

Comprehensive SE Deliverables Reporting Guide: Design, Expectations and Procedure

The Deliverable reports are for the purpose of billing and they are also action reports. They are designed to supply both the providers and counselors with checkpoints throughout the employment service process that prompt specific action; planning, follow up, brainstorming, clarification and adjustment of existing plans.

The reports are also designed to facilitate this process without burdening the writer or the reader. Narrative reporting has been limited and replaced by checklists or directive, short answer questions.

Both the provider and the VRC have responsibilities in how these reports are utilized. Descriptions of each report and the expectations of how they should be utilized are outlined below. Since consistency within each office and across the state is imperative to this implementation, following these guidelines holds some significant value.

All deliverable reports will be electronically submitted except those for Quality Outcome payments, which will be in approved based upon a letter from the business supervisor or a completion of the supervisor evaluation with the appropriate outcome information and signature. (Attainment is also indicated on Job Retention and in the Extended Service Plan; however, supervisory documentation is still required).

Certain reports will be sent to the VRC prior to billing (The VR-ISP, Placement Day 5 , & Job Retention/Rehabilitation reports) since approval & documentation date of discussion are required for these reports.

1. SE Referral:

This document is a key component to the entire new design. Since Deliverables' designs place an emphasis on shared planning and resources between partners, the VRC's role is to provide in depth information and direction in the initial referral. From this document, providers will develop the VR Intensive Service Plan (VR-ISP) which will be the focus of all preparatory work, job development and job retention assistance. This document must be individualized to accomplish these goals.

The example provided shows the key components of a best practice referral. The BASIS for SE Referral section describes the reason(s) why SE is the chosen service, why SE is required (i.e. long term extended job coaching), and what barriers each provider must alleviate to accomplish a goal of employment. This section also includes some templated statements that are important to every SE referral. They are italicized and in bold lettering. Note, these SLPs do not stand alone, but must always be individualized for each consumer. They provide an outline of the major areas of concern in the referral. The Issues or Concerns section expands upon any additional barriers and does not have to be tied to the disability. The remaining headings are existing tabs within the current SE referral and examples of information are provided.

Appropriate records should be included with the referral and they include medical documentation, social history, IEP plans, or any other documentation that might assist the provider in development of a sound VR-ISP.

Expectations: The expectation is that the VR Counselor supplies a comprehensive referral used to develop a VR-ISP and that the VRC stays involved as coordinator and consultant in these SE cases. The objective is to add value throughout the provision of service to help achieve the employment goal. The intensity of service and/or the number of services required do not sufficiently indicate supported employment as the service choice. There must be an individual description of how long term coaching and follow along will be required to maintain employment for the SE service to be the appropriate choice.

The provider is expected to read the referral thoroughly and utilize the information to develop the VR-ISP. They are also expected to share the VR-ISP and to contact the VRC to discuss the content PRIOR to implementation so all partners are on the same page for a quick start to the rehabilitation process.

2. Intake (571X) - (Approval for service delivery):

Supported Employment Intake (\$155) - Drop out payment does not apply

This service is designed to permit the individual referred for services and the service provider to determine if there is a comfortable match between them. It also is an initial assessment to determine if there is a reasonable expectation of securing employment through the provision of these SE services. (This CRS service cannot be authorized if the placement vendor or the placement component of the vendor has served the consumer within the last 12 months such as the vendor providing the consumer any training or placement services).

Expectations: VRC should expect a quick (within 20 days of referral) but thorough review of the referral and a response regarding approval or an explanation if the individual is not accepted for services. The provider should expect complete and quality referrals explaining the reason for referral to SE and the expectations of the VRC.

3. Intensive Service Plan (572X) - (DELIVERABLE):

Region 1: \$1,370/Region 2 & 3: \$1,050 - Drop out or no show payments do not apply

This document should mirror the SE referral in many respects. It is a check for the VRC to be certain the referral was understood and that all partners are starting out on the same page, thus, creating a faster start for the rehabilitation process. The VR-ISP also creates a model for the provider to follow and refer back to during all stages of service. The VRC must approve the ISP before implementation. Discussion and approval signifies agreement with the plan. If there are discrepancies or if the VRC believes he/she can add value to the plan, the VRC is encouraged to re-contact the provider

for an amendment prior to agreement. The design of the plan is to focus on barriers and strategies to alleviate barriers to employment. There is very little narrative information on this plan.

Expectations: The general expectation is to focus as quickly as possible on the consumer's needs and to have all partners working together on the same goals. It is expected that the VR counselor will supply a comprehensive referral which will be used to develop a VR-ISP. The counselor must review, discuss and approve this initial plan with the provider.

The provider is expected to read the referral thoroughly and utilize the information to develop this VR-ISP. They are also expected to share the VR-ISP and to contact the VRC to discuss the content PRIOR to implementation so all partners are on the same page for a quick start to the rehabilitation process.

4. Monthly Progress Report (VR-417) - (monthly except during employment)

This report takes replaces the 416 as a monthly progress report during the time when the consumer begins job preparation services and job development. It is not required as a progress report once a consumer is placed into a job. (deliverable reports (Day 5, Day 45) will replace the 416 at that time). The 417 is heavily weighted on job development activities and the results of each attempt. Narrative reporting has been reduced to re direct provider time toward consumer and employer contact.

Note: if an individual is not closed within 90 days of employment due to an inability to meet the outcome policy, then a reinstatement of the 417 progress reports will begin 2 weeks after the 90 day employment date.

Expectations: This document is used to track the consumers' progress & job development contacts. Providers are expected to supply details of activities and VRC's are expected to review the activities in terms of the original referral/VR-ISP and then help to develop new ideas when a plan has stagnated. The provider should be able to succinctly report progress and strategies with little to no narrative. This document should be utilized in monthly meetings as a guide to planning and coordination.

Since this report is not a deliverable for billing, it will not be included in the rubric evaluation process. Therefore, it is reliant upon the VRC to assess the quality of the 417 and supply ongoing constructive feed back to the provider.

5. Day 5 Employment (573X) - (DELIVERABLE):

Region 1: \$820/Region 2& 3: \$630

In this report the deliverable is job placement for at least 5 calendar days and it must include at least 3 days of work on the job site since that start date of employment. Focus on job retention is immediate to address any changes in an individual's personal situation or work environment and alleviate job loss. More detail on employment skills

are required than past reports. This report adapts the VR-ISP as needed and acts as a continuum of planning from the original referral. The placement requires VRC approval through discussion with the provider and documentation of the date of verbal approval. Expectations: This report should provide all details regarding employment and begin planning for job retention. The provider is expected to project potential retention issues and to plan ahead for correction. VRC should respond to this document if they see a potential issues to job maintenance that have not been addressed and/or if they see a need for clarification on the retention checklist.

6. Day 45 Job Retention (574X) - (DELIVERABLE):

Region 1: \$1,092/ Region 2 & 3: \$840 - Drop out and no show rates do not apply.

This deliverable report assesses each individual's updated skill level, appropriateness of work behaviors and other job retention attributes. The additional time on the job allows for a more detailed evaluation of both job skills and soft skills. A plan of corrective action should be discussed with VRC for any areas requiring improvement or change.

Expectations: Providers are required to outline objectives to meet employer productivity expectations, so the VRC review of the employer assessment section is essential. Also a review of the Skill & Behavior assessment should prompt questions whenever a work or soft skill has not been demonstrated at the appropriate level. Corrective plan of action should be discussed and initiated for any areas of need. This is a key stage in job retention and an essential responsibility of both partners to review the consumer's progress at this point in time and plan accordingly.

Any discussion should be summarized in VR chronological case notes and documented by the provider in their case file.

7. Job Retention / Rehabilitation (575X) (Status 26) - (DELIVERABLE):

Region 1: \$2,184 / Region 2 & 3: \$1,680 - Drop out and no show rates do not apply.

This deliverable emphasizes Job Performance and Job Satisfaction from the consumer, employer, provider and VRC. Documentation is required from the employer contact to indicate this satisfaction with performance and behavior.

The main areas of reporting include: a performance assessment and subsequent needs for improvement which would be noted as a continuum for planning in the extended services plan. Some projection on wages, benefits, opportunities, needs for PES etc are also included. This report mirrors ACCES–VR's outcome policy to determine appropriateness of closure & requires approval by all partners. Reaching 90 days on the job does NOT automatically determine a status 26 closure or payment of the deliverable. Outcome policy regarding performance, appropriateness of job match and satisfaction are all factors in the approval of this deliverable.

Expectations: Documentation must meet ACCES criteria for successful outcomes (rehabilitation) to be billed and approved for payment. The provider must include information from the supervisor's evaluation of the consumer and confirmation of hours and wages. Provider must also include customer satisfaction information. If there are questions/concerns about the appropriateness of closure, the provider is expected to discuss the issues with the VRC prior to processing the final deliverable report.

It is expected that a VRC should follow up on any areas of concern and on Future Considerations in the report that might require additional services. VRC will make a final decision regarding the appropriateness of a closure based upon discussions with the partners and on the documentation within the Job Retention/Rehabilitation report. Payment requires VRC approval through discussion with the provider and documentation of the date of verbal approval.

8. Extended Services Plan:

This report should be filed prior to billing for extended services. It provides final details of employment, achievement levels on current job tasks, remaining barriers and strategies to alleviate. It also re-emphasizes the need for natural supports and outlines how they will be utilized.

Expectation: Provider will review previous reports against current observations to determine job retention concerns. The activities from this plan will aim to alleviate any remaining issues with job maintenance. The VRC is expected to review this document and discuss any concerns immediately. Also this report should capture any bonus documentation that was not provided in the Job Retention 575x deliverable report for rehabilitation.

9. Supervisor Evaluation (Contained in Deliverable 575x & for Quality Bonus):

This report is incorporated into the deliverable job redetection 575X report. It provides the business/employer point of view regarding the major aspects of employment: attendance, performance, attitude etc. It can be used by the provider as a resource for gathering this information. It may also be utilized to document the employer confirmation of Quality Bonus areas of hours and/or wages.

Expectations: It is expected that the provider obtain documentation from the business/ employer to be certain that we have all partners on board for the final closure/rehabilitation. It also provides the documentation for hours and wage certification that is the deliverable for both quality outcome areas. The form itself is NOT required as part of the deliverable. It is only a resource option for the provider.

10. Consumer Satisfaction Report (Contained in Deliverable 575X):

Provides the consumer's point of view on his/her job performance, satisfaction, and communication within the workplace.

Expectations: Provider will gather information on the consumer's satisfaction prior to closure consideration and report it on the Job Retention 575X deliverable report. This document can be utilized as a resource for obtaining that information. It is NOT a required document. VRC will review the consumer's comments in the final report in comparison to current observations from the business/employer perspective and the provider's viewpoint. Follow up will occur if there are notable discrepancies. In total, this information will be utilized to determine if ACCES-VR guidelines for outcomes are met prior to a closure of rehabilitated.

11. Quality Outcome Bonus Confirmation

A. Hours per Week (576X):

Goal of 30 hours per week

Region 1: \$520 / Region 2 & 3: \$400.

The objective of this bonus is to provide incentive for career growth vs. basic maintenance of employment and to increase the possibility of obtaining health benefits. The outcome payment supplies an incentive to providers to work on increasing the hours for each consumer, such as by developing higher skills in his/her current job, career growth or through job development of more full time positions. The service provider can claim this bonus payment if the consumer is working an average of 30 hours the last 4 weeks prior to closure date for status 26 is established. (minimum of 90 days working).

Expectations: The provider is expected to note these achievements on the Job Retention 575X and Extended Service reports, and submit documentation from the business/supervisor to the designated individual (who processes payments for the 370s) in each District Office. If the bonus cannot be achieved at closure, then it is expected that the provider will work with the consumer and business to develop the additional skills or responsibilities needed to achieve these levels at the 6 month mark of job retention. It is understood that not all consumers will want to achieve higher a number of hours or wages.

The Bonus Outcome Payment can therefore, be achieved at 90 days of employment OR at the 6 month mark of job retention (documenting the previous 4 week averages). Either option is available, but at no time in between these dates can the provider claim this bonus.

B. Wages per Hour (576X):

Region 1 Goal: \$10.50 per hour / Region 2 & 3 Goal: \$9.50 per hour

Region 1: \$520/ Region 2 & 3: \$400.

The objective of this bonus is to provide incentive for career growth vs. basic maintenance of employment and to increase the possibility of obtaining health benefits. The outcome payment supplies an incentive to providers to work on increasing the wages for each consumer such as by developing higher skills in his/her current job, career growth or through job development of higher paying positions. The service provider can claim this bonus payment if the consumer is averaging the wage goal over the last 4 weeks prior to the 90th day of employment.

Expectations: The provider is expected to note this achievement on the Job Retention 575X and Extended Service reports, but also must submit documentation from the business/supervisor to a designated individual (who processes payments for the 370s) in each District Office. If the bonus cannot be achieved at closure, then it is expected that the provider will work with the consumer and business to develop the additional skills or responsibilities needed to achieve these levels at the 6 month mark of job retention. It is understood that not all consumers will want to achieve a higher number of hours or wages.

Both Bonus Outcome Payments can therefore, be achieved at 90 days of employment OR at the 6 month mark of job retention (documenting the previous 4 week averages). Either option is available, but at no time in between these dates can the provider claim this bonus.