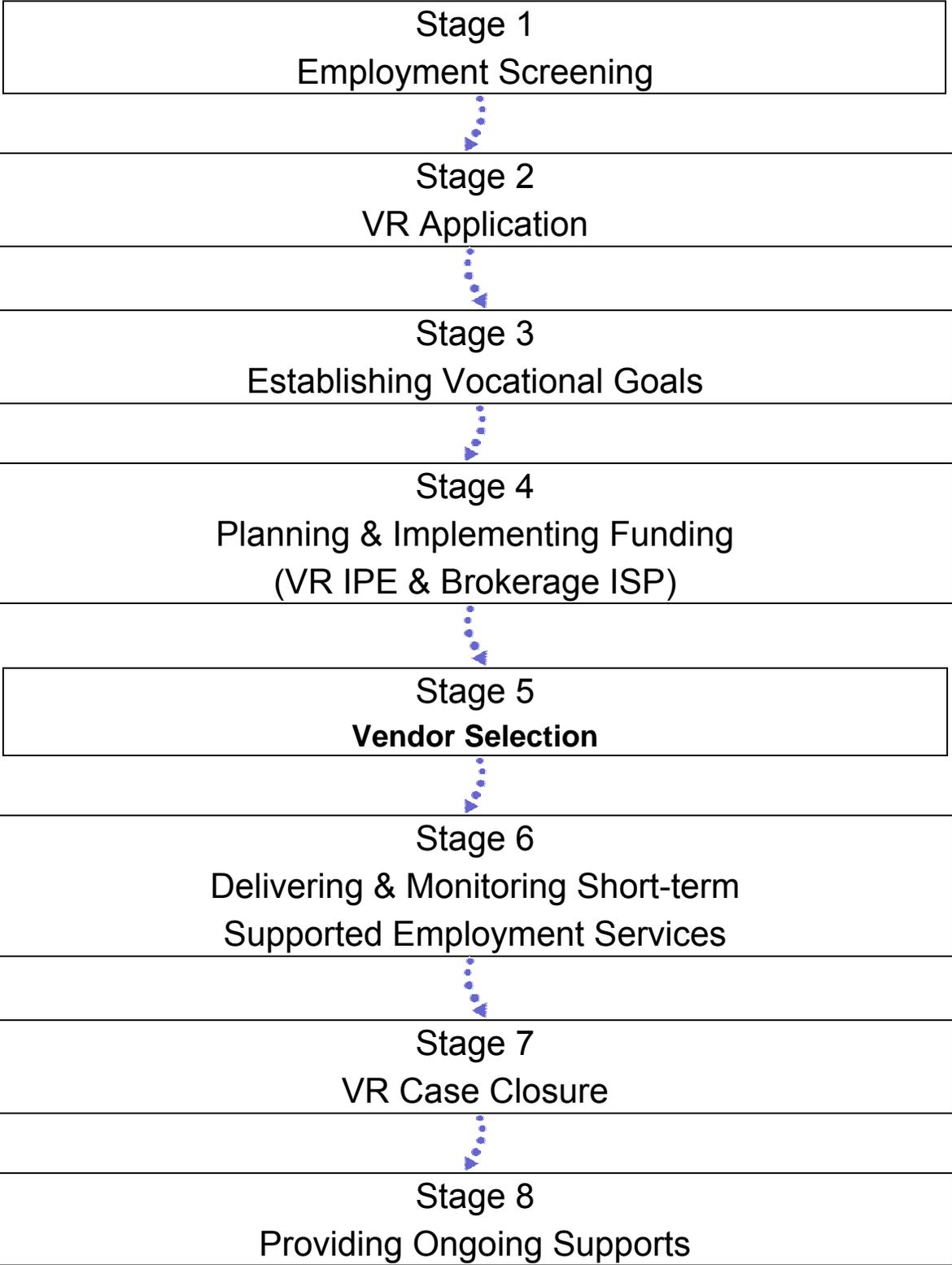
Throughout these guides, individuals with developmental disabilities will be referred to as “customers.” The authors acknowledge that service providers outside the brokerage system use other terms, including client, consumer and participant. Since the term “customer” better reflects an individual’s right to choose to participate and to engage as a full partner in the process, that term has been selected for use.

The term “DD Personnel” is used in situations where the policy relates to Brokerage Personal Agents assisting customers with distinct person centered support service plans and budgets and/or County DD Services Coordinators assisting customers with an ISP that may include a slot payment to a designated provider for employment or other services.

## **How to Use this Manual**

This manual includes both guidelines and tools for use by OVRs Counselors, Brokerage staff and DD Case Managers as they work together to provide supported employment services to their shared customers. The guidelines are separated into sections, which match those found in the Joint Services Flowchart. Examples of the tools referenced in the guidelines may be found immediately following each section; electronic and printed copies will be made available through OVRs Administration and SPD Staley Implementation Team. Tools should not be revised, altered or otherwise changed without authorization from SPD Staley Implementation Team and OVRs Administration.

# Supported Employment Services Flowchart



## Stage 1: Employment Screening

Personal Agent uses Person Centered Plan, VR Eligibility Checklist and other information to identify potential joint service customers.

### **Guidelines:**

1. Brokerages use a General Person Centered Plan to look at full life needs and desires of customers. This tool initially identifies a person's interest in competitive supported employment.
2. DD Brokerages and County DD programs will refer to VR persons with developmental disabilities who:
  - a. Have a disability (based on diagnosis or on SSI/SSDI)
  - b. Desire a job in an integrated setting earning a competitive wage
    - I. An integrated setting is one where workers with disabilities and workers without disabilities are employed and interact together.
    - II. Job Coaches and others providing employment supports are not included in the definition of "workers without disabilities" for this definition.
    - III. Enclaves cannot be defined as integrated settings.
  - c. Are in need of time limited resources to get & learn a job
  - d. Can demonstrate, with assistance if needed, that there is a reasonable expectation that identified natural (unpaid) and paid resources are adequate to help the individual keep a job.
3. Under the Rehabilitation Act of 1973 (as amended), persons on SSI or SSDI are presumed eligible for vocational rehabilitation services and capable of engaging in gainful employment. OVRs or the Commission for the Blind must therefore provide them the opportunity to explore gainful employment in integrated settings.
4. If agreed to at the local VR Office level, Brokerage staff will provide an initial orientation to potential customers to increase understanding, collaboration and effectiveness in the referral and application process.

5. DD personnel will work with the customer and family to gather all available information to assist in confirming eligibility and plan development. This will be reviewed at the VR application meeting.

**Tools:**

- 1A Essential Supported Employment Worker Characteristics
- 1B OVRs Eligibility Determination Checklist

**Tool 1A**  
**OVRs Essential Supported Employment**  
**Worker Characteristics**

**Essential To Open VR Case**

- I want to work
- I have a positive attitude about working in some field
- I have a Social Security card and an ID card
- I am in good health
- My place of residence is stable and I can focus energy on working
- I can ask for help when needed
- I have shown an ability to be dependable, to work with others, and accept direction in some environment
- My Team feels that there is a reasonable expectation that the level of long term support to help me keep my job can be developed through one or more sources

**Essential to Write VR Plan**

- I have specific job goals
- I have been dependable and on time in terms of work with VR counselor and other activities I enjoy

**Essential at VR Case Closure**

- I understand job expectations
- The accuracy and quality of my work is good
- I have good attendance
- I can accept a supervisor telling me what to do
- The long term supports to help me keep my job have been identified and are in place

**Desirable But Not Required**

- I have good hygiene
- I have proper clothes for interviewing
- I have good references
- I have a good resume
- I have good interviewing skills

**Tool 1B**  
**Office of Vocational Rehabilitation Services**  
**Eligibility Determination Checklist**

**What Kind Of Information Can Be Used To Determine Eligibility?**

- Medical/ Psychological Reports From County Records
- School Reports and IEPs
- Adult Vocational Agency Reports or Case Notes
- Reports From Family and Professionals who know the customer
- Customer Self Reporting

**List and Document Specific Impairments and Diagnoses (list all)**

**List all Specific Needs and Accommodations Required to Get and Keep Employment** (hours worked per week, work schedule, work site, job carving, job coaching, ongoing employment support needs, transportation etc. If unknown, indicate so.)

**Review and Identify Functional Loss or Needs for Support in Seven Areas** (Check and document all that apply. The Team will then work to identify strategies to provide supports or otherwise address the issue.)

**1. Communication Barriers**

- Does not readily understand others
- Not readily understood by others
- Requires aides for conversation
- Uses single words or short phrases
- Speech is rambling or illogical
- Talks and interrupts excessively
- Unable to converse via telephone

**2. Interpersonal Barriers**

- Conflict with coworkers
- Isolation or withdrawal from coworkers
- Inappropriate response to others
- Negative work history
- Unacceptable interactions at work

**3. Mobility Barriers**

- Unable to use public transportation
- Needs ongoing assistance in community

**4. Self-Care Barriers**

- Needs monitoring to prevent injury
- Poor decision making
- Requires assistance personal needs
- Requires assistance handling money

**5. Self-Direction Barriers**

- Requires constant supervision
- Requires frequent supervision
- Short attention span on desirable activity
- Unaware of consequences of behavior

**6. Work Skill Barriers**

- Reading, spelling and/or math skills below 5<sup>th</sup> grade
- Difficulty learning new skills
- Limited task sequence recall
- Requires accommodation or rehabilitation technology
- Significantly reduced speed

**7. Work Tolerance Barriers**

- Cannot lift more than 20 lbs
- Misses 3 or more days a month
- Must pause to climb stairs

## Stage 2: VR Application Meeting

The initial meeting between customer, family, PA and counselor (the Team) to review supported employment process, timelines and resources. This meeting is expected to end with a VR file being opened.

### **Guidelines:**

1. As soon as possible following initial contact, OVRS will schedule an application meeting for each DD consumer, advocate or family members, and Personal Agent to discuss essential planning components. If the individual desires to pursue employment at the end of the meeting, VR will open a file.
2. From the initial meeting and throughout the process, the team is responsible to review basic plan components including interests, skills, barriers, short term and long term needs and strategies in supported employment, benefits counseling, benchmarks for progress toward employment and job stabilization.
3. As part of the review of available resources, it is the responsibility of the VR counselor and PA to:
  - a. Complete the Social Security Work Incentives Screening Tool. Information gathered can used by the team (with the assistance of a Benefits Planner) to identify both the impact paid employment may have on existing benefits and the availability of Social Security Work Incentive resources to help achieve the employment goal.
  - b. Determine if further assistance is needed from a Regional Benefits Specialist and engage them to join in the team
  - c. Discuss how all team members will be engaged in the writing of a Plan to Achieve Self Support (PASS) if appropriate in order to ensure consistent and effective service and use of all resources.

### **Tools:**

- 2A Social Security Work Incentives Screening Tool
- 2B Considering a PASS Plan as an Employment Resource
- 2C Oregon and National Benefits Planning Resources

**Tool 2A**  
**Social Security Work Incentive Assessment**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Blind: \_\_\_\_Yes \_\_\_\_No

**1. Identification of Employment Goal and Service Needs**  
**Are you interested in starting a community job or expanding current job?**

What is your work goal?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you need to reach this goal? (job development, training, support, transportation etc)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Employment Team**

Are you an OVRs/OCB client? \_\_\_\_Yes \_\_\_\_No  
VR Counselor's Name: \_\_\_\_\_

Are you a Brokerage Customer? \_\_\_\_Yes \_\_\_\_No  
Personal Agent's Name: \_\_\_\_\_

DD Case Manager (if any) \_\_\_\_\_  
Provider/\$\_\_\_\_\_

### 3. Review of Resources Available and Needs

#### Are you currently . . .

Receiving SSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount _____
Receiving SSDI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount _____
Other Unearned Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount _____
Working	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wages _____
Married	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse wage/benefits _____
Raising Children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child Benefit _____

#### Do you have . . .

A Rep Payee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payee's Name: _____
Over or under payment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How much? _____
(Non trust) Resources greater than \$2000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What? _____
Resources greater than \$12,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What? _____

#### If you are currently working . . .

What is your job?

---

When did you start working?

---

What are your current hours and wages?

---

Have you done other jobs in the past 2 years?

---

Are you paying for impairment related expenses?

---

#### Current monthly expenses . . .

What are your approximate living expenses \$ \_\_\_\_\_

What other monthly expenses do you have? \$ \_\_\_\_\_

**Tool 2B**  
**Considering a Plan To Achieve Self Support**  
**As a Resource For Employment Planning**

**Step 1:** Employment Team (OVRs Counselor & Personal Agent) will complete Social Security Work Incentive Assessment Form  
*This is a form designed to gather essential information relevant to use with any of 13 work incentive programs.*

**Step 2:** Answer “ Yes” to the following questions based upon the information available to consider PASS; if PASS is not an option, pursue other work incentives as available.

1. Person can identify a community employment goal to earn more than \$830/mo (\$1350 if blind) in next 2 years?
2. Person is in need of some service and support to achieve employment goal?
3. Person has funds other than SSI to use towards employment goal (wages, SSDI, other)?
4. Person on SSDI who becomes SSI eligible understands and can live on monthly funds available?
5. Person has less than \$2000 in unprotected resources to maintain SSI eligibility?

**Step 3:** Identify a ballpark figure for funds available through PASS plan:

**1. Unearned SSDI Formula**

SSDI check - \$20 = amount in PASS Plan monthly  
\$604/mo - \$20 = \$584/mo PASS plan and \$7008 year to achieve employment goal (for 6 month-3 year period, based on plan)

Person begins receiving

- SSI check for living expenses
- Medicaid- Medical Card for medications etc
- Medicaid benefit level at Brokerage

**2. Earned Income Wages Formula**

(Monthly wages - \$85) /2 = Amount in PASS Plan monthly  
\$600-\$85/2 = \$257.50 PASS/mo and \$3090 PASS/year

## **Tool 2C**

### **Oregon and National Benefits Planning** **& PASS Resources**

Most named resources will assist with benefits (financial planning) while the Employment Team will write and monitor the PASS

#### **Oregon Resources**

##### **PASS Plans submitted to:**

PASS Cadre Region X  
Social Security Administration  
Seattle Regional Office  
Suite 2900 M/S 33C  
701 Fifth Avenue  
Seattle Washington 98104-7075  
Tino Flonasca or Vera Brodsky  
(206) 615 2627 or 1-888-674-6251

##### **Benefits Planners**

###### **Oregon Advocacy Center**

Molly Sullivan, Doug Zeh and Kathy Coleman  
[msullivan@oradvacy.org](mailto:msullivan@oradvacy.org)  
503 243-2081  
Hotline Wed. 2-5 answer questions for those registered: 1-800-452-1694

###### **John Newman** (working on capacity building more than individual assistance)

SPD Benefits Specialist  
[John.newman@state.or.us](mailto:John.newman@state.or.us)  
(503) 945- 6453

2 Ben. Planners	<b>CORIL Central Oregon Resources For Independent Living</b> Bend (541) 338-8103	Contact Glen Van Cise
2 Ben. Planners	<b>HASL Independent Abilities Center</b> Grants Pass (541) 479-4275	Contact Tina Sayre
1 Ben. Planner	<b>ILR Independent Living Resources</b> Portland (503) 232-7411	Contact Sue Westwood
1 Ben. Planner	<b>SPOKES Unlimited</b> Klamath Falls (541) 883-7547	Contact Tami Martin
1 Ben. Planner	<b>UVDN Umpqua Valley Disabilities Network</b> Roseburg (541) 672-6336	Contact Scott Cohan

##### **Other**

###### **Janet Steveley/ Workable Solutions** (provides training and TA)

[janet@ashsndhome.net](mailto:janet@ashsndhome.net)  
(541) 488-6495

## **National Resources**

### **Social Security and Work Incentives**

#### **Social Security Administration Home Page**

[www.ssa.gov](http://www.ssa.gov)

#### **Social Security Red Book on Work Incentives**

[www.ssa.gov/work/ResourcesToolkit/redbook.html](http://www.ssa.gov/work/ResourcesToolkit/redbook.html)

#### **Information and Example PASS Plans**

[www.passplan.org](http://www.passplan.org)

#### **Online assistance to help monitor work incentives**

[www.ssimanager.com](http://www.ssimanager.com)

#### **Technical assistance, chat rooms and resource materials**

[www.griffinhammis.com](http://www.griffinhammis.com)

#### **Information on Benefits Planning Assistance and Outreach**

[www.vcu-barc.org](http://www.vcu-barc.org)

### **Work Incentives and Supported Employment**

#### **Virginia Commonwealth University**

<http://www.worksupport.com>

#### **Cornell University**

<http://www.ilr.cornell.edu/ped>

#### **University of Montana Rural Institute**

<http://ruralinstitute.umt.edu>

[http://ruralinstitute.umt.edu/rtrural/self-employment/business\\_plan.html](http://ruralinstitute.umt.edu/rtrural/self-employment/business_plan.html)

#### **Institute For Community Inclusion**

<http://www.childrenshospital.org/ici>

## Stage 3: Establishing Vocational Goals

The team will identify present interests/goals; if needed they will arrange an Employment PCP or additional assessment activities to identify career choices.

### **Guidelines:**

1. If additional information is needed to establish an effective goal or plan OVRs counselors and the Team will consider gathering information using:
  - a. Employment Person Centered Plan
  - b. Community Based Work Evaluation
  - c. Facility Based Assessment.
2. Community or Facility Based Assessments will be used only when the Employment Person Centered Plan does not succeed in providing all essential information.
3. OVRs and DD personnel are active participants in the Employment Person Centered Planning process.
4. In most cases, the PA is responsible for coordinating and facilitating the Employment PCP. In cases identified by the team as especially challenging, OVRs may pay for a facilitator.

### **Tools**

- 3A Guidelines for Employment Focused Person Centered Plan
- 3B Content of Employment Focused Person Centered Plan
- 3C Guidelines for Use of Community-based Assessment
- 3D Sample Questions for Use with PCP or Community-based Assessment

## **Tool 3A**

### **Guidelines for Employment Focused Person Centered Plans**

Following the customer's initial meeting with VR and the Brokerage, the team may initiate a person-centered planning process to prepare for the VR Employment Plan. The process gathers pertinent information and lays the foundation for the customer's success. Following is a description of the process and what is recommended from that process.

#### **The Person Centered Planning Process:**

Participants: The process will include a formal Person Centered Planning meeting(s) led by a trained facilitator. Participants include the customer, guardian, significant family and friends, the Brokerage Personal Agent, and the VR Counselor. Community members such as potential employers, job developers/job coaches, or others who have a contribution may also be invited. All invitations are made at the discretion of the customer.

Facilitating the Process: the Personal Agent, with the active involvement of the customer, oversees The Person Centered Planning process. The process is coordinated with the VR counselor and other participants. Generally, the Personal Agent will facilitate the PCP meeting however in certain circumstances, it may be wise to employ the expertise of the Job Developer or a consultant who specializes in Employment focused Person Centered Plans.

Facilitator Role: It is expected that the facilitator will talk with the customer in advance to ensure that he/she understands the purpose of the meeting and his/her role in the process. It is also expected that the facilitator will accommodate the customer's communication style. For example, graphic facilitation may be necessary for a customer who has limited reading skills or a meeting may need to be slowed down for a customer using an augmentative communication device.

The Meeting: The Employment Focused Person-Centered Planning meeting is held at a place chosen by the customer and at a time that

is convenient for the customer and his/her significant others. Meetings are generally scheduled for about 2 hours. During the meeting, it is expected that full attention is given to the process and cell phone calls or other distractions are limited.

When the PCP recommends gathering additional information: The process may also include a person-centered Vocational Profile Assessment. The Vocational Profile Assessment is based upon observations of the customer in his/her natural community (i.e. volunteer job, school setting, or community activities). This details specific tasks, learning style, and elements of a work culture that would be important for the customer's success on the job. A Vocational Profile Assessment should generally require no more than 20 hours to complete.

Documentation: Information gathered from all Person Centered Planning activities is summarized in a formal document with copies for the customer, Brokerage, and OVRs.

### **Recommended Components for the Employment Focused Person Centered Plan\*:**

Meeting Record: Record the date and who is participating in the meeting(s). This is very important as information and is updated if participants in the process change.

History: Capture information about the customer's experiences that contribute to employment skills. Record the personal history including previous paid and volunteer jobs, school, chores, participation on projects, being on a team, hobbies etc.

Strengths: Describe the customer's strengths, gifts, capacities, and abilities. These must be in sufficient detail that a job developer could visualize the types of jobs that may be possible.

What Works and Doesn't Work: Describe "What Works?" and "What Doesn't Work?" Gather specific information on items that will impact the customer's success on the job. (i.e., learning style,

communication methods, safety issues, environment/work culture, social interaction preferences).

Challenges and Support Strategies: Describe the challenges associated with developing and maintaining a job for this customer. Describe support strategies to address each of these challenges or ensure that they are noted in the Action Plan. Typical challenges that may emerge include lack of transportation, funding for long-term supports, finding skilled providers and reliance on others for Personal Assistance needs. This will address barriers identified on the OVRS Eligibility Determination Checklist (Tool 1B).

Resources: Complete a comprehensive review of the public and private (including local) resources that the customer can access for developing and maintaining a job. Assure that the customer has the information necessary to make informed choices regarding his/her employment and resources. This information will relate to SSWI screening and Benefits Planning (Tools 2B, 2C & 2D).

Ideal Aspects for a Job: Based upon information garnered in the planning meeting, brainstorm aspects to create or carve a job for this customer. This includes types of tasks, environment/work culture, geography, social interactions, health and safety issues etc. Brainstorm where in this customer's community one would find this employer. (The more specific the better!)

Community Connections: Identify community connections, with specific names and contact information that can assist with the employment process.

Action Plan: Lay out an Action Plan that describes the "Next Step" activities with responsible parties and timelines. This would include the development of the VR Employment Plan.

\*Information from the PCP can be used later to develop the Individualized Plan for Employment (IEP), Individualized Long-term Support Plan (ISP), vendor expectations and the customer's resume.

**Tool 3B**  
**Content of an Employment Focused**  
**Person Centered Plan**

**Strengths, Interests, and Abilities**

What do you like to do?

What are your interests?

What are the things that you do well?

What so others compliment you on?

Past jobs or tasks that you enjoyed doing?

Skills and interests you have shown at home?

**What Works For You?**

What do you like about working?

What keeps you interested (money, friends, environment)?

What keeps you in a good mood?

What can bring you out of a bad mood?

Specific jobs or tasks

Worksite preferences (time, temp, noise, clothing)

Expectations of a job (pace, detail level, quality)

**What Doesn't Work?**

What things make it harder to do a job?

What do you dislike?

What do you do when you really dislike something? (Get a description of behavior)

**Work History**

Jobs, volunteer experiences, school experiences including job titles, dates, what helped in success.

What kinds of things do you do at home to help out?

What classes have you taken?

**Possible Support Needs**

Considering mobility, transportation, self-care, work skills, social skills, time awareness and specific training needs:

What help would you need to get a job?

What help would you need to learn a job?

What help would you need to keep a job?

What would make your job easier?

**Ideal Situation/ Possible Jobs**

What would the ideal job look like?

What things are really important and should be part of your job?

**Where to Look? Who Do We Know?**

Brainstorm specific businesses in the community with jobs or work tasks that match the ideal

Think of people you know that work in those businesses

Think of people who might have information about your ideal job

**Possible Resources**

What family member or friend might help?

Who else in the community may help?

Which agencies will help?

Complete benefits and resource analysis

**Next Steps**

What do we need to do to make this happen?	Who will do each step?	When will they do it?	How do we know its been done?

Persons Contributing:

## **Tool 3C**

### **Guidelines for Use of Community-Based Assessment**

#### **Intent of Assessment**

- To help clarify information requested by VR to document eligibility and or assist in plan development
- To help OVRs and DD partners provide timely service by agreeing upon the information needed and method for its collection.
- To help OVRs and DD partners identify the point of job stabilization and transfer from time limited (VR) to long term (DD) funding
- To clarify vendor expectations in assessment, job development and or job training

#### **Considerations in Assessment Process**

**Assessments can be delivered in many formats and jointly used by the team.**

The overall “Assessment” is a process of gathering information and allowing multiple interpretations so that we may learn and develop recommendations for services and supports leading to successful employment. The information may be drawn the sources as listed below.

- **Initial Person Centered Plan**: This overall quality of life plan will lay out dreams and aspirations that will guide the direction of assessment and future rehabilitation activities. It is through this process that the individual identifies community based (supported) employment at minimum wage as a personal goal.
- **Information From Family, Professionals and Available Written Reports**: At the time of an application meeting, the family and others can provide essential information about present functioning level, interests and abilities, and successful strategies for working with the individual. Medical, school, work history, other reports may also address specific eligibility criteria and areas of functional loss required by VR.

- **Employment Focused Person Centered Plan**: Completed with VR counselor and the team, if needed to open case or to gather additional information during vocational exploration.
- **Formal Assessment**: Not a required step, but rather one initiated only if information from all other sources is not adequate to address eligibility and plan content. Any formal assessment paid for with VR funds should clarify specific questions or provide essential information needed to proceed with the development of a Individual Employment Plan defining short term (VR) and Long term (DD).
  - Community Based Assessment should be done for a designated period in environments similar to the identified interests of the customer.
  - Facility Based Assessment is not recommended for DD customers considering supported employment because standardized assessments are not good predictors of success in another future work setting.

**The primary purpose of assessment data is for use in the compatibility matching process.**

Matching is the process where significant factors are compared between an individual and an employment situation. What we want to do is match a person to a job and determine the odds for success given currently available supports. Team members should also consider what additional supports may be needed in both the short and long term.

**Assessments provide information for the customer to use to support choice.**

Information comes from more than one source, provides more than one recommendation, and looks at potential job fields. Assessments do not provide the only answer regarding vocational decision making, but open up possibilities to consider that will change given individual circumstances.

**Other Considerations:**

- The team should work together to identify the information needed about both the individual and the work environment.
- VR will use the assessment information about disability related barriers in order to ensure all support and plan service needs are addressed.
- The assessment identifies supports needed for success and indicates how they can be made available.

**Tool 3D**  
**Sample Questions for Use in Completing Employment-  
focused Person Centered Planning and/or Community-  
Based Assessments**

1. What are the specific interpersonal challenges or barriers that must be considered in the employment goal or specific setting?
2. What jobs titles are available that uses the skills and interests of customer?
3. How can each specific barrier be addressed in terms of:
  - Job accommodation
  - Rehabilitation Technology
  - Short Term Training
  - Long Term Strategy
4. Given the available information about this customer's interests, skills and needs, in what 2-3 areas would you recommend job development or job carving?
5. What are the core and episodic routines in this work environment that meet employer needs and individual skills?
6. How would you match this job to individual in terms of:
  - Physical demands
  - Communication demands
  - Endurance
  - Work pace
  - Work culture (mood, tone, expectations)
7. How will individual's communication style or other issues impact training or supports needed?
8. Develop a task analysis to assist in training to expected job performance.

9. How should the employer train and support this new employee?
  - Orientation (by whom)
  - Initial training (availability of coworkers or supervisors as trainers)
  - Long term support
  - Recommendations for training and support strategies to be used by employer and coworkers
10. What rehabilitation technology, work layout or other communication aid may help the individual in more independent job performance?
11. How much additional training and support (e.g., job coaching services) will be needed?
12. Which coworkers are best matched to worker in terms of ongoing support? (Interest, skills, flexibility, creativity or other identified characteristics)
13. What are the specific long-term support strategies that must be maintained for continued job performance?
14. What is the frequency of long-term support that must be available?
15. Given the recommended environment and learning style, what are recommendations for judging job stabilization?
16. What are the characteristics that should be used to measure job stabilization in this situation?

## **Stage 4: Supported Employment Plan Implementation**

Team develops joint plan (VR IPE + Brokerage ISP) based on customer choice and potential barriers. The goals, resources, benchmarks, expected timelines and criteria for handoff from VR to DD are identified and defined.

### **Guidelines:**

1. The team will collaborate on or arrange for the development of PASS plan or other Social Security Work Incentives (SSWI) identified as part of the overall supported employment resources
2. OVRS will pay for agreed upon services to the point of job stabilization as defined in the plan.
3. The individual Brokerage customer may use funds at the same time as VR for activities that, although not directly job related may support the overall goal. Examples include transportation training to ride the bus, skill training related to budget management.

### **Tools**

- 4A Supported Employment Plan Checklist
- 4B Brokerage Goal Survey Sheet Template
- 4C VR Individual Plan for Employment (IPE) Template
- 4D Brokerage Supported Employment ISP Template

**NOTE:** A sample of a complete integrated plan may be found in the Appendix of this manual.

## Tool 4A

### Supported Employment Plan Checklist

The following items will be clearly identified in both the OVRS Individual Plan For Employment (IPE) and the DD Individual Support Services Plan to facilitate clear communication and effective transitioning of primary funding and monitoring responsibility.

	<b>Initial VR Plan</b>	<b>Plan Adjustments</b>
Job Interests and Options		
Job Goal		
Hours worked		
Wages earned per hour		
Benefits		
Other characteristics		
Method of Service		
Job developer (VRC, vendor) Selected vendor		
Job training (vendor, coworker) Selected vendor		
On-going support (vendor coworker paid, natural supports) Selected vendor		
Resources Needed/Available for Employment		
Time Limited \$\$ and Resources (SSWI)		
Long-term \$\$ and Resources		
Definition of Job Stabilization	Pick items appropriate to worker and job site	
% of productivity on job for a period of ____ days (30,45,60)		
Measure employer satisfaction		
Measure worker satisfaction		
Hours of employment per week		
Long term support plan written and in place		

## **Tool 4B**

### **Brokerage Goal Survey Sheet Template**

This document serves two purposes:

1. It is a place to record and consolidate information Personal Agents and their customer gather through Person-Centered processes to identify customer goals, strategies for achieving goals and supports required to carry out those strategies.
2. Used with the Individual Support Plan document, it completes the customer's annual plan; it fills out the total picture of paid and unpaid supports.

The Goals Survey looks at multiple aspects of a new customer's life and is done on an annual basis. The life areas reviewed are:

- Home Life and Household Needs
- Medical, Health and Dental
- Social and Leisure
- Communication
- Employment and Education
- Financial
- Transportation
- Long Term Vision

The information gathered in each life area through Person-Centered planning includes:

- What's Important TO Customer (from their perspective)?
- What's important FOR Customer (others' perspective)?
- Safety Issues and Concerns
- Strengths Interests and Supports
- Met and Unmet Needs
- Resources Presently Accessed and Potentially Available

The template for the Employment and Education section is provided as a sample of the full document.

## Employment and Education

<i>What is important TO _____ about work and/or education? (Person's perspective)</i>	<i>What is important FOR _____ about work and/or education? (Others' perspectives)</i>
<i>Are there any health and safety risks around the working or around school/classes? (List any areas of concern. Some examples might be making site and equipment safe/accessibile, pattern or instances of property destruction, interactions with co-workers, getting to and from work independently.)</i>	
<i>List strength areas, skill areas and high interest areas for this person around employment and/or education. Is he or she happy with current level of income, hours of work, type of work? Does he or she want a career?</i>	
<i>Indicate the <u>areas</u> in which the individual needs support for employment, after they get a job, or post-secondary school. Indicate the <u>level</u> of support the person needs. (i.e. 1:1 support, independent with training)</i>	



## Tool 4C

### VR Individual Plan for Employment (IPE) Template

<b>Participant</b>	<b>Social Security Number</b>
<b>Caseload</b>	

<b>1. General Information</b>
<b>Plan Number:</b>
<b>Signature/Start Date:</b>
<b>Expected Plan End Date:</b>
<input type="checkbox"/> <b>Supported Employment</b>
<input type="checkbox"/> <b>Small Business Enterprise</b>
<b>Employment Goal</b>
<b>Selected:</b>
<b>Custom:</b>
<b>Reason for Selecting this Employment Goal (Check all that apply):</b>
<input type="checkbox"/> <b>A good choice given my abilities and disability</b>
<input type="checkbox"/> <b>I am currently doing this type of work</b>
<input type="checkbox"/> <b>I explored options and feel this is a good choice.</b>
<input type="checkbox"/> <b>I have a job offer to do this type of work.</b>
<input type="checkbox"/> <b>I have successfully completed related training.</b>
<input type="checkbox"/> <b>I have successfully done this type of work before.</b>
<input type="checkbox"/> <b>It agrees with my IEP plan through my high school.</b>
<input type="checkbox"/> <b>It matches my interests, abilities and strengths.</b>
<input type="checkbox"/> <b>The job outlook for this type of work is good.</b>
<b>Discuss transferable skills, client characteristics &amp; other factors that were used to determine the employment goal.* (10 lines)</b>
<b>Discuss Labor Market Information* (10 lines)</b>

<b>2. Planned Services (At least one required)</b>	
<b>1. Service Description</b>	
Plan Number:	
Service Number:	
General Category:	
Description (5 lines):	
Start Date:	
End Date or Event:	
My Chosen Provider:	
<b>2. Estimated Service Costs</b>	
Participants:	
Others/Comparable Benefit:	
Agency:	
Source to be Determined:	
Total Service:	
<b>Source of Comparable Benefits (Check all that apply)</b>	
<input type="checkbox"/> Employer Medical Insurance	<input type="checkbox"/> Family
<input type="checkbox"/> JTPA	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Medicare	<input type="checkbox"/> None
<input type="checkbox"/> Other	<input type="checkbox"/> PELL Grant
<input type="checkbox"/> Pending Litigation	<input type="checkbox"/> Private Insurance
<input type="checkbox"/> VA Grant	<input type="checkbox"/> VA Medical
<input type="checkbox"/> Workman's Comp.	

<b>3. Other Comments:</b>
Other Comments (Optional-10 lines):
<b>Total Costs</b>
<b>Participant:</b>
<b>Others/Comparable Benefits:</b>
<b>Agency:</b>
<b>Source to be Determined:</b>
<b>Total Plan:</b>
<b>3. Participant Responsibilities</b>
<b>Check all that apply (At least one checkbox OR the narrative is required.)</b>
<input type="checkbox"/> I understand that it is my responsibility to complete this plan and I will inform my counselor of changes or problems affecting my ability to do so.
<input type="checkbox"/> I will not quit my program or make any changes without contacting my counselor first.
<input type="checkbox"/> I understand the importance of attendance and punctuality.
<input type="checkbox"/> I report any address or telephone number change to my counselor immediately.
<input type="checkbox"/> I have a responsibility to return any equipment purchased for me by the agency if I no longer use it as planned.
<input type="checkbox"/> I will achieve satisfactory academic progress.
<input type="checkbox"/> I will apply for financial aid each academic year.
<input type="checkbox"/> I will consistency look for employment.
<input type="checkbox"/> I will cooperate with all job placement efforts.
<input type="checkbox"/> I will cooperate with my job coach to learn my job.
<input type="checkbox"/> I will follow my treatment program.
<input type="checkbox"/> I will follow up on all employment leads provided.
<input type="checkbox"/> I will maintain sobriety.
<input type="checkbox"/> I will present my semester schedule of classes.
<input type="checkbox"/> I will take my medications as prescribed.
Other (10 lines):

**4. Documentation**

**A. Criteria for evaluating progress towards my (participant) employment goal (20 lines):**

**B. Other Comments – Printed on Plan (Optional – 10 lines):**

**5. Plan Completion Status**

<u>Met</u>	<u>Criteria</u>
Yes/No	The Participant is in Eligible, Service or Employed Status.
Yes/No	The logged in user has personal security to enter a Plan Signature/Start Date.
Yes/No	The Ticket to Work Ticket Program Participant Description has been completed on the Ticket to Work datapage.
Yes/No	The Expected Plan End Date is Entered.
Yes/No	An Employment Goal is selected.
Yes/No	At least one Planned Service exists.
Yes/No	The Reason for Selecting Employment Goal check box or narrative field is entered.
Yes/No	The Participant Responsibilities check box or narrative field is entered.
Yes/No	The Documentation narrative (Section 4A) is entered.

## **6. Terms and Conditions**

### **Post-Employment Services:**

I have been informed of the availability of post-employment services. An assessment of my need for post-employment has been made. It is expected that I will  / will not  need post-employment services.

### **Statement of Mutual Understanding:**

- **Informed Choice/Participation:** I will be provided the opportunity to have informed choice and participate throughout the Vocational Rehabilitation process, including selecting a specific employment outcome, the development of my plan, vocational rehabilitation services, and the provider and methods by which these services will be delivered.
- **Accessibility:** I am entitled to have all information relating to the development and review of the Plan presented to me in my native language or appropriate mode of communication, if I so request. All rehabilitative services will be provided in the least restrictive and most integrated setting compatible with my interest and abilities.
- **Non-Discrimination:** Services in the Plan are provided without regard to sex, age, race, religion, color, disability or national origin.
- **Plan Review:** I am entitled to participate in Plan reviews and revisions. The Plan will be reviewed at least annually to assess the progress being made in meeting my employment outcome. Any substantial changes will be agreed to in advance.
- **Financial Participation and Comparable Benefits:** It is understood that I am to participate to the best of my ability financially in this Plan. It is understood that comparable benefits available to me through other agencies and private resources will be utilized toward my rehabilitation.
- **Method of Services Procurement:** All services must be pre-approved and pre-authorized by my counselor. A written authorization for services must be made by the counselor before or at the same time as the purchase of services. Any service I receive without prior approval of my counselor will be my responsibility. Authorization and expenditures for services are made in accordance with all applicable state/federal laws, regulations, policies and procedures.
- **Other Services:** I am to cooperate in the utilization of services other than rehabilitative services that may supplement my Plan.

**Decision Review Process:**

If I am dissatisfied with any action or decision o the delivery or denial of rehabilitation services, for which I am unable to resolve with my counselor, I understand that I have the opportunity to request mediation and/or a fair hearing. I further understand that I must submit my written request for mediation and/or a fair hearing within 60 days of a disputed action or decision, on a form furnished by OVRs or its equivalent, that I may be represented at my expense, and that OVRs will arrange for the mediation and/or fair hearing with an impartial hearings officer.

**Client Assistance Program:**

I understand, when appropriate, services are available through the Client Assistance Program (CAP) to assist me in my dealings with OVRs and other agencies. The CAP is a service provided under a federal grant, staffed and administered by a private, non-profit organization. If at any time I am dissatisfied with the services I am receiving under this Plan, or need clarification of matters relating to this Plan, the CAP will work with me and OVRs to resolve the matter. The CAP telephone number is (Voice): 503-243-2081 or 1-800-452-1694; (TTY): 503-323-9161 or 1-800-556-5351.

CAP brochure provided:  Yes       No

If not, please give explanation: \_\_\_\_\_

Plan Certification

\_\_\_\_\_  
COUNSELOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT'S SIGNATURE

\_\_\_\_\_  
CLIENT'S REPRESENTATIVE

**Tool 4D**  
**Brokerage Supported Employment ISP Template**

<b>Name:</b>	<b>CPMS Number:</b>	<b>Brokerage:</b>
<b>Today's Date:</b>	<b>Plan Begins:</b>	<b>Plan Ends:</b>

<b>What is my goal?</b>					
<b>What I need and how we will get it</b>	<b>What it might Cost</b>	<b><u>When will we start and end</u></b>	<b>All the ways to get what I need</b>	<b>When will we check? When we checked, did it work? Did we make a change?</b>	<b>How much did it cost?</b>
<b><u>SIGNATURES</u></b>					
<b><u>Individual:</u></b>			<b>Legal Representative:</b>		
<b>Date:</b>			<b>Date:</b>		
<b>Personal Agent:</b>			<b>Other:</b>		
<b>Date:</b>			<b>Date:</b>		

## **Stage 5: Vendor Selection**

Based on plan design, consumer choice and interagency consensus, the team will identify vendor(s) and document projected service hours, expected reporting requirements, designated benchmarks for outcomes, etc.

### **Guidelines**

1. Each program will follow their respective processes and use only those vendors who have completed certification.
2. A preferred vendor list is a desired result of local planning.
3. Vendor selection is a collaborative team process and is based on plan design, client informed choice, and the potential for one vendor to be providing both short term and long-term supports.
4. Whenever possible, the client will have the opportunity to interview and choose from a pool of possible vendors.
5. The Team may choose a business site coworker, independent contractor or provider organization to provide ongoing long term employment support. See SPD PM 04-004 (Tool 5D) for guidelines on the use of Business Coworkers.
6. The team will clearly communicate the vendor expectations that are part of the specific plan and the delivery of job development and or job training services

### **Tools**

- 5A OVRs Expectations/Code of Conduct for Approved Providers of Community Rehabilitation Services
- 5B Brokerage Provider Qualifications Checklist
- 5C Suggested Vendor Interview Questions
- 5D SPD Policy Memo: Use of Coworkers in Supported Employment
- 5E Business/Coworker Certification For Providing Supported Employment

## **Tool 5A**

### **OVRs Vendor Expectations/Code of Conduct**

#### **Approved providers will be expected to:**

- Maintain all mandatory insurance requirements.
- Reapply every two years.
- Fully inform the OVRs client/consumer of the purpose and results of all service delivery efforts made on their behalf.
- Recommend client/consumer only to appropriate, previously agreed upon employment opportunities.
- Meet service commitments.
- Understand that in order to generate payment, the provider will provide written documentation of services performed to the referring OVRs Counselor in the form of an invoice accompanied by reports, time sheets, or other agreed upon documentation.
- Maintain and adhere to all confidentiality standards and agreements.
- Be respectful, inclusive, and accommodating with OVRs consumers regardless of disability.

#### **Approved providers are prohibited from:**

- Engaging in or tolerating sexual harassment of any kind toward a consumer: e.g., deliberate or repeated comments, gestures or physical contact of a sexual nature.
- Violating any applicable state or federal civil rights law.
- Committing fraud, misrepresentation, or making a serious error or omission in connection with an application for authorization or billing statement.
- Engaging in collusion to withhold information, or submitting false or misleading documentation in order to generate payment.
- Engaging in collusion to violate these rules or other rules of this agency.
- Instructing any individual to engage in behavior contrary to the requirements of these rules.
- Engaging in any behavior or comments likely to cause public embarrassment to OVRs consumers.

# Tool 5B

## Brokerage Provider Qualifications Checklist

Date: \_\_\_\_\_  
 Customer: \_\_\_\_\_  
 Name: \_\_\_\_\_

- Provider Organization
- Independent Provider
- Domestic Employee
- General Business Provider

<b>All providers:</b>
<input type="checkbox"/> Not a debarred CMS provider ( <a href="http://exclusions.oig.hhs.gov">http://exclusions.oig.hhs.gov</a> )

<b>Provider Organization:</b>
<input type="checkbox"/> Current license or certification (DD/SPD)

<b>Independent Provider:</b>	
<input type="checkbox"/> Resume <input type="checkbox"/> DHS Criminal Hx. Final Approval <input type="checkbox"/> I-9 (supporting documents listed below) <input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. _____ <input type="checkbox"/> W-9 <input type="checkbox"/> Current Driver License (Mandatory if driving customer) <input type="checkbox"/> Current Auto Insurance (Mandatory if driving customer) <input type="checkbox"/> Reference Check	<b>Behavior Consultant:</b> <input type="checkbox"/> OIS current certificate <input type="checkbox"/> BA/BS degree & 1 year experience or <input type="checkbox"/> 3 years experience <b>Social / Sexual Consultant:</b> <input type="checkbox"/> BA/BS degree & 1 year experience or <input type="checkbox"/> 3 years experience <b>Nursing Consultant:</b> <input type="checkbox"/> Oregon Nursing License <input type="checkbox"/> 1 year experience <b>Other Specialized Support Consultants:</b> <input type="checkbox"/> Professional License

<b>Domestic Employee:</b>	
<input type="checkbox"/> Application <input type="checkbox"/> DHS Criminal Hx. Final Approval <input type="checkbox"/> Provider meets exceptions to CHC Rule <input type="checkbox"/> I-9 (supporting documents listed below) <input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. _____ <input type="checkbox"/> W-4	<input type="checkbox"/> Copy of Social Security Card <input type="checkbox"/> Current Driver License (Mandatory if driving customer) <input type="checkbox"/> Current Auto Insurance (Mandatory if driving customer) <input type="checkbox"/> Reference Check

<b>General Business Provider:</b>
<input type="checkbox"/> Professional License if applicable. <input type="checkbox"/> Service provided is within the scope of their license <input type="checkbox"/> A license under ORS 443.015 for a <b>home health agency</b> <input type="checkbox"/> A license under ORS 443.315 for an <b>in-home care agency</b> <input type="checkbox"/> A current license and bond as a building contractor as required by either OAR Chapter 812, Construction Contractor's Board or OAR Chapter 808, Landscape Contractors, as applicable, for a provider of <b>environmental accessibility adaptations</b> <input type="checkbox"/> <b>Private transportation providers</b> must have business license and drivers licensed to drive in Oregon <input type="checkbox"/> Current retail business license for vendors and medical supply companies <b>providing specialized medical equipment and supplies</b> , including enrollment as Medicaid providers through the Oregon Office of Medical Assistance Program if vending medical equipment <input type="checkbox"/> A current business license for providers of <b>personal emergency response systems</b> <input type="checkbox"/> Retail business licenses for vendors and supply companies providing <b>specialized diets</b> .

## **Tool 5C**

### **Suggested Vendor Interview Questions**

#### **General Questions**

If I decide to hire you or your agency, are you the person who will actually be working with me directly (e.g., to find a job, to work with my coworkers to teach me the job)?

If you are not the person who will work with me directly, will I have a choice of who the staff person is?

How many people with disabilities like I experience have you helped to find a regular, individual job?

Please tell me how you went about finding them a job, helping them to learn their jobs, and helping them to keep their jobs?

Tell me about the challenges these people experience?

Tell me about the jobs that you got for them – the kind of work they are doing, how many hours they work, how much they earn, and how long did they keep their jobs?

Would you arrange for me to talk with a couple of these people and their families?

If you are interviewing an agency:

Could you guarantee that the same staff person can work with me through the whole process of getting, learning and keeping my job?

How long have the employment specialists worked for your agency?  
Do you expect them to stay with your agency for at least the next year?

How many other people are you or your staff currently working with?

### **Questions Specific to Your Job Goals and Path**

I am interested in the following kind of job: (name job or field)

What would you do to help me find this kind of job?

Where would you look for this kind of job for me?

What would you say to a potential employer?

How would you describe your role to a potential employer?

How would you describe me to a potential employer?

How would you involve me in the job seeking process?

How would you help me learn my job?

Would you keep me update on how the job search process was going?

How would you work with my employer and coworkers to help me learn my job?

How would you work with my employer to help me keep my job?

### **Other Services**

Do you help people to learn to use the public bus?

Do you transport people whose jobs are not on a public bus line?

How do you do this?

Do you transport people whose jobs are not on a public bus line?

How do you do this?

How flexible would you be in changing the services that I wanted or needed?

## **Funding and Roles**

What would you charge to provide:

- Job Search?
- Consulting with my employer and coworkers while I learn my job?
- Ongoing consultation with my employer and coworkers to help me keep my job?
- Transportation?
- Personal Care Assistance?

How many hours a week could you guarantee me for:

- Job Search?
- Consulting with my employer and coworkers while I learn my job?
- Ongoing consultation with my employer and coworkers to help me keep my job?

Would you agree to a monthly invoice system in which I approve all my payments based upon services we agreed to?

Would you be supportive of me using some of my funds to reimburse and employer to train and support me?

Are you able and willing to operate on a “fee for service” basis?

Are you certified to provide services by:

- Seniors & People with Disabilities?
- Office of Vocational Rehabilitation Services?
- One Stop Programs?

Tool 5D

	<b>Information Memorandum</b>	<b>Originating Cluster:</b> Seniors and People with Disabilities
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**Authorized**

**by:** Mary Lee Fay, Administrator  
*Signature*

**IM Number:** SPD-IM-04-017  
**Date:** March 4, 2004

**Subject:** **Adults with Developmental Disabilities:**  
Procedures for Use and Payment of Business Co-Workers  
For Support Services Customers in Supported Employment

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees   | <input checked="" type="checkbox"/> County DD Program Managers           |
| <input type="checkbox"/> Area Agencies on Aging  | <input checked="" type="checkbox"/> County Mental Health Directors       |
| <input type="checkbox"/> Children Adults and Families  | <input type="checkbox"/> Health Services                                 |
| <input type="checkbox"/> Community Human Services  | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> Other (please specify): Support Services Brokerage Directors<br>DD 54 Employment Providers |  |

**Message:**

This Memorandum applies to developmental disabilities services. The following are guidelines for the payment of co-workers without disabilities to provide individualized, ongoing supported employment to persons with developmental disabilities. Individuals with plans using DD 49 or Support Service (DD 149) funds may use funds in this manner.

**Discussion/Interpretation:**

- Goal.** One goal in Supported Employment is “to maximize the use of typical business co-workers and staff in supporting an individual’s initial and on-going job performance.” This means that during or after time limited training an internal co-worker rather than an external job coach may be regularly available to help assure on-going job performance.
- Criteria for Use of Business Co-Worker.** The Personal Agent may approve payment to a business for supported employment co-workers when an employer provides documentation of:

- a. Typical training, supervision, and adaptation provided to employees:
  - b. Support provided to employees under the Americans With Disabilities Act (for any business with more than 6 employees):
  - c. The business's willingness to provide defined additional supports necessary for the worker with developmental disabilities to learn or continue to perform assigned job functions:
  - d. The clear designation of assigned co-worker(s) and job descriptions to address additional training and support needs;
  - e. Criminal History check of designated staff
  - f. The identification of excess costs related to this additional support.
3. **Designation as a General Business Provider.** For purposes of certification, a company providing extra support through the use of co-workers will be considered a General Business Provider subject to Section 309-041-1920 of the Support Services for Adults Administrative Rule. To meet certification requirements, the designated co-worker(s) must
- a. Be at least 18 years old;
  - b. Demonstrated interest, ability, and training to perform the tasks specified to support the individual at the work-site;
  - c. Demonstrated ability to communicate with the individual at the work-site;
  - d. Understand the requirements of maintaining confidentiality and safeguarding individual information.
4. **Payment to Businesses or Coworker.** Will be made only for the excess training and supervisory costs defined in #1.
- a. The identification of costs may be in the form of:
    - i. An additional payment per hour for the co-worker(s) providing support; (i.e. \$2 more per hour)
    - ii. Payment for additional hours of work time for co-worker supports (\$12 per hour x 2 hours per day)
  - b. Payment cannot be claimed for:
    - i. Worker wages and benefits;
    - ii. Incentive payments to encourage supported employment;
    - iii. Payments for training not directly related to the worker with developmental disabilities; or
    - iv. Payments that are the responsibility of another funding source (OVRs, schools etc)

**Completion of Required Documentation.** Business Co-Worker Certification Form must be completed for all situations in which payment is made. Any designated provider of job development and job training (paid for by OVRs or Support Service dollars) should be made aware of and support training and identification of co-workers.

*If you have any questions about this policy, contact:*

Contact(s):	Molly Holsapple, Home and Community Supports Coordinator		
Phone:	503-945-9815	Fax:	503-947-4245
E-mail:	Molly.s.holsapple@state.or.us		

**Tool 5E**  
**Business/Co-Worker Certification For Providing**  
**Supported Employment**

Business:

\_\_\_\_\_

Company Manager:

\_\_\_\_\_

Customer/Worker:

\_\_\_\_\_

Designated Co-Worker Providing Support:

***Part I. Review of Worker Needs***

Worker Job Schedule and Tasks (attach job description)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Worker Support Needs:** (describe frequency and intensity as compared to co-workers without disabilities)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Part II. Summary of Business Support Typically Provided***

Describe Support For This and All Other Workers: (level of training supervision, and adaptation)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*What Can and Will Business Provide under the Americans With Disabilities Act (ADA)?*

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**Part III. Co-Worker Certification**

The Designated Co-Worker Providing Support is:

- Is at least 18 years old
- Is determined by the business to have the skills and time to support worker in meeting job performance expectations
- Has completed Criminal History Check
- Through training and or opportunity, is determined by the Brokerage Customer to
  - o Communicate effectively with the individual worker at the work-site
  - o Understands how the individual best learns
  - o Will maintain records needed for my plan
  - o Will maintain confidentiality and safeguard information

**Part IV. Identification of Support Functions and Business Cost**

Attach Support Co-Work Job Description (including tasks and time “extra” supports will be provided)

**Determine Method for Identification of Costs**

**Method 1:** Add to Co-Worker Wage for the Provision of Support

Base Worker Wage is \$ \_\_\_\_\_ per hour

Added Income paid by business will be \$ \_\_\_\_\_ per hour x \_\_\_\_\_ hours per week x 4.2 weeks per month = \$ \_\_\_\_\_ per month

**OR**

**Method 2:** Add Hours to Co-Worker Schedule for the Provision of Support

Base Worker Wage is \$ \_\_\_\_\_ per hour

\$ \_\_\_\_\_ per hour x \_\_\_\_\_ hours per week x 4.2 weeks per month = \$ \_\_\_\_\_ per month

## Stage 6: Delivering & Monitoring Short-term Supported Employment Services

Vendor will report to team every 3-4 weeks on job development, placement, training to stabilization and the process of securing necessary ongoing supports.

### **Guidelines**

1. OVRs staff is responsible for convening the team every 3-4 weeks to review progress and issues related to vocational goal. During these meetings, progress and barriers to success will be discussed and addressed. IPE services will be reviewed and changed (added, deleted or modified) if needed.
2. Vendor reports should be maintained in each service file. The program that paid for the service should retain the original and share a copy with the partner as soon as possible.
3. OVRs case closure will occur when the following criteria have been met:
  - The customer has been employed for a minimum of 90 days
  - Job stabilization as defined in the plan has occurred
  - The DD system has completed all necessary action to ensure long term support payments are in place

### **Tools**

- 6A Sample Vendor Reports
- 6B Components of a Worksite Analysis

**Tool 6A**  
**Vendor Report Template**

***\*\*Format may vary but should report the following***

**Name of Customer:**

(If billed to OVRS, include AFP # and Customer's SSN)

**Billing Period:**

**Submitted To:**

**Contract Goals:**

(Report what was expected from provider, goal for customer and specific outcomes expected this period)

**Overall Outcomes This Period:**

**Overall Challenges this period and impact on Plan Goal:**

<u>Date</u>	<u>Services/ Activity</u>	<u>Time</u>

**Total Hours:**

**Rate:**

**Total Due: \$**

---

**Employment Specialist** **Date** **SS#**

*\*\*If this is billed to a Brokerage, then should be signed by:*

---

**Customer** **Date** **Family Member** **Date**

## **Tool 6B**

### **Components of a Work Site Analysis**

Customer Name \_\_\_\_\_  
Date of Analysis \_\_\_\_\_  
Job Site \_\_\_\_\_  
Job Title \_\_\_\_\_  
Date of Expected Employment \_\_\_\_\_

#### 1. Identify All Job Routines

Core Routines (identified by the employer)

Episodic Routines (identified by the employer)

Job Routines (identified by job coach during analysis)

Important job culture or other aspects (based on worker needs)

#### 2. How the Job Is Done

(Based on observation and discussion with supervisors/coworkers)

a. Identify all major tasks to be learned and completed

b. Identify specific job requirements

- Physical demands
- Sensory and communication demands
- Academic demands
- Endurance requirements
- Pace of work
- Critically important job components
- Potentially dangerous job components
- Established learning curve or probationary period

c. Worksite Considerations

- Special clothing, uniforms
- Tools and equipment used
- Material to be handled
- Environmental conditions
- Terms used at work

#### 3. How Does the Employer Train and Support New Employees

a. Describe company's orientation procedures

b. Describe company's training program for new employees

c. Describe strategies used by employer for training

- Who typically provides new employee training

- Availability of company supervisor or coworker to train and support individual
  - Strategies used in training
  - Important rules stressed by employer and coworkers
  - “Unwritten rules”
  - Potential adaptations or modifications at the worksite
  - Willingness of coworkers to provide support and assistance
- d. The culture of workplace
- Employer concern for quality
  - Employer concern for productivity
  - Flexibility/ Rigidity
4. Personnel: Managers, Supervisors and Coworkers
- a. List by name and position
  - b. Identify employee social groups and non-work activities
  - c. Leaders and potential allies among supervisors and coworkers
5. Job Description
- a. Develop workweek schedule
  - b. Layout schedule of activities in workday
  - c. Task Analyze Major Job Tasks

This tool is based on Keys To the Workplace: Skills and Supports for People With Disabilities, by Michael J Callahan and Bradley Garner.

## Stage 7: VR Case Closure

For “Rehabilitated” closures, the customer has achieved job stabilization and has maintained employment in an integrated setting at a competitive wage for at least 90 days (or has a timeline for attaining a competitive wage in place) and the Brokerage Long Term Support plan has been placed in VR file. For “Other than Rehabilitated” closures, the VR file is closed and the Personal Agent, family and customer are aware of the reason for the closure as well as what must happen before VR can work with the customer again.

### **Guidelines**

1. The VR case closure of a supported employment case must document the achievement of defined goals and job stabilization and identify the long term support needs and how they will be provided. This can be done through case notes and inclusion of a copy of the DD ISP.
2. The Long-Term Individual Support Plan (ISP) identifying planned supports to help the customer keep the job will be placed in both the VR and DD files.
3. If the customer is not yet earning a competitive wage, the OVRs Counselor will document in a case note when that is expected to occur.

### **Tools**

7A VR Closure Report Template

**NOTE:** A sample of a completed VR Closure Report may be found in the Appendix of this manual.

**Tool 7A**  
**Department of Human Services**  
**Office of Vocational Rehabilitation Services**  
**Closure**

Participant	Social Security Number
-------------	------------------------

<b>1. Outcome*</b>
Closure Date:
Outcome:
Employment Type:
<b>Level of Education Obtained:</b> <input type="checkbox"/> Not Completed <input type="checkbox"/> Elementary Education (Grades 1-8) <input type="checkbox"/> Master's Degree or Higher <input type="checkbox"/> Secondary Education, no HS diploma <input type="checkbox"/> AA Degree or Vo Tech Certificate <input type="checkbox"/> High School Graduate or Equiv. Certificate <input type="checkbox"/> Post-Secondary Education, no degree <input type="checkbox"/> Special Ed (Completion or Attendance)
Hardcopy File Location:

<b>2. Financial*</b>
<b>Primary Source of Support:</b> <input type="checkbox"/> All Other Public Sources <input type="checkbox"/> Annuity or Other Non-Disability Insurance Benefits <input type="checkbox"/> Current Earnings, Interest, Dividends, Rent <input type="checkbox"/> Private Relief Agency <input type="checkbox"/> Public Assistance, at least partly with Federal Funds <input type="checkbox"/> All Other Sources of Support <input type="checkbox"/> Converted Data 2 <input type="checkbox"/> Family & Friends <input type="checkbox"/> Public Assistance without Federal Funds (GA only) <input type="checkbox"/> Public Institution, Tax Supported
<b>Medical Insurance at Closure:</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> Private Insurance Through Own Employment <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance Through Other Means <input type="checkbox"/> Public Insurance from Other Sources
<b><u>Status at Application:</u></b> SSDI Status: SSI Status:
<b><u>Status at Closure:</u></b> SSDI Status: SSI Status:

**Public Support: (Reminder: Public Support amounts entered at Application)**

**SSI Aged:**

**SSI Disabled:**

**SSDI:**

**VA:**

**TANF:**

**General Assistance:**

**Other Disability:**

**Other:**

**3. Services**

**Services Provided at No Cost:**

- |  |   |
|--|---|
| <input type="checkbox"/> Adjustment Training             | <input type="checkbox"/> Assessment                       |
| <input type="checkbox"/> Assistive Tech Devices          | <input type="checkbox"/> Assistive Tech Services          |
| <input type="checkbox"/> Business/Vocational Training    | <input type="checkbox"/> College/University Training      |
| <input type="checkbox"/> Interpreter Assistance          | <input type="checkbox"/> Job Finding                      |
| <input type="checkbox"/> Job Placement                   | <input type="checkbox"/> Maintenance                      |
| <input type="checkbox"/> Miscellaneous Training          | <input type="checkbox"/> OJT                              |
| <input type="checkbox"/> Other                           | <input type="checkbox"/> Other Personal Assistance        |
| <input type="checkbox"/> Personal Attendant              | <input type="checkbox"/> Reader Assistance                |
| <input type="checkbox"/> Rehab Engineering               | <input type="checkbox"/> Restoration (Physical or Mental) |
| <input type="checkbox"/> Substantial Counseling/Guidance | <input type="checkbox"/> Transportation                   |

**Facility/Agency Furnishing Services:**

**Educational Institutions:**

**Business/Vocational Schools:**

**Hospitals and Sanitariums:**

**Health Organization/Agency:**

**Community Rehabilitation Programs:**

**Welfare Agencies:**

**Other Public Organizations:**

**Other Private Organizations:**

**Individuals:**

**4. Documentation\***

**A. Summarize the circumstances that support the reason for closure (20 lines):**

**B. Other Comments (10 lines – Optional):**

**5. Closure Completion Status**

<b><u>Met</u></b>	<b><u>Criteria</u></b>
Yes/No	The following fields have been completed on the Personal Information data page: Birthdate, Gender.
Yes/No	The following fields have been completed on the Application Data page: Referral Sources, Living Arrangement, Level of Education Attained, IEP, Work Status at Application.
Yes/No	A valid primary disability exists.
Yes/No	All authorizations are either closed or cancelled for the following authorization types: Group.
Yes/No	The Closure Reason has been entered.
Yes/No	The Level of Education has been entered.
Yes/No	Medical Insurance has been entered.
Yes/No	Public Support Available has been entered.
Yes/No	Summary of circumstances that support the reason for closure has been entered.

## Stage 8: Providing Ongoing Supports

Occurs through the Individualized Support Plan and is monitored by the Personal Agent.

### **Guidelines**

1. Designated DD personnel are responsible for identifying and documenting natural and paid resources defined as necessary for long term support to maintain the job.
2. The PA is responsible for quarterly monitoring of the ISP. This process may include:
  - The delivery of plan funded Supported Employment Services
  - Monitoring, or assisting the customer or another designated person to monitor, PASS plan or other applicable work incentives
  - Assisting the customer or designated person in monitoring essential wage reporting to Social Security
  - Reviewing and revising ISP “supported employment” services and/or budget, as necessary and available
3. A customer is eligible to use OVRs Post Employment Services for one-time disability related needs, if necessary in the 12 months following closure, only when all the following criteria are met
  - The successful VR closure (job) is in jeopardy due to situational changes
  - Placement in that job (job goal) may be secured with a one time only investment
  - The requested need is different and greater than the services and resources available in the initial or an amended ISP

### **Tools**

8A Elements for Brokerage Quarterly Reviews

**NOTE:** A sample of a completed Brokerage Quarterly Review may be found in the Appendix of this manual.

## **Tool 8A**

### **Elements for Brokerage Quarterly Reviews**

There is no established template for reports; each Brokerage has established their own. The important things to review related to Long Term Supported Employment are:

1. Review and reconciliation of records of ISP payments made with Support Service funds.
  
2. Based on monthly invoices and progress reports from paid vendors:
  - Are planned paid supports being provided?
  - Are planned natural supports being provided? (Business, family or other)
  - Are there issues being raised that need to be addressed to help customer keep job?
  - What will be done to address these issues?
  
3. Based upon communication with customer and family:
  - Is customer still satisfied with employment?
  - Is essential information necessary to maintain resources and Medicaid eligibility being reported? (Wages to SSA, PASS plan, etc.)
  - Are there issues being raised that need to be addressed to help customer keep job?
  - What will be done to address these issues?

## **Appendices**

VR-DD Workgroup Membership List  
Support Services Rate Range Memo & Supported Employment Table  
Sample Integrated Plan, Vendor Report, VR Closure  
and Brokerage Quarterly Review

## VR-DD Workgroup Membership

SPD - Developmental Disabilities	Office of Vocational Rehabilitation
<p>Mike Maley            Manager Home and Family Support            500 Summer St NE, E-10            Salem OR 97301            503 947-4228  <a href="mailto:Mike.j.maley@atate.or.us">Mike.j.maley@atate.or.us</a></p>	<p>Ted Swigart            OVRs Field Services Manager            500 Summer St NE, E-87            Salem OR 97301            503 945-6375  <a href="mailto:Ted.swigart@state.or.us">Ted.swigart@state.or.us</a></p>
<p>Molly Holsapple            Staley Team Member            500 Summer St NE, E-10            Salem OR 97301            503-945-9815  <a href="mailto:Molly.s.holsapple@state.or.us">Molly.s.holsapple@state.or.us</a></p>	<p>Sheila Hitchen            Field Services Technician            500 Summer St NE, E-87            Salem OR 97301            503-945-6255  <a href="mailto:Sheila.r.hitchen@state.or.us">Sheila.r.hitchen@state.or.us</a></p>
	<p>Lynda VanDoran            Supported Employment Coordinator            500 Summer St NE, E-87            Salem OR 97301            503-947-5227  <a href="mailto:Lynda.vandoran@state.or.us">Lynda.vandoran@state.or.us</a></p>
<p>Dan Peccia            DSI Brokerage Director            305 NE 102<sup>nd</sup> Ste 100            Portland OR 97220            503-258-2440x104  <a href="mailto:Dpeccia@thementornetwork.com">Dpeccia@thementornetwork.com</a></p>	<p>Nancy Conover            VR Branch Manager            (North Portland)            4744 N. Interstate Avenue            Portland, OR 97217            503-280-6940  <a href="mailto:nancy.conover@state.or.us">nancy.conover@state.or.us</a></p>
<p>Bill Uihman            Eastern Oregon Brokerage Director            1216 C St, PO Box 329            Hood River OR 97031            541-387-3600  <a href="mailto:Wfu@eossb.org">Wfu@eossb.org</a></p>	<p>Patrick Foster            VR Branch Manager            (Washington, Clatsop, Columbia and            Tillamook Counties)            10777 SW Cascade Blvd.            Tigard OR 97233            503-598-6262  <a href="mailto:Patrick.n.foster@state.or.us">Patrick.n.foster@state.or.us</a></p>

<b>SPD - Developmental Disabilities</b>	<b>Office of Vocational Rehabilitation</b>
<p>Jessica Leitner  Clackamas County DD Manager  Marylhurst Clinic Education Hall  PO Box 12  Marylhurst, Ore 97036  503-722-6555  <a href="mailto:JessiClei@co.clackamas.or.us">JessiClei@co.clackamas.or.us</a></p>	<p>Kelly Franklin  VR Branch Manager  (Jackson, Josephine, Klamath &amp; Lake  Counties)  28 W 6<sup>th</sup> Street Suite A  Medford OR 97501  541-776-6035  <a href="mailto:Kelly.j.franklin@state.or.us">Kelly.j.franklin@state.or.us</a></p>
<p>Melissa Heston  Creative Supports Brokerage PA  897 Royal Ave Ste C &amp; D  Medford OR 97504  541-864-1673x108  <a href="mailto:Mheston@creativesupports.org">Mheston@creativesupports.org</a></p>	<p>Ken Weeks  VR Branch Manager  (Marion &amp; Polk Counties)  1701 Liberty St S  Salem OR 97310  503-378-2483  <a href="mailto:ken.weeks@state.or.us">ken.weeks@state.or.us</a></p>
<p>Tara Asai  Representative  DD Support Services Advisory Group  6115 SE Grant  Portland OR 97215  (503) 774-2038  <a href="mailto:tmasai@earthlink.org">tmasai@earthlink.org</a></p>	<p>Cynthia Owens  Member  DD Support Services Advisory Group &amp;  Oregon State Rehabilitation Council  226 SW Santana Place  Portland OR 97225  503-297-1870  <a href="mailto:Cynleeowe@aol.com">Cynleeowe@aol.com</a></p>



Seniors & People with Disabilities  
Office of Home and Community Supports

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**Subject:** Adults with Developmental Disabilities  
September 2004 Revision #2 Updated Rate Policy and  
Ranges for Support Services

**Date:** August 16, 2004

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**Background**

Oregon Administrative Rule 411-340-0130 (3) (C) (A) Support Services for Adults with Developmental Disabilities requires that the department publish and periodically update written guidelines identifying local and customary costs of services. These guidelines identified as approved rate ranges are designed to:

- (a) Support informed decision-making by brokerage customers and families;
- (b) Assure the availability of qualified individuals and organizations providing efficient and cost effective services to customers with developmental disabilities; and,
- (c) Provide a tool to assist in the construction of individualized budgets.

Rate ranges are based upon a statewide review of costs among Department of Human Services units including Seniors and People with Disabilities, the Office of Vocational Rehabilitation Services, Children and Family Services and the Oregon Health Plan. These rate ranges apply only for the purchase of support services for adults with developmental disabilities covered under OAR Division 411, Chapter 340. They do not apply to the costing of comprehensive services or to higher rates for services that may be approved by the Office of Vocational Rehabilitation or others.

## **Application of Rate Ranges**

The Support Services for Adults with Developmental Disabilities Oregon Administrative Rule identifies three types of providers meeting the needs of Brokerage customers; a) a General Business Provider, b) an independent provider who may be an employee of a service recipient/family or a bona fide independent contractor; or c) Provider Organization. The identified Rate Ranges apply to all types of providers. Specific rate ranges are identified for service recipient/family employees, independent contractors and Provider Organizations. A “General Business Provider” is expected to be available for only a limited number of services also used by the general public. For that reason, specific rate ranges were not specifically identified. Instead, these rates are to be based on the usual and customary charges to the public at large. The approved rate for a “General Business provider” may not exceed that paid to a provider organization for the same service.

Rate Ranges have not been established for non-medical transportation due to the great variation in approach and cost.

## **Establishment of An Approved Rate**

1. Use of the Ranges. Brokerages are expected to utilize providers within identified rate ranges in all but extraordinary situations, tied directly to the needs and plans of an individual receiving Support Services. Rate Ranges are intended to support applicable laws, administrative rule requirements, and usual and customary charges. No rate or wage is expected to be below the minimum Rate Range unless justified by a reason consistent with state and federal labor law. Approval above the maximum of a range is done on an exception basis as defined in this bulletin.
2. Establishment of Rates. All approved providers used by customers of the Brokerage will establish a rate for the provision of defined services and support as part of the process of certification and selection. Both Provider Organizations and bona fide independent contractors must establish rates based upon their identified costs in adherence with relevant state and federal regulations. The DHS published **Rate Setting and the Purchase of Self-Directed Support Services from State Licensed or Certified Provider Organizations** remains available to assist in

the process or rate setting at:

[http://www.dhs.state.or.us/disabilities/staff\\_provider\\_tools/rate\\_setting\\_2002.html](http://www.dhs.state.or.us/disabilities/staff_provider_tools/rate_setting_2002.html) Some highlighted rate setting expectations are included in this Policy Transmittal to support a clear communication of expectations.

- a. Billing and payment is based upon direct service delivered.  
This means that unless otherwise specified in service definitions payment is only made for “face to face” time with a customer. The established rate range allows for the inclusion of indirect costs for activities necessary to deliver the service.
  - b. Established Units of Service Identified rate ranges are based upon the most commonly used units of service i.e., an hour of staff time or a day (5 or more hours) of service. To ease administrative requirements, tracking and billing is required at the level of one-half the chosen unit of service (1/2 hour or day) and not upon smaller units.
3. Brokerage Review and Documentation of Rates.
    - a. The local Brokerage will review all the rates identified by provider organizations or independent contractors to ensure that they fall within approved ranges for the service or supports to be provided.
    - b. Brokerages will maintain in the provider file information on a provider’s, services, rates, and other information gathered to assist in customer choice.
4. Independent Contractor and Provider Organization Documentation. All bona fide independent contractors and Provider Organizations must maintain documentation to support and justify rate-setting decisions in order to address the inquiries of potential customers or respond to a state or federal audit.
5. Selection of Cost Effective Supports. The provider process of establishing rates and the customer selection of local providers shall be based upon the delivery of the most cost effective supports.

## Rate Exception Process

1. Individual Exceptions Allowed. A Brokerage may in an extraordinary situation to negotiate an individual plan based upon a rate that exceeds published guidelines. No blanket rate exceptions for a provider or independent contractor will be allowed.
2. Criteria For Exception. Exceptions may be granted by the Brokerage only when the support needs of an individual cannot be addressed within the existing ranges and no alternative exists. Rate exceptions will not be granted for customer absenteeism or other issues that are more appropriately addressed by clarification of contract expectations, changes in plan content, or change in providers.
3. Documentation and Monitoring of An Exception. The Brokerage will document the approval and justification for exception on the submitted ISP and individual budget. All plans will be monitored for continued need and cost effectiveness.
4. Exception for Absenteeism Not Allowed

## Review and Utilization of the Rate Range

The Rate Range Chart is designed as a tool for use by customers, brokerages, and providers to support effective communication and informed decision making. Informed customers will choose providers based upon criteria important to them, including, but not limited to, provider experience, customer comfort, control and cost.

The following information may assist in helping all stakeholders use this tool throughout the process from rate setting to contract negotiation and customer satisfaction.

**Cat or Category and Shaded Service Descriptions.** These are federally approved support services funded under Oregon's waiver. These service titles, if prioritized by a customer, will be clearly identified within the final ISP.

**Non Shaded Service Descriptions.** The definitions are intended to assist: (a) providers in the development of marketing materials, and (b) customers and PAs in the development and negotiation of individual service agreements and budgets based on desired outcomes.

**Types of Providers: Reasons For Rate Ranges and Customer Selection.** All providers used by Brokerage customers must be qualified in the delivery of identified services from the first day of operation. The 3 types of providers do have differences that justify the variations in rate ranges and influence customer decision-making.

**1. Individual or Business Co-Worker Employed By the Family.**

This is a person selected by the customer to provide identified supports paid for with support service or other funds. Persons in this category do not generally serve more than one person supported by the Brokerage. Individuals are employees of the customer, or remain employees of the business, and rate ranges are based upon hourly wages.

***Please Note:** The use or payment of business coworkers for supported employment requires compliance and documentation of specific conditions. These procedures are outlined in a separate document.*

**Reasons a customer may choose an individual or coworker:**

- They know and work well with the customer.
- They understand the employment expectations of the business
- They can meet the schedule and other expectations of the customer.
- Cost

**2. Independent Contractor or Independent Provider.** An individual in the business of providing services and supports to persons with disabilities or other citizens, who does so without the use of employees, contractors, or volunteers. Independent contractors must meet expectations defined in federal and state law.

**Reasons a customer may choose an independent provider:**

- Flexibility or individualization of supports
- Expertise
- Administrative ease
- Cost

**3. Provider Organization.** An organization in business to support customers with disabilities using employees, contractors, and or volunteers. Provider organizations must be licensed or certified by SPD. A provider organization may serve multiple customers of a Brokerage, as well as customers in comprehensive services.

**Reasons a customer may choose a provider organization**

- ✓ Access to multiple options
- ✓ Range of expertise
- ✓ Stability of organization including staff backup
- ✓ Community presence and recourse to resolve grievances

## 2004 Support Services Rate Ranges

Cat	Service Title and Description	Independent Provider		Provider Organization
		Individual Employed by Service Recipient/Family	Independent Contractor	
SUPPORTED EMPLOYMENT	<b>Time Limited Employment Supports:</b> All initial phases of supported employment are time limited and must have measurable benchmarks or outcomes. They are services that help the individual to choose a type of work, get a job, and learn the tasks related to a paid community job in an integrated setting. Time limited services end when the goals for employment have been met and the individual is meeting performance expectations of the employer. Vocational Rehabilitation (OVRs) or the Oregon Commission for the Blind (OCB) must be used initially if individual meets eligibility criteria. Rate ranges apply to the use of support service funds (DD149) only. Job training provided should be designed to maximize the use of typical business coworkers and staff in supporting an individual's initial and ongoing job performance.			
	<b>Job Development and Placement</b> Development, creation, or identification of paid working a community business or self employment setting that meets customer and plan documented expectations related to work tasks, use of coworker or natural supports, location, integration, hours, wage level, transportation etc. This service may be done in the name of the customer (not require customer attendance at all times).	\$7.05-\$12.26 per hour plus tax	\$12-\$32 per hour	\$14.50-\$40 per hour
	<b>Job Exploration</b> A defined and time limited series of short-term job placements designed as an assessment or "try out" of potential areas of employment identified as interests or strengths in the person's PC employment plan.			
	<b>Job Coaching, or Employment Consultation (time limited)</b> Assessment, job adaptation, environmental accommodation, worker and coworker training with the goal of assisting the individual to meet job expectations with as much independence and natural coworker support as possible. Regular and necessary accommodations and supports are to be put in place and available for the life of the job. Coaching and consultation is expected to include the worker (face to face). Limited business training (face to face with designated coworker or supervisor) may be prior approved in the plan and billing must include documentation of activity and outcome.			
	<b>Long Term Employment Supports or Consultation</b> Providing ongoing supports to an employee or an employer at or away from the job site to support success in keeping a job. Enhances what is typically available at the job site as an accommodation (no cost) and directly provides supports only above that level. Provides or arranges for personal care, as needed			

## 2004 Support Services Rate Ranges

Cat	Service Title and Description	Independent Provider		Provider Organization
		Individual Employed by Service Recipient/Family	Independent Contractor	
	<p><b>Individual On-Going Supported Employment</b>                      Worksite monitoring and interventions that will help ensure maintaining employment using and enhancing as much natural support as possible. Focuses consultation on individual and or coworkers. Assists in retraining for job upgrade or restabilization as needed. Provides or arranges for personal care, as needed Coaching and consultation is expected to include the worker (face to face). Limited business training (face to face with designated coworker or supervisor) may be prior approved in the plan and billing must include documentation of activity. Federal supported employment regulations require regular (2 x per mo or more) monitoring of all paid and unpaid employment supports.</p>	\$7.05-\$12.26 per hour plus tax OR Payment of coworker/Business based on formula SPD IM 04-017 3/14/04	\$12-\$32 per hour	\$14.50-\$40 per hour

## Jane A Customer Supported Employment Plan(s)

The following materials are abridged portions of the planning documents available as models to demonstrate the collaborative process and documentation in the partnership for Jane. Dates are identified for each step to represent the planning process only.

- |         |                |   |
|---------|----------------|---|
| Step 1: | <b>3/04</b>    | Employment Screening<br>Brokerage completes <b><u>Goals Survey</u></b> to report results of PCP. Employment is identified as goal and recorded on <b><u>Summary /Brokerage ISP and Amendment1</u></b> |
| Step 2: | <b>4/1/04</b>  | VR Application Meeting<br>Case open and Employment PCP scheduled  |
| Step 3: | <b>6/1/04</b>  | Establishing Vocational Goal<br>Joint <b><u>Employment Person Centered Plan</u></b> provides basis for VR IPE   |
| Step 5: | <b>6/04</b>    | Vendor Selection<br><b><u>Sample Case Note</u></b> placed in VR and Brokerage Customer File   |
| Step 4: | <b>7/04</b>    | Supported Employment Plan Implementation<br><b><u>VR IPE</u></b> developed by Employment Team   |
| Step 6: | <b>8/15/04</b> | Monitoring Service<br><b><u>Sample Vendor Report</u></b> submitted after first 30 days of job development   |
| Step 7: | <b>2/05</b>    | VR Case Closure<br><b><u>Brokerage ISP Amendment 2</u></b> (SE only) and <b><u>VR Closure Report</u></b>  |
| Step 8  | <b>5/05</b>    | On-going Supported Employment<br>Brokerage Quarterly Review   |

# JANE A. CUSTOMER BROKERAGE GOALS SURVEY

Form in Toolkit p 30-31

Jane's Goal Survey included information in the areas of **Employment, Communication, and Transportation** important in achieving her employment goal. Here are some of the comments made:

## **What's Important TO Customer (from their perspective)?**

**Employment** Jane would like to have a job working in childcare

**Communication** Jane is very social and enjoys being around other people. She very much likes to spend time with her family and friends.

## **What's important FOR Customer (others perspective)?**

**Employment** Her family would like to see Jane working at a job she enjoys and that will help her gain enough income to be able to successfully move out into her own apartment.

**Communication** Her family wants to see Jane have plenty of opportunities to interact with her peers and the community at large. They do have some concern about Jane's ability to pick up on social cues and be able to know when it is appropriate to talk with others about certain subjects and when it is not okay.

**Transportation** Her family wants Jane to have safe and reliable transportation that meets her needs.

## **Safety Issues and Concerns**

Jane has limited knowledge of the bus system. If she knows how to get to a destination, she is fine, but if she does not know a bus route, she has limited skills to get home or to another known destination.

## **Strengths Interests and Supports**

Jane has good verbal skills and also follows verbal directions well. She enjoys interacting with others and is an outgoing person.

## **MET and UNMET Needs**

**Employment** Job development, job training available with the help of VR. Jane may need some additional benefits counseling to better understand how employment will affect her income and to explore if any work incentives will be useful to her.

**Communication** Jane sometimes has difficulty picking up on social cues that a topic is no longer interesting to the person she is talking to or if a particular topic is appropriate to talk about at certain times. For example, sometimes Jane will interject statements into a conversation that don't relate to what is being discussed or are of a personal nature when that might not be appropriate. While her family has adjusted to this, it may be problematic when entering other environments like work or social situations without a family member or support person around. Jane recognizes this and would like some support on learning how to pick up on social cues and communicate more appropriately. Jane's presently using an independent contractor to access the community; this person can help provide training.

Resources presently Accessed and Potentially Available

## SUMMARY OF JANE A. CUSTOMER BROKERAGE ISP WITH AMENDMENTS (2)

Form in Toolkit page 39

Plan Year 3/1/04 through 2/28/05

Annual Benefit Level Up to \$9600 a year or \$800 a month, if needed

**Original Plan** Approved 2/15/04 Total Plan Cost = **\$3120**

Goal	Services	Cost	Dates	Provider
Use my community	<b>Community Inclusion</b> Training 3 hours week@ \$20 hour	\$3120 per year	3/1/04-2/28/04	John Doe

**Amendment #1** Following Employment PCP with VR approved 6/25/04 for Implementation 7/1/04 New Total Annual plan Amount **\$4240**

Goal	Services	Cost	Dates	Provider
Use my Community	<b>Community Inclusion</b> Revise activity and training to (a) Increase social communication skills (b) Learn bus routes	No change in annual cost \$3120	7/1/04-12/1/04	John Doe
Get and keep a job	<b>Transportation</b> Bus Pass	\$140 at \$20 a month	7/1/04-2/28/05	Tri Met
	<b>Time Limited Supported Employment</b> Job Development Job Training	\$0 See VR plan attached	7/04 to job stabilization	AA Job Finder AA Job Coach
	<b>Supported Employment</b> long term support 2 hrs week @ \$35 hour	\$980 <b>Note annual cost would be \$3500</b>	Estimate 12/1/04 - 2/28/05 (14 weeks)	TBD

**Amendment 2** Completed and approved in October 04 based on actual VR Closure date. See page 85. Records actual Supported Employment long-term support service and natural strategies, costs, providers for the remainder of the plan year.

**JANE A. CUSTOMER EMPLOYMENT PCP**  
**Employment Focused Person Centered Plan Meeting**  
**Meeting Date 06/12/04**

**Guidelines and Form pages 18-21**

**Meeting Record:**

An Employment Focused PCP meeting was held for Jane on 6/12/04. In attendance at the meeting were Jane, her parents, her sister, her voc rehab counselor, her personal agent (facilitator), a job developer, her former high school transition teacher and her current provider of community inclusion supports.

The meeting was held because in the process of developing a whole life plan for Jane, she indicated that moving out into her own apartment was her number one goal. She knew that in order to do this successfully, she had to generate more income and that meant getting a job. In discussions around this, she has talked about a few of the work experiences she had while participating in a transition program at school. She had a variety of work experiences and the ones she liked best were childcare, pet care and work in a nursing home. However, she wasn't clear as to which of these areas she wanted to focus on.

See table (attached) that outlines information gathered at this meeting.

**Action Plan:**

VR Counselor will complete an Employment Plan that includes money for job development and initial job coaching. IEP should be completed by the end of the month.

Within 14 days, Personal Agent will complete a plan revision (#1) that includes money for travel training (if needed) and extra hours from present provider to train around better understanding social boundaries.

Jane's sister will talk with her daughter's childcare center about possible job openings within the next week.

Within 7 days, former teacher agrees to follow up possible job at YWCA (no cost)

Jane and her mother will talk to their pastor about volunteering with the childcare provided during some church events next Sunday after church.

**JANE A. CUSTOMER EMPLOYMENT PCP**  
**Employment Focused Person Centered Plan Meeting**  
**Meeting Date 06/12/04**

<p><b><u>History</u></b>  Work experience through HS Transition:</p> <ul style="list-style-type: none"> <li>▪ Child care</li> <li>▪ Humane society</li> <li>▪ Nursing home</li> <li>▪ Cafeteria worker</li> <li>▪ Office volunteer</li> </ul> <p>Jane will also help care for her niece (1 year old). She has learned to feed her a bottle, change her diaper and rock her to sleep.</p>	<p><b><u>Strengths</u></b></p> <ul style="list-style-type: none"> <li>▪ Social, enjoys being around people.</li> <li>▪ Likable</li> <li>▪ Basic reading skills</li> <li>▪ Follows rules and instructions well</li> <li>▪ Generous</li> <li>▪ Sunny disposition</li> </ul>	<p><b><u>What Works</u></b></p> <ul style="list-style-type: none"> <li>▪ Job on bus line</li> <li>▪ Well defined job (routine without a lot of separate tasks or changes)</li> <li>▪ Working with animals</li> <li>▪ Working with kids</li> <li>▪ Working with seniors</li> <li>▪ Family support</li> </ul>	<p><b><u>What Doesn't Work</u></b></p> <ul style="list-style-type: none"> <li>▪ Job with a lot of changes in routine</li> <li>▪ Evening or night work hours</li> <li>▪ Variable work hours</li> <li>▪ Working alone</li> <li>▪ Working around food or in office</li> </ul>
<p><b><u>Needs &amp; Support Strategies</u></b></p> <p><b><u>Time limited</u></b></p> <ul style="list-style-type: none"> <li>▪ Travel training to learn bus. (Brokerage)</li> <li>▪ Training on what's appropriate to talk about in social work settings (Brokerage)</li> <li>▪ Help to find a paid job at 30 hours week with 3-4 major tasks. (VR)</li> </ul> <p>Assistance to learn job expectations (VR)</p> <p><b><u>Long term</u></b></p> <ul style="list-style-type: none"> <li>▪ Learn new job tasks</li> <li>▪ Relationships with co-workers</li> <li>▪ Managing paycheck/budget</li> </ul>	<p><b><u>Resources</u></b></p> <ul style="list-style-type: none"> <li>▪ VR</li> <li>▪ Brokerage</li> <li>▪ Family</li> <li>▪ OAC for extra benefits counseling</li> <li>▪ Red Cross child care and child first aid/CPR classes</li> </ul>	<p><b><u>Ideal Aspects For a Job</u></b></p> <ul style="list-style-type: none"> <li>▪ Childcare – a teacher's aid type position.</li> <li>▪ Working with someone else</li> <li>▪ Having a lot of time with the kids</li> <li>▪ Having a set list of job duties that don't change too much or too often</li> <li>▪ Having extra up front job training</li> </ul>	<p><b><u>Community Connections</u></b></p> <ul style="list-style-type: none"> <li>▪ Sister takes her daughter to a childcare center – may be a possibility</li> <li>▪ Teacher aware YWCA that also does childcare</li> <li>▪ Jane's church provides childcare for some events. Jane (with her mother's help) will look into volunteering there to gain experience.</li> </ul>

**JANE CUSTOMER**  
**CASE NOTE VENDOR SELECTION 6/25/04**  
**(placed in VR and Brokerage File)**

**Attending:** Jane, mom, PA and VR Counselor (follow up to Employment PCP)

**Criteria important to Jane and Team in selection of SE vendor(s)**

See Toolkit page 43-44

- Jane gets to interview possible vendors.
- Female job coach
- Good communication skills will involve and report to Jane, family and the team
- Vendor with experience and understanding of supported employment –good record finding jobs
- Vendor have experience with job carving and involving businesses in creating innovative job supports
- Agency/Individual capable of doing both job development and training within costs acceptable for long term support too (not greater than \$40/hr Agency or \$32 individual for long term support)

**Recommended Vendors**

- AA Job Developers
- True Believers Inc
- Margaret Mahoney

**Requested Vendor Activities**

- Visit Jane on Sunday when she is providing volunteer day care at church to see what works and doesn't work
- Review and use Employment PCP information as guide
- Involve Jane in job development process
- Provide regular reports identifying process and results of potential employers and job site analysis during job development

**Next Steps**

- Jane and advocate will interview vendors
- Write IPE

# JANE CUSTOMER VR INDIVIDUAL PLAN FOR EMPLOYMENT (IPE)

Forms in Toolkit pages 33 -38

<b>Participant</b> Jane A. Customer	<b>Social Security Number</b> 123-45-6789
<b>Caseload</b> Ima Counselor	

<b>1. General Information</b>
<b>Plan Number:</b> 1
<b>Signature/Start Date:</b> 7/1/2004
<b>Expected Plan End Date:</b> 2/1/2005
<input checked="" type="checkbox"/> <b>Supported Employment</b>
<input type="checkbox"/> <b>Small Business Enterprise</b>
<b>Employment Goal</b>
<b>Selected:</b> Child Care Workers
<b>Custom:</b>
<b>Reason for Selecting this Employment Goal (Check all that apply):</b>
<input checked="" type="checkbox"/> <b>A good choice given my abilities and disability</b>
<input type="checkbox"/> <b>I am currently doing this type of work</b>
<input checked="" type="checkbox"/> <b>I explored options and feel this is a good choice.</b>
<input type="checkbox"/> <b>I have a job offer to do this type of work.</b>
<input type="checkbox"/> <b>I have successfully completed related training.</b>
<input type="checkbox"/> <b>I have successfully done this type of work before.</b>
<input checked="" type="checkbox"/> <b>It agrees with my IEP plan through my high school.</b>
<input checked="" type="checkbox"/> <b>It matches my interests, abilities and strengths.</b>
<input checked="" type="checkbox"/> <b>The job outlook for this type of work is good.</b>
<b>Discuss transferable skills, client characteristics &amp; other factors that were used to determine the employment goal.* (10 lines)</b>
Jane has had some experience as a mother's helper during the summers in high school. She has participated in a work experience in a daycare center as part of her transition to work from high school program. Jane enjoys working with children and is able to communicate and initiate play with toddler age children. Jane will need help in identifying and leaning the job in a paid setting. She will need long-term supports to help with communications with employer and coworkers and with dealing with potential changes at the worksite. Long-term supports are available through the brokerage. The team will also look at other long-term supports such as natural supports, paid coworker and Social Security Incentives.

**Discuss Labor Market Information\* (10 lines)**

Employment Outlook for Child Care Workers Statewide Employment Analysis: The 2002 employment level is estimated to be about average. The 2002-2012 growth rate for this occupation is projected to be much faster than average. Total job openings are projected to be much higher than average. Reasonable employment opportunities exist largely due to the significant number of job openings projected for this occupation. VR also made 15 inquiries as to the possibility of part time work for child care helper. 50% of the centers called said they would be interested in finding out more about this type of hiring situation.

Jane is expected to initially need job carving as an approach to job development identifying 2-3 major tasks in approved job description.

**1b. Financial Needs Test**

Check the Boxes that Apply: (Public Support IS Available)

SSI       SSDI       OHP       TANF

Food Stamps

Homeless or Transient

Low Income Housing

Other Needs-Based State or Federal Program (specify:)

None of the Above

For checked boxes, indicate verification method:

**SECTION A. FAMILY INCOME (Adjusted Gross Income From Most Recent Federal Income Tax Return)**

	Amount
Client	\$ 0.00
Family Member (Specify Relationship to Client)	\$ 0.00
Family Member (Specify Relationship to Client)	\$ 0.00
Family Member (Specify Relationship to Client)	\$ 0.00
Total Family Income	\$ 0.00
Size of Family Unit	
250% of Poverty Guideline	\$ 0.00

**SECTION B. FINANCIAL PARTICIPATION SCHEDULE**

Mandatory Contribution Amount      \$ 0.00

Override Mandatory Contribution

**SECTION C. CLIENT VOLUNTARY CONTRIBUTION**

Client Voluntary Contribution Toward Their IPE Expenses      \$ 0.00

**2. Planned Services (At least one required)****1. Service Description**

Plan Number: 1

<b>Service Number: 1</b>	
<b>General Category:</b> Job placement or retention	
<b>Description (5 lines):</b> Specific Job Development -- 20 hours to be used in month 1 with detailed report and work site analysis. Additional 20 hours in Month 2 and 3 if needed. Employment opportunity as a childcare helper at least 25-30 hrs. per week on bus line #99. Team will meet at the end of first month or if employment is found.	
<b>Start Date:</b> 09/01/2004	
<b>End Date or Event:</b> Secured employment	
<b>My Chosen Provider:</b> AA Job Finder	
<b>2. Estimated Service Costs</b>	
<b>Participants:</b> \$0.00	
<b>Others/Comparable Benefit:</b> \$0.00	
<b>Agency:</b> \$2,000.00	
<b>Source to be Determined:</b> \$0.00	
<b>Total Service:</b> \$2000.00	
<b>Source of Comparable Benefits (Check all that apply)</b>	
<input type="checkbox"/> <b>Employer Medical Insurance</b>	<input type="checkbox"/> <b>Family</b>
<input type="checkbox"/> <b>JTPA</b>	<input type="checkbox"/> <b>Medicaid</b>
<input type="checkbox"/> <b>Medicare</b>	<input checked="" type="checkbox"/> <b>None</b>
<input type="checkbox"/> <b>Other</b>	<input type="checkbox"/> <b>PELL Grant</b>
<input type="checkbox"/> <b>Pending Litigation</b>	<input type="checkbox"/> <b>Private Insurance</b>
<input type="checkbox"/> <b>VA Grant</b>	<input type="checkbox"/> <b>VA Medical</b>
<input type="checkbox"/> <b>Workman's Comp.</b>	
<b>1. Service Description</b>	
<b>Plan Number:</b> 1	
<b>Service Number:</b> 2	
<b>General Category:</b> Job Coaching	
<b>Description (5 lines):</b> One to 3 months of job coaching with decreasing numbers as participant learns the job. Projection: Week 1-4 -- 20 hrs, Week 5-7 -- 10 hrs., Week 8-10 -- 5hrs. Week 11-12 -- 5 hrs. Report required.	
<b>Start Date:</b> 10/01/2004	
<b>End Date or Event:</b> Completion of training	
<b>My Chosen Provider:</b> AA Job Coaches	
<b>2. Estimated Service Costs</b>	

<b>Participants: \$0.00</b>	
<b>Others/Comparable Benefit: \$0.00</b>	
<b>Agency: \$3,000.00</b>	
<b>Source to be Determined: \$0.00</b>	
<b>Total Service: \$3000.00</b>	
<b>Source of Comparable Benefits (Check all that apply)</b>	
<input type="checkbox"/> Employer Medical Insurance	<input type="checkbox"/> Family
<input type="checkbox"/> JTPA	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Medicare	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Other	<input type="checkbox"/> PELL Grant
<input type="checkbox"/> Pending Litigation	<input type="checkbox"/> Private Insurance
<input type="checkbox"/> VA Grant	<input type="checkbox"/> VA Medical
<input type="checkbox"/> Workman's Comp.	

<b>3. Other Comments:</b>
Other Comments (Optional-10 lines):

<b>Total Costs</b>
<b>Participant: \$0.00</b>
<b>Others/Comparable Benefits: \$0.00</b>
<b>Agency: \$5000.00</b>
<b>Source to be Determined: \$0.00</b>
<b>Total Plan: \$5000.00</b>

<b>3. Participant Responsibilities</b>
<b>Check all that apply (At least one checkbox OR the narrative is required.)</b>
<input checked="" type="checkbox"/> I understand that it is my responsibility to complete this plan and I will inform my counselor of changes or problems affecting my ability to do so.
<input checked="" type="checkbox"/> I will not quit my program or make any changes without contacting my counselor first.
<input checked="" type="checkbox"/> I understand the importance of attendance and punctuality.
<input checked="" type="checkbox"/> I report any address or telephone number change to my counselor immediately.
<input checked="" type="checkbox"/> I have a responsibility to return any equipment purchased for me by the agency if I no longer use it as planned.
<input type="checkbox"/> I will achieve satisfactory academic progress.
<input type="checkbox"/> I will apply for financial aid each academic year.
<input type="checkbox"/> I will consistency look for employment.
<input checked="" type="checkbox"/> I will cooperate with all job placement efforts.

- I will cooperate with my job coach to learn my job.**
- I will follow my treatment program.**
- I will follow up on all employment leads provided.**
- I will maintain sobriety.**
- I will present my semester schedule of classes.**
- I will take my medications as prescribed.**

**Other (10 lines):**

I will participate in the team, which is helping me find employment. I will meet with the Job Developer each week. I will pick up agreed upon applications each week. I will call the VRC each week to report job development progress. When working I will attend all assigned work times and follow the appropriate procedures for calling in when sick or late. I will follow work procedures and work rules.

**4. Documentation**

**A. Criteria for evaluating progress towards my (participant) employment goal (20 lines):**

1. Job developer's report 2. Job coaches' report on how Jane is learning the job. 3. Satisfaction of all team members. 4. Completion of bus training. 5. Employer's evaluation of Jane's work. 6. Jane's satisfaction with her work.

**B. Other Comments – Printed on Plan (Optional – 10 lines):**

The team has agreed that work stabilization has occurred when Jane works a minimum of 25 hours a week and requires less than 8 hours of paid job support per month. Once Jane has completed her training and she has completed at least 90 days of stable successful employment, the team will meet and the Vocational Rehabilitation file will be closed as a successful rehabilitation. It will then become the responsibility of the Brokerage to provide the long-term supports to assure that the Supported Employment placement continues to be successful. At that time (which is estimated to be after one to three months of job coaching and two months of follow along job coaching), the long term supports through the brokerage will be put into place.

**5. Plan Completion Status**

<b>Met</b>	<b>Criteria</b>
Yes	<b>The Participant is in Eligible, Service or Employed Status.</b>
Yes	<b>The logged in user has personal security to enter a Plan Signature/Start Date.</b>
Yes	<b>The Ticket to Work Ticket Program Participant Description has been completed on the Ticket to Work datapage.</b>
Yes	<b>The Expected Plan End Date is Entered.</b>
Yes	<b>An Employment Goal is selected.</b>
Yes	<b>At least one Planned Service exists.</b>
Yes	<b>The Reason for Selecting Employment Goal check box or narrative field is entered.</b>
Yes	<b>The Participant Responsibilities check box or narrative field is entered.</b>
Yes	<b>The Documentation narrative (Section 4A) is entered.</b>
Yes	<b>Financial Needs Test Completed</b>

## **5. Terms and Conditions**

### **Post-Employment Services:**

**I have been informed of the availability of post-employment services. An assessment of my need for post-employment has been made. It is expected that I will  / will not  need post-employment services.**

### **Statement of Mutual Understanding:**

- Informed Choice/Participation: I will be provided the opportunity to have informed choice and participate throughout the Vocational Rehabilitation process, including selecting a specific employment outcome, the development of my plan, vocational rehabilitation services, and the provider and methods by which these services will be delivered.**
- Accessibility: I am entitled to have all information relating to the development and review of the Plan presented to me in my native language or appropriate mode of communication, if I so request. All rehabilitative services will be provided in the least restrictive and most integrated setting compatible with my interest and abilities.**
- Non-Discrimination: Services in the Plan are provided without regard to sex, age, race, religion, color, disability or national origin.**
- Plan Review: I am entitled to participate in Plan reviews and revisions. The Plan will be reviewed at least annually to assess the progress being made in meeting my employment outcome. Any substantial changes will be agreed to in advance.**
- Financial Participation and Comparable Benefits: It is understood that I am to participate to the best of my ability financially in this Plan. It is understood that comparable benefits available to me through other agencies and private resources will be utilized toward my rehabilitation.**
- Method of Services Procurement: All services must be pre-approved and pre-authorized by my counselor. A written authorization for services must be made by the counselor before or at the same time as the purchase of services. Any service I receive without prior approval of my counselor will be my responsibility. Authorization and expenditures for services are made in accordance with all applicable state/federal laws, regulations, policies and procedures.**
- Other Services: I am to cooperate in the utilization of services other than rehabilitative services that may supplement my Plan.**

### **Decision Review Process:**

**If I am dissatisfied with any action or decision o the delivery or denial of rehabilitation services, for which I am unable to resolve with my counselor, I understand that I have the opportunity to request mediation and/or a fair hearing. I further understand that I must submit my written request for mediation and/or a fair hearing within 60 days of a disputed action or decision, on a form furnished by OVRS or its equivalent, that I may be represented at my expense, and that OVRS will arrange for the mediation and/or fair hearing with an impartial hearings officer.**

**Client Assistance Program:**

I understand, when appropriate, services are available through the Client Assistance Program (CAP) to assist me in my dealings with OVRs and other agencies. The CAP is a service provided under a federal grant, staffed and administered by a private, non-profit organization. If at any time I am dissatisfied with the services I am receiving under this Plan, or need clarification of matters relating to this Plan, the CAP will work with me and OVRs to resolve the matter. The CAP telephone number is (Voice): 503-243-2081 or 1-800-452-1694; (TTY): 503-323-9161 or 1-800-556-5351.

CAP brochure provided:  Yes       No

If not, please give explanation:

Plan Certification

07/01/2004

\_\_\_\_\_  
COUNSELOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT'S SIGNATURE

\_\_\_\_\_  
CLIENT'S REPRESENTATIVE

**VENDOR REPORT SAMPLE  
INVOICE AND MONTHLY REPORT**

**AA Supported Employment Agency  
Address, Phone etc**

**Customer:** Jane A Customer  
**Billing Period:** 9/1/04 through 9/30/04  
**Submitted To:** Ima Counselor, Jane Customer and her Employment Team

**Contract Goals:**

1. Assist Jane to find and learn a childcare job for a minimum of 25 hours a week that matches her skills, abilities, and other criteria identified.
2. Involve Jane in the process of job development

**Attached to Invoice:** Listing of Contact Information on all work sites identified

Date	Services/ Activity	Time
Sept. 1,2004	Met with Jane and talked to her and family about job interest, reviewed PCP	2 hr
Sept. 5,2004	Went with Jane to Sunday School where she is a volunteer childcare worker, talked with co-workers, kids, observed. Based on feedback identified core tasks Jane does well and best age range of kids	4 hr
Sept. 7, 2004	Jane and I met with John Doe (Community Inclusion Trainer) to talk about what she was learning about communication in work place and how it would impact a chosen worksite	1hr
Sept. 8,2004	Worked with Jane to develop pictorial resume and letters of support in her job search. We identified her tasks in job development	2 hr
Sept. 14, 2004	Made initial visit to Rock A Baby Child Care (6 blocks from Jane's house) not a good match	.75 hr
Sept. 22, 2004	Made initial visit to Kids at Play will follow up and schedule work site analysis	1.5 hr
Sept. 23, 2004	Made initial visit to "Coming Home Day Care will follow-up and complete work site analysis	2 hr

**Overall Accomplishments and Challenges this period and impact on Plan Goal:**

Got to know Jane and identified 2 promising work sites

**Total Due:**\$ 463.75      **Total Hours:** 13.25 hours      **Rate:** \$35/hour

Max B Job

Oct 1, 2004

123456789

Employment Specialist

Date

SS#

## Jane A Customer Long Term Supported Employment Plan Brokerage ISP Amendment 2

**ISP Amendment 2** New Total Annual Plan Amount **\$4540.00**

Completed and approved in October 2004 based on actual VR Closure date. Records actual Supported Employment long-term support service and natural strategies, costs, providers for the remainder of the plan year.

**Supported Employment Only-** This also becomes part of the VR Closure Report

<b>Goal</b>	<b>Service</b>	<b>Cost</b>	<b>Dates</b>	<b>Provider</b>
Keep a job 30 hrs/week paying \$7.10 hour (\$894.60 a month)	Supp. Employ Problem solving, modeling with Smith, Jones average 2 /hrs week @ \$35/hr.	\$1260	11/1/04- 2/28/05 4 month (18 weeks)	AA Job Coaches
	Supp. Employ Training on new tasks in job description 2 hrs week (\$10/hr + tax = \$11.21 hr)	Jane's IRWE \$94.16/mo Total \$376.64	11/1/04- 2/28/05	Nancy Smith, Joyful Noise Daycare Co-Worker
	Extra feedback on how she is doing (every month)	\$0 Reasonable Accommodation	11/1/04- 2/28/05	Dan Jones, Boss
	Assist with monthly budgeting and reporting to Social Security	\$0 Natural Support	11/1/04- 2/28/05	Mom Sister

# VR CLOSURE REPORT

Participant <b>Jane A Customer</b>	Social Security Number <b>123-45-6789</b>
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<b>1. Outcome*</b>	
Closure Date: <b>2/28/05</b>	
Outcome: <b>Rehabilitated. Employment 30 hours a week at Joyful Noise Day Care</b>	
Employment Type: <b>Child Care Worker</b>	
Level of Education Obtained:	
<input type="checkbox"/> Not Completed	<input type="checkbox"/> AA Degree or Vo Tech Certificate
<input type="checkbox"/> Elementary Education (Grades 1-8)	<input checked="" type="checkbox"/> High School Graduate or Equiv. Certificate
<input type="checkbox"/> Master's Degree or Higher	<input type="checkbox"/> Post-Secondary Education, no degree
<input type="checkbox"/> Secondary Education, no HS diploma	<input checked="" type="checkbox"/> Special Ed (Completion or Attendance)
Hardcopy File Location:	

<b>2. Financial*</b>	
Primary Source of Support:	
<input type="checkbox"/> All Other Public Sources	<input type="checkbox"/> All Other Sources of Support
<input type="checkbox"/> Annuity or Other Non-Disability Insurance Benefits	<input type="checkbox"/> Converted Data 2
<input type="checkbox"/> Current Earnings, Interest, Dividends, Rent	<input type="checkbox"/> Family & Friends
<input type="checkbox"/> Private Relief Agency	<input type="checkbox"/> Public Assistance without Federal Funds (GA only)
<input checked="" type="checkbox"/> Public Assistance, at least partly with Federal Funds	<input type="checkbox"/> Public Institution, Tax Supported
Medical Insurance at Closure:	
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> None	<input type="checkbox"/> Private Insurance Through Other Means
<input type="checkbox"/> Private Insurance Through Own Employment	<input type="checkbox"/> Public Insurance from Other Sources
<input type="checkbox"/> Worker's Compensation	
<b>Status at Application:</b>	
SSDI Status: <b>Not an Applicant</b>	
SSI Status: <b>Applicant—Allowed Benefits</b>	
<b>Status at Closure:</b>	
SSDI Status: <b>Not an Applicant</b>	
SSI Status: <b>Applicant—Allowed Benefits</b>	

**Public Support: (Reminder: Public Support amounts entered at Application)**

**SSI Aged:**

**SSI Disabled: \$520**

**SSDI:**

**VA:**

**TANF:**

**General Assistance:**

**Other Disability:**

**Other:**

**3. Services**

**Services Provided at No Cost:**

- |   |   |
|---|---|
| <input type="checkbox"/> Adjustment Training                        | <input checked="" type="checkbox"/> Assessment                |
| <input type="checkbox"/> Assistive Tech Devices                     | <input type="checkbox"/> Assistive Tech Services              |
| <input type="checkbox"/> Business/Vocational Training               | <input type="checkbox"/> College/University Training          |
| <input type="checkbox"/> Interpreter Assistance                     | <input type="checkbox"/> Job Finding                          |
| <input checked="" type="checkbox"/> Job Placement                   | <input type="checkbox"/> Maintenance                          |
| <input type="checkbox"/> Miscellaneous Training                     | <input type="checkbox"/> OJT                                  |
| <input type="checkbox"/> Other                                      | <input checked="" type="checkbox"/> Other Personal Assistance |
| <input type="checkbox"/> Personal Attendant                         | <input type="checkbox"/> Reader Assistance                    |
| <input type="checkbox"/> Rehab Engineering                          | <input type="checkbox"/> Restoration (Physical or Mental)     |
| <input checked="" type="checkbox"/> Substantial Counseling/Guidance | <input type="checkbox"/> Transportation                       |

**Facility/Agency Furnishing Services:**

**Educational Institutions:**

**Business/Vocational Schools:**

**Hospitals and Sanitariums:**

**Health Organization/Agency:**

**Community Rehabilitation Programs: AA Job Finder, AA Job Coaches, ABC Brokerage**

**Welfare Agencies:**

**Other Public Organizations:**

**Other Private Organizations:**

**Individuals:**

**4. Documentation\***

**A. Summarize the circumstances that support the reason for closure (20 lines):**

Jane has worked in her job for more than 90 days. She has achieved job stabilization, as outlined with the other members of her Employment Team. She is doing well on the job and is ready to transition to brokerage-provided long term supports.

See attached Long Term Plan Developed by brokerage Personal Agent to reflect all strategies that will be used to assist Jane to continue to learn job tasks and maintain employment.

**C. Other Comments (10 lines – Optional):**

Met	Criteria
Yes	<b>The following fields have been completed on the Personal Information data page: Birthdate, Gender.</b>
Yes	<b>The following fields have been completed on the Application Data page: Referral Sources, Living Arrangement, Level of Education Attained, IEP, Work Status at Application.</b>
Yes	<b>A valid primary disability exists.</b>
Yes	<b>All authorizations are either closed or cancelled for the following authorization types: Group.</b>
Yes	<b>The Closure Reason has been entered.</b>
Yes	<b>The Level of Education has been entered.</b>
Yes	<b>Medical Insurance has been entered.</b>
Yes	<b>Public Support Available has been entered.</b>
Yes	<b>Summary of circumstances that support the reason for closure has been entered.</b>

**SAMPLE BROKERAGE QUARTERLY REVIEW  
JANE A CUSTOMER ISP  
SUPPORTED EMPLOYMENT ONLY**

**NOTE:** The provider/contractor can clearly help monitor how well a customer is meeting employment goal and keeping their job, if responsibilities are clear in a contract or job description. Responsibilities may include:

- Reporting on wages and hours worked
- Fostering family and employers ability to provide essential supports
- Monitoring the On-going effectiveness of all natural and paid supports identified as necessary for customer to keep job

**Customer:** Jane A. Customer    **Review Period:** (4th Qt) 12/04 - 02/05

**4. Review and reconciliation of records of ISP payments made with Support Service funds.**

		11/04		12/04	1/05	2/05
740	Budget	\$294		\$294	\$294	\$294
Supported Employment	Invoice	\$294 8 hrs		\$175 5 hrs	\$350 10 hrs	\$420 12 hrs

The invoicing is 3 hours above the contracted level for the quarter. This appears to have addressed an episodic need and not require further action.

**5. Review of Provider Reports and Customer/Family Information**

Jane loves her job and has had 2 commendations from parents. Job Coach (Max B Job) reports that Mr. Jones is meeting with Jane regularly. He is satisfied with her job performance.

Mr. Jones expects Jane to help monitor kids at lunch (new kids and new tasks). Max has help break down tasks and modeled teaching for Nancy (co-worker) who is responsible for helping Jane learn to take attendance and collect lunch money. Nancy and Jane are getting along well.

Provider also reports that Jane and her family (with some extra assistance in 2/05) now have a computerized system for assuring (a) accurate reporting of wages to SSA and (b) Jane’s paying of Nancy Smith and tracking of IRWE.

**6. Needs**

New Goal Survey must reflect monthly wages and we need to figure out expected needs co-worker and use of IRWE.



### ISP PLAN AMENDMENT 1

<b>Name:</b> Jane A Customer	<b>CPMS Number:</b> 123456	<b>Brokerage:</b>
<b>Today's Date:</b> 6-15-04 <input checked="" type="checkbox"/> <b>Change or Addition to ISP</b>	<b>Plan Begins:</b> 3-1-04	<b>Plan Ends:</b> 2-28-05

**What is my goal?** To get a job at a childcare center that is on the bus line for 25 to 30 hours per week and paying at least minimum wage.

My needs have changed. Here is what I need now and how we will get it.	What it might cost	When will we start and end	All the ways to get what I need	When will we check? When we checked, did it work or did we make a change?	How much did it cost?
<p>I need support to find a job and to learn how to do it well. VRD will help me with this portion of my plan.</p> <p>I will also need some new work clothes. VR will assist me with a voucher to buy the clothes and my PA will take me shopping.</p> <p>I will need a good plan for how my job supports transition from VR to the brokerage. VR will provide me with job coaching support until I am stable at my job. VR will define this as my needing less than 8 hours a month in job coaching services.</p>	Cost to plan: \$0	7-1-04* through 2-28-05	<p>VRD will help me by contracting with a job developer to help me find a job and a job coach to help me learn my new job. Initial VR plan is for 20 hours per month of Job Development with review after these hours complete and at least 3 months of job coaching fading to 8 hours a month.</p> <p>I will also look into volunteering at my church doing childcare and my PA and I will look into Red Cross babysitting and first aid/CPR classes.</p>	Quarterly	

What I need and how we will get it	What it might Cost	When will we start and end	All the ways to get what I need	When will we check? When we checked, did it work or did we make a change?	How much did it cost?
<p><b>Community Inclusion Support (726)</b></p> <p><b>On-going Supported Employment (740)</b></p> <p>In addition, I need on-going support with my job. An independent contractor will be found to help me with this. I am anticipating needing support about two hours a week at a maximum cost of \$35 per hour.</p> <p><i>*goal continued on next page</i></p>	<p>Up to \$2380 for 34 weeks of on-going job support</p>	<p>7-1-04* through 2-28-05</p> <p><i>*Actual start date of this service dependent on when a job is found and initial job coaching completed</i></p>	<p>VRD will help me find and learn a job in childcare. I will also try to do some volunteering at my church to gain experience, and my PA and I will look into Red Cross classes that will also help me be more job ready.</p> <p>In addition, we will look at co-worker supports and work incentives to see if these would be of benefit to me.</p>	<p>Quarterly</p>	

**Revision Number 1**

<b>Name:</b> Jane Doe	<b>CPMS Number:</b> 123456	<b>Brokerage:</b>
<b>Today's Date:</b> 6-15-04	<b>Plan Begins:</b> 3-1-04	<b>Plan Ends:</b> 2-28-05

**What is my goal?** To get a job at a childcare center that is on the bus line for 20 to 30 hours per week and paying at least minimum wage.

<b>What I need and how we will get it</b>	<b>What it might Cost</b>	<b>When will we start and end</b>	<b>All the ways to get what I need</b>	<b>When will we check? When we checked, did it work or did we make a change?</b>	<b>How much did it cost?</b>
<p><b>Community Inclusion Support (726)</b>                      I have been receiving Community Inclusion Support services from my Community Inclusion Provider to help me get into the community and participate in more activities. My main goal now is to get a job. While in the community my Community Inclusion Provider will help me learn how to have more appropriate conversations. My original plan called for 3 hours a week of Community Inclusion Support (at \$20 per hour) and no additional hours will be required.</p> <p>In addition, I may need help learning a new bus route if a job is found that is in an area I don't know how to get to right now. My Community Inclusion Provider will help me learn how to do this if needed. It is anticipated that this will take no more than 10 hours (at \$20 per hour) to learn.</p>	<p>Up to \$3120 per year.</p> <p>Up to \$200 per year.</p>	<p>3-1-04 through 2-28-04</p>	<p>My Community Inclusion Provider (an independent contractor) will work with me on learning these new skills.</p> <p>Support Service funds currently used to purchase a yearly Tri-Met bus pass.</p>	<p>Quarterly</p>	

