

Supported Employment



Tool Box for Case Notes

PCEP Activity Note Instructions:

PCEP Activity Notes are done per contact/activity and submitted to the OVR counselor at the end of each month no later than the 5th of the following month.

PCEP Activity Notes should be very detailed and back up information contained in the PCEP.

PCEP Activity Notes must to be written in this format.

Purposes of sending OVR Counselor monthly notes are:

- 1. See progress with the case.**
- 2. See direction with the case.**
- 3. Gain insight on when the PCEP may be submitted.**
- 4. See if you need assistance with the case.**
- 5. Required to have this documentation in the case file.**

PCEP ACTIVITY NOTE

Job Seeker's Name:	
Discovery Activity: <i>State here exactly what you (the ES) have done with or for the job seeker on this day to get to know him/her better.</i>	
Purpose: <i>State here why you are doing the above activity.</i>	
Results (What did you learn?): <i>This is where your documentation will have substance. Clearly state what was learned, how the event or task went. Think of this as the most important section.</i>	
Next Steps (time & date of next activity; what else you need to learn): <i>What are you going to do next and when? Here is where your planning comes in. What did you discover that you want to learn more about? Use this section to keep yourself on track.</i>	

Signature of ES: _____ **Signature of Employment Specialist**
Print Name of ES: _____ **Print name of above signature**
SE Provider Name: _____ **Name of Agency**
OVR Counselor Name: _____ **OVR Counselor**
Date: _____ **Actual date this was completed**
Total Time Spent: _____ **Total time spent one-on-one with consumer – round to nearest quarter hour**

* All PCEP Activity Notes are due to OVR monthly and turned in by the 5th of the following month.*

PCEP Instructions:

PCEP is to be written in this required format.

The completed PCEP along with the PCJS invoice should be submitted to the OVR counselor. Any PCEP Activity Notes not previously turned in should be submitted at this time.

Pre-authorization from OVR for Job Development Services must be received before job development services can begin. An Authorization should be obtained from the OVR counselor after OVR has jointly developed an IPE with the job seeker. A copy of the IPE should be obtained and kept in your file for the job seeker.

PERSON CENTERED EMPLOYMENT PLAN (PCEP)

Job Seeker's Name:	
Address:	
Phone Number:	

General Info / Life information affecting employment *(paint a general picture of this person's life)*
◆Background information we (reader) need to know? ◆Family or other key relationships? ◆Where does this person live? Who does he/she live with? ◆Note other community involvement. ◆How is work going to improve the quality of this person's life? ◆How is disability going to impact employment and what will need to be addressed?

Employment History *(Include in this section any paid work, volunteer jobs, school transition jobs, or other work experiences. Consider tasks, hours, environment, people, & employer. If job seeker has NO past work experience, focus on tasks or chores done on a routine basis. Be sure to address:*

◆Jobs that worked well and why? Describe what has worked and why specific job sites worked for the person. Be creative in finding out why jobs have worked well for the person. What was it about these experience(s) that worked well?

◆ Jobs that did not work well and why? Describe what has not worked and why specific jobs sites did not work for the person. Be creative in finding out why jobs did not work for the person. What was it about this experience that did not go well? These are aspects to be avoided in future places of employment/tasks sought.

Interests *(include information about how this was learned/discovered):*

◆You are identifying the "spark." What interests this person? ◆ What does he/she choose to do or do well? ◆How does the job seeker spend his/her time? ◆What do other people say he/she enjoys doing? ◆Be sure to include how you (ES) learned about these interests. ◆Discuss your involvement in the community with the job seeker and any creative strategies used to gain this information. You need to offer enough information to back up that this truly is a real interest of the job seeker.

Vocational Skills (Based on the interests listed above, include information about how this was learned/discovered):

◆What is this person good at? What skills does he/she possess? ◆What kind of things does he/she do regularly?
◆Be sure to include how you (ES) learned about these skills. ◆Discuss your involvement in the community with the job seeker and any creative strategies used to gain this information. You need to offer enough information to back up that this truly is a real skill of the job seeker.

Job Tasks Based on Skills and Interests (i.e. answer a phone, take a message, drive a car)

◆If you have done your “homework” to determine skills and interests, this will lead to what job tasks the person can and will be able to do. ◆Job tasks are descriptors of the job (examples: <http://stats.bls.gov/search/ooh.asp?ct=OOH> ◆Be sure that the task matches skills and interests. Just because someone has the skill to stock shelves doesn't mean he or she has any interest to do so.

Desired Employment Considerations & Rationale for Each

(i.e. A.M. employment due to transportation, evening hours due to medicines, non-smoking environment due to asthma, modified work station due to wheelchair, no work on Sundays due to involvement in church.)

◆What needs to be looked for in a work environment? (Lighting, noise, pace of business, location, size, etc.).
◆What needs to be looked for in culture of workplace? (People/personalities, quality versus quantity, tight or loose on method of how work is done, outgoing, quiet, etc.). ◆Preferences – what he/she would like to be in place & deal breakers – non-negotiable characteristics that must be accounted for. ◆Need to explain these characteristics: Joe is not going to be able to work after 7:00 pm due to taking his medication at this time and the medication makes him very drowsy. His doctor has stated that a time change for this medication is non-negotiable.

Learning styles / teaching tools (e.g. visual learner, picture book, cues)

◆How does this person learn best? ◆How do you plan to facilitate learning on-the-job while incorporating the people who typically teach new employees?

Ideal number of hours per work-week & how this was determined

◆State your opinion on an appropriate number of work hours and how this decision was made. ◆You need to present a clear idea of how many hours per week this person wants to work prior to going out to looking for a job.

Plan of Action (who? what? when? where? how? will these be achieved)

I. Job Possibilities – based on identified skills/interests & tasks. List name of business and type of work. ◆List potential places of employment by name (and contact person if identified) that have need of the skills/tasks the job seeker has to offer & that fit the preferred characteristics of a job. ◆List the tasks you will be looking for within that company. ◆This list will come from a job planning meeting, if held. This is your starting place for job development, once authorized to begin.

II. Representational Considerations (Include role of Employment Specialist in job development. This is the area to address the plan for job development—who will make employer contacts; how will disability info be addressed, etc.)

◆State how you are going to represent the job seeker (go together or you act as his/her agent). ◆Discuss how the individual's disability is going to be addressed to potential employers - what can you say? What can't you say? Be sure to get input from job seeker and/or legal guardian. ◆How will you describe the impact of disability in functional terms? Rather than saying "he has Autism" how will you describe his specific characteristics and how they relate to work?

III. On-the-Job Supports (*Role of Employment Specialist, natural supports, training supports – how typical people who train will be involved, other supports.*)

◆*Explain what type of supports will be expected at the job site (examples: facilitating relationships, following natural prompts to tell time, working with small group of consistent co-workers, initial instruction using the time clock, etc.)*

IV. Other Support Services (*Such as rehab tech, SCL, supports needed for transportation, etc.*)

◆*List here any support services the job seeker has/will need that relate to him/her being successful at work (residential services, case manager, PT appointment every other week, Therapist appointment every Wednesday, etc.).* ◆*Will the job seeker need an accommodation? Describe what may be needed and who may be able to help figure out the details.*

V. Plan for Fading (*Plan for individual to be independent on the job site.*)

◆*Identify needed natural supports (people, prompts, orientation, etc.).* ◆*Identify ES initial role on the job site.*
◆*Plan for sharing job seeker's learning style, suggested teaching techniques, optimal methods of communicating information, etc.*

VI. Other Important Information (*Individualized*)

◆*Describe any other necessary information here that you didn't feel was appropriate to place anywhere else.*
◆*Examples: criminal background, safety concerns, unique aspects of person not listed previously, etc.* ◆*You don't have to list anything here, only if needed.*

Signature of ES: Signature of Employment Specialist
Print Name of ES: Print name of above signature
SE Provider Name: Name of Agency
OVR Counselor Name: OVR Counselor
Date: Actual date this was completed
Total Time Spent: Total time spent one-on-one with consumer – round to nearest quarter hour

Addendum / Amendment / Modification *(to be completed if needed)*

◆If you find the individual a job that is unrelated to what you have described originally, you will need to explain here *AFTER* discussing with the OVR Counselor.

Signature of ES: _____ **Signature of Employment Specialist**
Print Name of ES: _____ **Print name of above signature**
Date: _____ **Actual date this was completed**

Job Development Notes Instructions:

Job Development Activity Notes are to be completed per contact and submitted to the OVR Counselor monthly. These must be sent to the counselor by the 5th of the following month.

Job Development Activity Notes should be very detailed.

The activities should reflect the vocational goal on the IPE or other areas of interest identified in the PCEP.

Note: The Vocational Interest Area on this form is what is identified in the PCEP and the IPE with OVR.

Job Development Activity Notes are to be written in this format.

JOB DEVELOPMENT NOTES

Job Seeker's Name:	
Vocational Interest Area: <i>Identified in PCEP and IPE</i>	
Job Development Activity: <i>This can be either at a potential place of employment (What business? Who did you talk to? Were you representing the job seeker or did he/she participate? Did you conduct a job analysis?) OR other job development activity not at a potential employer (resume writing, interview prep, rehabilitation technology referral, etc.</i>	
Purpose: <i>Why this particular place for employment? Or why this other activity? Tie in how it relates to your PCEP or leads from other potential employers.</i>	
Results: <i>What did you learn about: job seeker, potential employer, employment site, and/or resource?</i> <ul style="list-style-type: none"> • <i>What did you learn about the type of work done in this company? The culture of the company? The people?</i> • <i>How does this potential job site match (or differ from) the job seekers' interests, skills, preferred characteristics of a job?</i> • <i>Did you notice any unmet need within the company? Is there possibility for customized employment? Explain what you learned and/or want to further explore.</i> • <i>If the activity was not on a job site – what did you learn from the activity?</i> 	
Next Steps: <i>Time and date of next activity; what else needs to be explored</i> <ul style="list-style-type: none"> • <i>What are you going to do next? What do you need to learn?</i> • <i>Where are you going to go? Who will you speak with?</i> • <i>What is your role/role of the job seeker?</i> 	

Signature of ES: Signature of Employment Specialist
Print Name of ES: Print name of signature above
SE Provider Name: Name of agency
OVR Counselor Name: OVR counselor
Date: Actual date this was completed
Total time spent one-on-one with consumer –
Total Time Spent: round to nearest quarter hour

* All Job Development Activity Notes are due to OVR monthly and to be turned in by the 5th of the following month.*

Work Summary Instructions:

The Work Summary Form is to be completed on or after the first day of employment for the job seeker.

The completed Work Summary Form and invoice for job development should be submitted to OVR for payment once the consumer has completed one day of employment.

The OVR counselor will then pre-authorize for outcome fee and forward to the SE provider. If the SE provider does not receive this authorization, the provider should request it from the OVR counselor.

WORK SUMMARY

Employee Name:	Consumer's name		
Employer:	The name of the company/agency where job seeker is employed.		
Supervisor:	First and last name		
Job Title:	Actual title given by the employer.		
Start Date:	1 st day of work	Hourly Wage:	beginning rate of pay
Days/Hours Worked Per Week:	Actual days per week worked along with total hours per week actually working.		
Job Description: <i>Duties the job seeker actually does while on the job. Be very detailed.</i>			
Benefits: <i>Is the job seeker receiving benefits for this employer – if so, what type? What other benefits is the job seeker receiving...i.e., Social Security? If yes, what is the adjusted amount?</i>			
Other Important Information To Know: <i>State here any information that the OVR Counselor would need to know to further assist the employee with this job.</i>			

Signature of ES: Signature of Employment Specialist
Print Name of ES: Print name of signature above
SE Provider Name: Name of agency
OVR Counselor Name: OVR counselor
Date: Actual date this was completed

Worksite Activity Note Instructions:

Worksite Activity Note should be completed per contact during the first 90 days of employment.

Worksite Activity Note should be kept in your files for OVR reviews.

Worksite Activity Note should be very detailed.

WORKSITE ACTIVITY NOTES

Employee Name:	
Employer:	
Worksite Activity: <i>What did you do or observe while this employee was working?</i>	
Purpose: <i>Reason for activity.</i>	
Results: <i>What did you learn about: employee, employer, employment site, and/or resource?</i> <i>◆What did you learn about the type of work employee does in this company? The culture of the company? The people? ◆How does this job match (or differ from) the employee's interests, skills, preferred characteristics of a job? ◆Did you notice any unmet need within the company? Is there possibility for customized employment? Explain what you learned and/or want to further explore. ◆What is the Employee's progress on the job toward their goal of independence? ◆What did you learn from this activity?</i>	
Next Steps: <i>Time and date of next activity. What else needs to be explored?</i> <i>◆What are plans for continued supports? What will the supports be? ◆Will the employee need further assistance from OVR prior to closure of case? (i.e. rehab tech). ◆What are plans for fading? How will this take place?</i>	

Signature of ES: Signature of Employment Specialist
Print Name of ES: Print name of above signature
SE Provider Name: Name of agency
OVR Counselor Name: OVR counselor
Date: Actual date this was completed
Total Time Spent: Total time spent one-on-one with consumer – round to nearest quarter hour

** This note is to be used Day 1 through Day 90 of employment.
 It is not required to be submitted to OVR, unless requested. It is to be kept in your file.**

30 Day Summary Instructions:

30 Day Summary Form is to be completed on or after the 30th day of employment for the Employee.

30 Day Summary Form must be submitted to OVR and a copy should be kept in the consumer's file.

30 DAY SUMMARY

Employee Name:	Consumer's name		
Employer:	The name of the company/agency where job seeker is employed.		
Supervisor:	First and last name		
Job Title:	Actual title given by the employer.		
Start Date:	1 st day work	Hourly Wage:	Beginning rate of pay
Days/Hours Worked Per Week:	Actual days per week work along with total hours per week actually working.		
Job Description: <i>Duties the job seeker actually does while on the job.</i>			
Benefits: <i>Is the job seeker receiving benefits for this employer – if so, what type? What other benefits is the job seeker receiving...i.e., Social Security? If yes, what is the adjusted amount?</i>			
Monthly Summary of Work: <i>Give a detailed description of the monthly work experience for this job seeker.</i>			
Other Important Information To Know: <i>State here any information that was gained during these 30 days of employment. State here any information OVR counselor would need to know in order to further assist the job seeker with their employment.</i>			

Signature of ES: Signature of Employment Specialist
Print Name of ES: Print name of above signature
SE Provider Name: Name of agency
OVR Counselor Name: OVR counselor
Date: Actual date this was completed
Total Time Spent: Total time spent one-on-one with consumer – round to nearest quarter hour

Long-Term Support Plan (LTSP) Instructions:

The LTSP must be submitted to OVR along with an invoice for the placement fee after 60 days of stable employment.

This document can be utilized and reviewed on an annual basis.

This document will carry over with waiver billing once OVR dollars have been exhausted.

Note: If the employee's job changes then this form would need to be amended.

Supported Employment Long-Term Support Plan

(If this person will receive Long Term Support services funded by a Medicaid waiver this plan needs to be developed by the individual's team)

SE Provider	Name of your agency	Name of Consumer	Consumer's Name
Employer	Company/agency name	Job Title or Function	Actual title given to Consumer from employer
Wage per Hour	Current rate of pay	Hours per Week	Current hours per week

Frequency and Description of On-Site Services / Supports provided by the employment specialist)

What, if anything, do you do with and/or for the employee regarding job tasks? How do you plan to shift these tasks to employee and/or natural supports? How often, and in what way, will you follow up with employee and employer?

Answer the above questions with as much detail as you can obtain. Be as specific as you can with your answers.

Frequency and Description of Off-Site Services and Supports (provided by Employment specialist and other service providers)

Name, role, type of service, frequency needed. For example: transportation, assistance at home, therapies, Employment Specialist following up about job off site/email/phone.

Answer the above with as much detail as you can obtain. Be as specific as you can with your answers.

Description of Natural Supports on the Job

Be specific – name, title/role, type of support, description, and frequency needed.

Be very specific in answering this information as this will assist with future planning for the consumer.

Other Important Information

Anything else that may be needed to support employee, for example: safety concerns, criminal history expungement, special medication considerations, etc.

Please list current and/or future concerns in assisting the consumer. Be as specific as you can with your information.

Consumer's Future Employment Goals

These should be person centered and will change over time. Examples include: developing relationships at work, increasing efficiency, taking on new tasks, increasing hours, career advancement, etc.

Be as specific as you can in answering this area.

How was input obtained for this plan?

Name & role of those involved – employee, employment specialists, guardian, other support people, team members, etc.

Indicate those individuals and their role that have assisted with this process.

Employment Specialist Signature _____

Print Name of Employment Specialist: _____

Date: Actual date was completed

90 Day Summary Instructions:

This form is to be completed and sent to the OVR counselor after 90 days of successful employment. A copy should be kept in your files.

Once the Employee has been closed successful at 90 days of employment with OVR, you are required to have a minimum of 2 contacts per month with the employee.

The form to be utilized for these contacts can be the Medicaid form or if not a Medicaid recipient, you may use the Worksite Activity Note.

After employee has been successfully employed for 90 days, you will no longer need to submit notes to OVR counselor unless requested by the OVR counselor. It is required to maintain activity/contact notes in the consumer's file. These notes will be reviewed by OVR SE Consultants during their annual monitoring reviews or as requested.

90 DAY SUMMARY

Employee Name:	Consumer's name		
Employer:	The name of the company/agency where job seeker is employed.		
Supervisor:	First and last name		
Job Title:	Actual title given by the employer.		
Start Date:	1 st day of work	Hourly Wage:	Beginning rate of pay
Days/Hours Worked Per Week:	Actual days per week work along with total hours per week actually working.		
Benefits: <i>Is the job seeker receiving benefits for this employer – if so, what type? What other benefits is the job seeker receiving...i.e., Social Security? If yes, what is the adjusted amount?</i>			
Long Term Services and Supports: <i>State the exact long term services and supports the job seeker will need on going to assist with their employment.</i>			
Monthly Summary of Work: <i>Give a detailed description of the monthly work experience for this job seeker.</i>			
Other Important Information To Know: <i>State here any information that was gained during these last 30 days of employment prior to closure with Office of Vocational Rehabilitation.</i>			
Schedule for Follow-up: <i>What type of follow-up and how often to follow-up with job seeker to assist with their employment?</i>			

Signature of ES: Signature of Employment Specialist
Print Name of ES: Print name of above signature
SE Provider Name: Name of agency
OVR Counselor Name: OVR counselor
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Total Time Spent: Total time spent one-on-one with consumer – round to nearest quarter hour

Recap of Paperwork Flow & Billing

- **Person Centered Employment Plan (PCEP) Activity Notes (submitted monthly by the 5th of next month).**
- **Person Centered Employment Plan (PCEP) with invoice.**
- **Job Development Activity Notes (submitted monthly by the 5th of the next month) until the consumer starts an appropriate job/employment.**
- **Work Summary (submit to OVR after consumer has completed one day of employment) with invoice.**
- **Worksite Activity Notes (begin utilizing Day 1 through Day 90 of employment).**
- **30 day Summary**
- **60 day/Long Term Support Plan submitted to OVR counselor with invoice.**
- **90 day Summary.**
- **Services will continue with this job seeker for their vocational life from the Supported Employment Provider (minimum of two contacts per month. One of those two contacts must be face to face).**



Other:

Consultation with Community Based Work Transition: \$300.00