



## 2016 COMMUNITY PRACTICE REVIEW

### PROTOCOL #3: DAY/EMPLOYMENT SERVICE PROVIDER INTERVIEW Jackson v. Ft. Stanton

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Date:  
Name of Person(s) Interviewed:  
Type of Service:  
Why are they sitting in?

Name of Reviewer:  
Title and Agency:  
Name and phone number of anyone sitting in on this interview:

SCORES FOR ROLL-UP QUESTIONS:

ITEM TO VERIFY

DAY INTERVIEW

DAY OBSERVATION TABLE

DAY SCORING

SUPPORTED EMPLOYMENT SCORING

QUESTION #54:

SCORE FOR #38 IS **Choose**

QUESTION #81

SCORE FOR #37 IS **Choose**

QUESTION #82

SCORE FOR #39 IS **Choose**

QUESTION #85

SCORE FOR #42 IS **Choose**

QUESTION # 93

SCORE FOR #41 IS **Choose**

## Day/Employment Interviews

The purpose of the interview is to gain insight into the perspective, knowledge, opinions, preferences, and circumstances of the person interviewed. The interview may present the Reviewer with the opportunity to observe first hand someone's communication skills, appearance, manner and working style. The questions presented in interview protocols are intended to elicit certain information. Each Reviewer is expected to phrase or rephrase the question(s) as necessary to promote clear communication addressing the intent of the questions. However, **you MAY NOT lead the person to an answer.**

The Reviewer should make every effort to record the interviewee's responses verbatim. Try not to paraphrase. The Reviewer should make any needed notes at a level of detail and reference that permits the Reviewer to put the information in the context necessary to be useful in supporting the Reviewer's judgments and descriptions. The Reviewer should not use acronyms when asking questions.

If you have not met the person to be interviewed before, begin by introducing yourself. If the person does not know, describe your role as a Reviewer and the overall aim of the review as well as the purpose of the interview in the information gathering process.

Even if asked directly, **do not** tell the person interviewed that anything is or is not "all right," "okay with me," does or does not "comply" with any regulation, law or requirement, or any other indication of approval or disapproval.

Even if asked directly, **do not** provide technical assistance or "recommendations" to resolve or improve issues.

For purpose of this Review, only interview a person providing direct service support to this class member.

If the direct support staff has been on the job for 30 days or less, his/her supervisor may also provide information AFTER the direct support staff has answered.

**YOU MUST RECORD THE DIRECT SUPPORT STAFF PERSON'S RESPONSES SEPARATE FROM THE SUPERVISORS.**

If the person's direct support staff is not available/allowed to participate in this interview find out why and note the reason and who is giving you this information. Make these notations in your protocol book under the appropriate interview.

Notify the agency that you will record the answers provided but they may not be counted and the entire interview may be scored a "0".

Consult with your Case Judge and Community Monitor prior to completing your protocol book.

During the interview, whenever the protocol uses the term "person" or "Participant" the Reviewer should use the person's name when speaking, for example, "Ms. Smith," or "Mr. Jones."

When interviewing the direct service provider, most Reviewers have found it useful to begin with a general "tell me about" the Participant to allow the person being interviewed to express his/her initial and/or primary views. If subsequent items in the interview address issues already present in response to the initial "Tell me..."

question, the Reviewer should simply state, "I believe you have already told me about this...", reiterating the information. Allow the person interviewed to correct, clarify or expand the information as necessary.

Remember that the service provider may have to respond to an emergency or crisis situation during the interview. If this happens, the Reviewer should terminate the interview immediately and establish a time to reschedule or resume the interview. Do not continue to engage the person in conversation.

At the end of the interview, thank the person for his/her time and cooperation.

Based on your review of the records, what should be present in this environment? (e.g., adaptive equipment/assistive technology equipment, specific responses to behavior, specific supports during eating, etc.) List these types of things here/on the back of this page. If the information you require is found to your satisfaction, check the box to the left of the item you've listed. If not, leave it blank, highlight it and use it as a reference when scoring and/or writing up your summary. Use this space to identify missing information, use it to verify that recommendations have been followed, use it to ask about needed equipment/devices, etc.

<b>X</b>	<b>Item to Verify or Request (add lines as needed)</b>

- A. Tell me about (Participant):  
Note: The interviewee may ask, well what do you want to know? The reviewer can respond by saying: "I've never met the person or don't know him/her very well—so just tell me what you know about her/him".

**CJ Remarks**

- B. From your work with this person, what are the person's strengths?

**CJ Remarks**

- C. How long have you worked with this person? (Try to get day and year this person started)

**CJ Remarks**

- D. Please describe the person's typical day, give me an idea about how long the person spends doing these activities.  
Note: If the interviewee states them, record the time the person arrives, what he/she does next and for approximately how long, then what the person does next and for how long, etc.  
Note the total number of hours per day the person is engaged in meaningful activities that relate to his/her ISP.

**CJ Remarks**

E. Are you a member of this person's IDT [Team]?  Yes  No.

**CJ Remarks**

F. Did you participate in the development of the person's ISP [Plan]?  Yes  No. How did you participate? What did you do?

If the answer is "No", the reviewer should ask: "Did information about the person get from you to the Team and information from the meeting get back to you?" If so, how?

**CJ Remarks**

G. Have you received training on implementing the person's:  
a. ISP?  Yes  No. If **YES**, what did you learn?

b. Behavior Plan?  Yes  No  NA. If **YES**, what did you learn you are to do?

Note: If the individual does not have a Behavior Support Plan mark this as N/A.

**CJ Remarks**

H. Is the ISP useful in helping you to understand and-work with this person?  Yes  No  NA (no plan)  
How, or in what way?

**CJ Remarks**

I. Does the IDT meet when major events occur in this person's life?  Yes  No.  
If **YES**, what happened and when did this occur?

**CJ Remarks**

J. How would you initiate an IDT meeting if you thought one was needed?

**CJ Remarks**

K. How does the team integrate this Participant's culture, values and natural support systems into the ISP and the person's everyday life?

NOTE: List specific measurable indicators, then look for verification in the notes and program records or other interviews. This question usually needs to be repeated, and needs to be taken slowly, with spacing between the words: culture—values—and natural support systems. You can explain that when thinking about culture we mean things like ethnic and or life style preferences; with values we mean beliefs (e.g., religious or family) with natural supports we mean people, groups of people, organizations or environmental.

**CJ Remarks**

L. What are this person's current ISP Outcomes?

L.a. Please describe your responsibilities in implementing this person's outcomes .

**CJ Remarks**

M. Do you think the other members of the Team carry out their responsibilities as they are stated in the person's ISP?  Yes  No.

Examples:

**CJ Remarks**

N. Have there been any conflicts among team members about the person's service and support needs?  Yes  No.  
If **YES**, how was the conflict resolved?

**CJ Remarks**

O. Describe how team members communicate with each other in between scheduled team meetings about the person's ISP progress and needs.

**CJ Remarks**

P. Who is the person's independent case manager?

a. How helpful is this person [the case manager]?

b. What do you see as her/his role or job?

**CJ Remarks**

Q. To what extent (how often) is the guardian involved in this person's life?

Is this level of involvement enough?  Yes  No.

Why/Why not?

What does the guardian do?

**CJ Remarks**

R. Has the person or guardian ever objected to or requested services other than what you provide?  Yes  No  Don't Know  
If yes, When? What was objected to or requested? What happened?

**CJ Remarks**

- S. Does your agency have a formal complaint or grievance process for the person and her/his guardian?  Yes  No  
Note: Often the interviewee will ask for clarification, 'what do you mean?', and the reviewer can clarify by stating: 'If the Individual or Guardian did not like the way something is being done or not done, how would they go about getting it taken care of?' 'Who would they contact?'

If **YES**, please describe. (Note: Reviewer should ask to see it.)

**CJ Remarks**

- T. Have you received any training specific to reporting abuse, neglect, and exploitation?  Yes  No

If **YES**, to what agencies do you report suspected abuse, neglect, exploitation? Note: you **MUST** also ask the second part of this question.

Have you ever reported?  Yes  No What happened after you reported?

**CJ Remarks**

- U. Have you received training on the ISP process?  Yes  No If **YES**, when?  
If **YES**, please describe this training.

**CJ Remarks**

- V. What other types of training would be beneficial to you or do you think you would like to have?

**CJ Remarks**

- W. What barriers [obstacles] do you encounter in working with or planning for this person?  
Note: Often the interviewee will ask for clarification. The reviewer can respond with: 'Has the person wanted to do something but others said no or it got put off for whatever reason?' If the person you are interviewing identifies a barrier, ask if it was ever resolved.

**CJ Remarks**

- X. What, if any, change in behavior has occurred during the past year?  
Note: If there has been a change, find out what the change is and when and why (if they know) it occurred.

**CJ Remarks**

- Y. What, if any, change in sleeping patterns has occurred during the past year? Note: If there has been a change, find out what the change is and when and why (if they know) it occurred.

**CJ Remarks**

- Z. What, if any, change in overall activity levels has occurred during the past year? [Is the person more/less active than usual or more/less independent than usual?  
Note: If there has been a change, find out what the change is and when and why (if they know) it occurred.

**CJ Remarks**

- AA. If any change is reported in behavior, sleeping patterns, or activity levels, was the person evaluated to assess for underlying reasons (health, environmental, relationships, etc.) for the change(s)?  Yes  No

If **YES**, What type of specialist was this person? What was the outcome?

**CJ Remarks**

- BB. Please describe any health-related needs or issues this person may have.

**CJ Remarks**

- CC. Has the IDT discussed the person's health-related issues? What did they do and how did they resolve these health issues?  
Note: They may have discussed health issues at the last Annual ISP meeting. If so, the ISP and/or meeting minutes need to reflect such, ask the case manager about any discrepancies.



**CJ Remarks**

DD. Has the person been in the hospital or emergency room since you have been working with the person?  Yes  No  
If **YES**, please describe your involvement in the treatment and discharge planning.

**CJ Remarks**

EE. a. Does this person's ISP have an adequate behavioral crisis intervention plan as warranted by his/her behavioral history?  
 Yes  No If No— What's missing or needs to be in it?

a.1. Have you had to implement the behavior crisis intervention plan?  Yes  No

b. Does this person's ISP have an adequate medical emergency response plan as warranted by his/her chronic medical condition?  
 Yes  No If No— What's missing or needs to be in it?

b.1. Have you had to implement the medical emergency response plan?  Yes  No

**CJ Remarks**

FF. (For persons in wheelchairs or with limitations to movement and mobility) Verify with the interviewee that the person has mobility issues. If so, ask the staff person:

Describe what procedures you use for specific care related to mobility.

Note: Questions a. - d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training on how to best help this person with his specific mobility issues?  Yes  No

If **YES**, Tell me what you do.

b. What equipment does the person need?

c. Is this equipment available and used here?  Yes  No. If **YES**, ask to see it and be sure it's working. If **NO**, list what is not, and ask: Why isn't it here or Why isn't it used here?

d. Have you been trained in and do you know how to use this equipment? Please describe what you do.

Who trained you? (title/name)

**CJ Remarks**

GG. (For persons who have seizure disorders) Verify with the interviewee that the person has a seizure diagnosis or a history of seizures. If so, ask the staff person: Describe what procedures you use for specific care related to seizure management.

a. Did you receive training on what to do if the person has a seizure? If yes, tell me what you do.

Note: This may be answered within the question immediately above.

**CJ Remarks**

HH. (For persons who have difficulty swallowing) Verify with the interviewee that the person has difficulty swallowing food and/or meds. If so, ask the staff person: Describe what procedures you use for specific care related to eating and medication delivery.

Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person with eating and medication delivery? If yes, Tell me what you do.

b. What equipment does the person need?

c. Is this equipment available and used here?  Yes  No. If **YES**, ask to see it, be sure it's working. If **NO**, list what is not, and ask: Why it isn't here and/or Why isn't it used here?

d. Have you been trained in and do you know how to use this equipment? Please describe what you do. Who trained you (title/name)

***CJ Remarks***

II. (For persons who cannot obtain liquids without assistance) Verify with the interviewee that the person needs assistance with hydration/obtaining liquids. If so, ask the staff person: Describe what procedures you use for hydrating the person.

Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person with obtaining liquids? If yes, Tell me what you do.

b. What equipment is needed to assist this person?

c. Is this equipment available and used here?  Yes  No. If yes, ask to see it, be sure it's working. If no, list what is not, and ask: Why isn't it here and/or Why isn't it used here?

d. Have you been trained and do you know how to best monitor and reduce this person's dehydration risk? Please describe/show me what you do.

**CJ Remarks**

JJ.

Please describe skin care needs specific to this person.

Note: Questions a.-d. may get answered as the interviewee answers this first question and continues talking.

a. Did you receive training specific to the individual regarding how to assist the person with these needs? If YES, Tell me what you do.

b. What products are needed to assist this person?

c. Are these products available and used here?  Yes  No. If **YES**, ask to see them. If **NO**, list what is not, and ask:  
Why aren't they here and/or why aren't they used here?

d. Have you been trained in and do you know how to use these products? Tell me what you do. Who trained you (title/name)?

**CJ Remarks**

KK.

Does this person require any adaptive equipment or assistive technology?  Yes  No

Note: If the interviewee has already listed some equipment/devices, reviewer can reiterate by saying: You said the person uses \_\_\_\_\_, is there any other equipment or devices the person uses or needs?

If **YES**, Tell me what they need: (Note: List everything the Direct Support Staff identifies)

Is all the needed equipment available and used?  Yes  No. If **NO**, list what is not used and ask: Why isn't it here and/or Why isn't it used here?

Have you been trained to use this equipment?  Yes  No. If **NO**, list what the staff has not been trained on and ask: Do you know why you haven't been trained?

***CJ Remarks***

LL. During the past 6 months [since you have been working with the person if the interviewee has been with the person less than 6 months] were there other services that the person needed but did not receive?  Yes  No  
If **YES**, What are they?

***CJ Remarks***

MM. Do you know why the service(s) was not received by the person?  Yes  No  
.If **YES**, explain.

***CJ Remarks***

NN. Are there other services needed by the person now or will there be over the next 6 months?  Yes  No  
If **YES**, list services.

***CJ Remarks***

OO. Do you know what actions, if any, are being taken and by whom to secure the needed services?  Yes  No  
If **YES**, explain.

**CJ Remarks**

PP. Are resources (i.e., medical, personal money, transportation) adequate to meet this person's needs?  Yes  No  
If **NO**, what is not adequate and what is being done, if you know.

**CJ Remarks**

QQ. In your opinion, what are the most important issues/needs to be addressed with this person?

**CJ Remarks**

RR. From your knowledge of the person, what are the person's preferences in each life area:

a. Learning/Work?

b. Social/Leisure?

**CJ Remarks**

SS. Does your agency have any policies that might restrict this person's ability to pursue adult relationships?  Yes  No. If **YES** do you know what they say or what the effect has been to the person?

**CJ Remarks**

TT. What natural supports does the person have and what generic services does the person use?

Note: Look for verification in the record and in other interviews of these activities.

o What memberships does this person have in the community? List what groups or organizations the person belongs to and how often he/she participates in them.

o List Names of friends this person has who are not paid to be in this person's life:

- List valued roles the person plays in the community and how often the person experiences them.
- List generic services the person uses and how often:  
Note: Generic services are those any one of us might use, such as stores, medical facilities, library, community recreation center

***CJ Remarks***

UU. Verify whether or not the person is employed. If employed ask, How many hours per week does the person work? What does the person do? Where?

***CJ Remarks***

VV. Could the person work more hours per week, if they wanted to?

***CJ Remarks***

WW. How much money does the person earn per hour?

***CJ Remarks***

XX. Are there at least 50 percent non-disabled employees where the person works?

***CJ Remarks***

YY. Is the job considered to be permanent (not seasonal) [Not just for the summer or during the Christmas rush]?

***CJ Remarks***

ZZ. Has the person made progress in the following areas in the past year? Explain each response.

a) Learning/Working

If there has been <b>progress</b> , identify it.	If there has been <b>no progress</b> , explain why not.	If there has been <b>regression</b> , describe what actions have been taken by the IDT to address the regression.

b) Social/Leisure

If there has been <b>progress</b> , identify it	If there has been <b>no progress</b> , explain why not.	If there has been <b>regression</b> , describe what actions have been taken by the IDT to address the regression.

AAA. Over the next year, what would you like to see this person doing?

***CJ Remarks***

BBB. What is your long-term vision for the person? [What would you like to see for this person/ see this person doing in the next few years?]  
 Note: if you receive a very general response, ask if there is anything more specific they would like to see the person do/achieve.

***CJ Remarks***

CCC. Is there anything else you would like to tell me about this person?



***CJ Remarks***

**REVIEWER: PLEASE COMPLETE THE CHART ON THE FOLLOWING PAGE.**

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**Day/Employment Program Site Observations**

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**Observations of Person's Day/Employment Program**

General Conditions		
Type of Condition	Yes	No
Generally clean?	<input type="checkbox"/>	<input type="checkbox"/>
Generally good state of repair of the building?	<input type="checkbox"/>	<input type="checkbox"/>
Safety hazards found? Describe:	<input type="checkbox"/>	<input type="checkbox"/>
Furniture:		
Good state of repair?	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient seating available?	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate to environment/tasks?	<input type="checkbox"/>	<input type="checkbox"/>
General Environment:		
Sufficient space for all tasks?	<input type="checkbox"/>	<input type="checkbox"/>
Noise level acceptable?	<input type="checkbox"/>	<input type="checkbox"/>
Supervision level acceptable?	<input type="checkbox"/>	<input type="checkbox"/>
Necessary equipment available?	<input type="checkbox"/>	<input type="checkbox"/>
Integrated appropriately into the community?	<input type="checkbox"/>	<input type="checkbox"/>

**Programmatic and Environmental Review**

Observations of Activities, Events, Environment

**Question 43**

## Day/Employment Services ..... Summary

### Ratings Guide

- 0 - Information not present or not adequate (non-compliance)
- 1 - Information is not completed or partially adequate (partial compliance)
- 2 - Information present and found to be adequate (full compliance)
- NA - Item not applicable to this Participant
- CND - Cannot determine answer based on information available

For each question your possible responses are limited to the optional responses listed. For instance, if a question does not list NA as a possible response, you may not use it. Reviewers: **In your notes YOU MUST use a (+) to indicate examples of compliance; Use a (-) to indicate examples of non compliance.**

**YOU MUST PROVIDE AN ANSWER TO EVERY QUESTION.**

- \*35. Does the day/employment direct services staff “know” the Participant? **Choose**  
Note: We expect the staff to thoroughly describe this person’s preferences, needs and circumstances, including information describing the individual’s method/style of communication; personality, likes, dislikes; the individual’s general routine; important people, activities, things in the individual’s life; significant events that occurred or are occurring which have an impact on the individual and what s/he is doing or plans to do. Also look for description of strengths, positive attributes, things to build on, such as: communication method; work ethic; skills s/he possess; willingness to try things; willingness to participate in activities; etc. Cannot be a “2” if the staff gives only clinical diagnoses and no personal information or visa versa.
- |                            |
|----------------------------|
| <b>Justification:</b>      |
| <b>Case Judge remarks:</b> |
- \*36. Does the direct service staff have adequate input into the Participant’s ISP? **Choose**  
Note: We will look to see if the direct service staff have had input at the ISP, or if it is documented that they provided input directly to the CM in advance of the ISP Meeting. Is there evidence that they provide input through their Supervisor/Coordinator/Manager/Lead and is there proof that this information is shared at the meeting. Verify Day Program staff attendance with the signature page of the ISP. Cannot be a 2 if there is no verified evidence that the Day Program Direct Support Staff provided input into the ISP.
- |                            |
|----------------------------|
| <b>Justification:</b>      |
| <b>Case Judge remarks:</b> |
- \*37. Did the direct service staff receive training on implementing this Participant’s ISP? **Choose**  
Note: We look to see if the direct service staff are implementing this person’s ISP in line with expectations as outlined in the ISP and/or other directions (e.g., from

therapists or other specialists.) Cannot be a 2 if the Direct Support Staff stated they received training, but observation and verbal description evidenced they did not know the person's ISP, BSP, Mealtime Plan, outcomes/objectives/action plans, or other plans that are to be implemented.

**Justification:**

**Case Judge remarks:**

\*38.

Was the direct service staff able to describe this Participant's health-related needs?

Note: The direct service staff identifies the important health related needs, needs that if not known and addressed can present a risk to the health and stability of the individual. Are looking for clinical diagnoses, such as seizure disorder, high blood pressure, diabetes; symptoms the person has recently displayed and what is being done to address them, such as - recently has been having trouble standing up from sitting in a chair, has an appointment with PCP, will go to the doctor next week. Also note past illnesses that may affect the person now; such as was hospitalized for pneumonia last winter so extra precautions are taken during the winter such as not going out when it's really cold, and if s/he gets a cough s/he goes to the doctor right away. Cannot be a 2 if the Direct Support Staff did not note: risk of aspiration and the person has a 24 hour Aspiration Plan and Mealtime Plan because of it; the person has seizures and documentation evidenced the person has an active seizure disorder with a seizure plan and a seizure crisis plan; the person has diabetes and documentation evidenced s/he is to have regular blood glucose monitoring and/or a special diet; or other conditions that the person receives medication for, is to be on a special diet because of, has a medical emergency response plan for, or documentation indicated the condition affects the person's daily life on regular basis.

**Choose**

**Justification:**

**Case Judge remarks:**

\*39.

Was the direct service staff able to describe his/her responsibilities in providing daily care/supports to the Participant?

Note: Cannot be a 2 if the Direct Support staff could not describe things such as: the assistance they provide the person with ADLs and personal care; what outcomes s/he is responsible for or give some indication s/he knows them and implements them; how often the outcome is worked towards and when and how data is collected. Both 39.a. and 39.b. must be a 2 for this to be a 2.

**Choose**

39a. Was the direct service staff able to provide specific information regarding the person's daily activities, including the exact times of day the person is doing what?

**Choose**

**Justification:**

**Case Judge remarks:**

39b. Can the direct service staff describe his/her responsibilities in implementing this person's ISP outcomes/action plans?  
Note: Please refer to answer provided in question "L" of the interview, and relate that answer to the actual outcomes/action plans in the ISP.

**Choose**

<b>Justification:</b>
<b>Case Judge remarks:</b>

\*40. Did the direct service staff have training in the ISP process?  
Note: We will consider what the direct service staff tell us and what we observe. Reviewers are looking for: knowledge of person-centered planning; expressed knowledge of the purpose of vision statements, outcomes, and action plans, indication that the interviewee knows what the ISP process is about. Cannot be a 2 if the Direct Support Staff could not describe basics regarding the ISP.

**Choose**

<b>Justification:</b>
<b>Case Judge remarks:</b>

\*41. Did the direct service staff have training on the provider's complaint process and on abuse, neglect and exploitation?  
Note: Both 41.a. and 41.b. must be a 2 for this to be a 2.

**Choose**

Did the direct service staff:

41.a. have training on the provider's complaint process? .....

Note: Did the staff indicate the reporting chain of command, e.g., go through my Supervisor; contact the Program Manager or Director; something to indicate there is someone within the agency a person can contact with a complaint/grievance. The direct service staff could also show the reviewer the agencies procedure that is in the person's book or the staff book, or that is located somewhere in the program area. Cannot be a 2 if the Direct Support Staff indicated they did not know if their agency had a complaint process or that they knew nothing about their agency's complaint process.

**Choose**

<b>Justification:</b>
<b>Case Judge remarks:</b>

41.b. have training on how and to whom to report abuse, neglect and exploitation? .....

Note: The interview must reflect the answers DOH or DHI. Human Services is NOT acceptable. Direct service staff could also show a card with the number, the poster, or another format with the number on it, and they indicate that is the number to call. Cannot be a 2 if the Direct Support Staff did not indicate reports are made to DOH/DHI.

**Choose**

<b>Justification:</b>
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**Case Judge remarks:**

- \*42. Does the direct service staff have an appropriate expectation of growth for this Participant? **Choose**  
Note: The direct support staff should articulate this person's abilities, potential and natural next steps. There should be an expectation of growth and the team should be acting on that expectation. End of life plans may also be a factor. The reviewer looks for staff to explore things such as the person working at a community integrated job, living in a more independent setting, taking a trip, going for further formal education, learning a particular new skill or activity. Cannot be a 2 if the Direct Support Staff stated that they would like the person to be healthy, happy, and/or safe; or to just keep coming to the day program, with no specific indication of why and what the person would do there.

**Justification:**

**Case Judge remarks:**

- \*43. Is the day/employment environment generally clean, free of safety hazards and conducive to the work/activity intended? Note: See Observation Table. **Choose**

**Justification:**

**Case Judge remarks:**

### **Supported Employment Services**

Note: (361.42, p. 332) Federal requirements of VR include that prior to any determination that an individual with a disability is incapable of benefiting from VR services in terms of an employment outcomes the designated State unit must conduct an exploration of the individual's abilities, capabilities, and capacity to perform in realistic work situations to determine whether or not there is clear convincing evidence to support such a determination.

The state agency must develop a written plan to assess periodically the individual's abilities, capabilities, and capacity to perform in work situations through the use of trial work experiences ... trial work experiences include SE, on the job training and other experiences using realistic work settings.

The DOH/DDSD Policy "Access to Employment" Effective July 21, 2003 stated that all persons with developmental disabilities shall have access to employment, using a career development approach that reflects an individual's employment possibilities using person-centered planning that builds on capabilities, choice and control over social connectedness. The policy re-affirms the Developmental Disabilities Supports Division's commitment to equal access to valued employment. This policy establishes a framework for (a) planning, (b) designing, (c) implementing and (d) modifying valued supported employment services for individuals with developmental disabilities living in community-based settings.

It is the policy of the Developmental Disabilities Supports Division that, to the extent permitted by funding, each individual receive supported employment services that are integrated into ISP planning and that will assist and encourage independence and productivity.

Note: When considering Community Inclusion Services (Supported Employment, Community Access, and Adult Habilitation), the individual members of the person’s team are required to offer employment as a priority service over other Day service options for all working age adults (Age 18 to 65 or older). In cases when employment is not the immediate goal, the Team should initiate a discovery process which enables the person to have work experiences which enable them to reach Informed Choice as measured against the criteria which follows.

- a. Assessment of the individual’s vocational interests, abilities, needs;
- b. Information regarding the range of employment options available to the individual and how to access those options;
- c. Information regarding self-employment and customized employment options and resources and how to access them;
- d. The support for job exploration, volunteer work and trial work opportunities;
- e. Discussion of potential impact on the individual’s benefits and services; and
- f. Address obstacles and disincentives to employment.

\*124. Has the IDT or the Reviewer recommended a supported employment assessment for the person?

**Choose**

Note: If a reviewer answers “yes” to Question #124, you must also answer Question #126 and Question #127.

Note: If either a. or b. is answered “yes” the answer to Question #124 is “yes”.

<b>Justification:</b>	
<b>Case Judge remarks:</b>	
<p>a. Has the Team recommended supported employment assessment for the person?</p> <p>If Yes: Provide evidence of this recommendation: (Identify source of evidence)</p> <ul style="list-style-type: none"> <li>a.i. Name of document where you found this information or the name of the person who told you and title:</li> <li>a.ii. Date: (Assessment was recommended):</li> <li>a.iii. Date: (Assessment was completed, if not completed note that here):</li> <li>a.iv. What has been identified as needed to achieve Supported Employment? (Include source and date)</li> </ul> <p>If No: What steps have been taken to identify what it would take to achieve Supported Employment?</p> <p>Note: Please note what has been done and when. Use the guidance on Informed Choice (see Note at top of page) to guide your search for evidence and your score.</p>	<b>Choose</b>
<b>Justification:</b>	
<b>Case Judge remarks:</b>	
<p>b. Is the Reviewer recommending a Supported Employment Assessment for the person?</p>	<b>Choose</b>

b.i. Identify reasons why or why not.
<b>Justification:</b>
<b>Case Judge remarks:</b>

<b>If you score #124 as YES, then you MUST score #126 and #127.</b>
<b>If you score #125 as YES, then you MUST score #128-130. If you score #125 as NO, then #128 to 130 are N/A</b>
<b>If #124 and #125 are BOTH "no" then #126 through #130 should be marked NA</b>

\*125. In the opinion of the IDT or the Reviewer, does the person need supported employment?

Note: If a reviewer answers "yes" to Question #125, you must also answer Questions #128, #129 and #130.

Note: If either a. or b. is answered "yes" the answer to Question #125 is "yes".

We will consider DDSD's Employment First policy and the Jackson mandate to consider employment. We will consider evidence of Informed Choice (identified above), what the person's day looks like now, does the person have a work outcome, does the person want to work and if there are other indicators in the person's life/ISP that indicate work might make sense (i.e. needs to make more money, likes to help others, is bored, etc.) Is there any compelling reason why one would not pursue work for this person?

**Choose**

<b>Justification:</b>
<b>Case Judge remarks:</b>
a. Does the Team recommend supported employment for the person?  If Yes: Provide evidence of this recommendation (e.g., name of the document where you found this evidence and date, or person interviewed and title; etc.).  If No: List reasons the Team has identified for not making this referral. Identify source of evidence and date. Use the guidance on Informed Choice to guide your search for evidence.
<b>Justification:</b>
<b>Case Judge remarks:</b>
b. Is the Reviewer recommending Supported Employment for the person?

**Choose**

**Choose**



Identify reasons why or why not.
<b>Justification:</b>
<b>Case Judge remarks:</b>

**If #124 and #125 are BOTH "no" then #126 through #130 should be marked NA**

\*126. Did the person receive a supported employment assessment?

**Choose**

Note: A supported employment assessment is not required to be a separate document labeled as such. A supported employment assessment could be found within other assessments such as an employment assessment or preference/interest type of assessment.

DDSD Policy: Vocational Assessment Profile: "Means A vocational assessment or profile that is an objective analysis of a person's interests, skills, needs career goals, preferences, concerns, in areas that can pertain to an employment outcome and can ultimately be ... matched to a potential job, self-employment opportunity, career advancement or other employment opportunity... A vocational assessment must be of a quality and content to be acceptable to DVR or DDSD. See July 16, 2008 Policy VAP-001 and Procedure VAPP-001 with same date.

<b>Justification:</b>
<b>Case Judge remarks:</b>

\*127. Does the supported employment assessment conform to DOH regulations?

**Choose**

Note: The assessment is current, relevant and functional. Current means reviewed and revised as needed but not less than on an annual basis. If the person has experienced problems getting a job or experienced problems on the job, the assessment should be done as needed and more frequently than annually.

Please see the DOH Policy and Procedure for Vocational Assessments (for Jackson Class Members) when evaluating whether the assessment conforms to DOH regulations.

How often are Assessments/Updates to be done? A mandatory annual employment assessment update is completed each year. This can be done during the annual ISP Team meeting as long as the assessment process and content requirements as outlined in the attached DOH Policy and Procedure for Vocational Assessments are met as a part of this update. If the Team needs additional information, the individual or guardian requests referral for a separate, independent employment assessment or there has been no progress toward employment then a new, separate assessment should be initiated by the IDT or supported employment provider by contacting DOH-DDSD Supported Employment Lead for information about available vocational assessments.

<b>Justification:</b>
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**Case Judge remarks:**

- \*128. Does the person have a career development plan (based on assessments) that meets the person's needs?  
Note: A Career development plan is not required to be a separate document labeled as such. It can be incorporated into the person's ISP (e.g, long-term vision, Outcome, Work/Learn, Action Plan sections).

**Choose**

If a career development plan is found, but is not based on assessments or is not being implemented, this item should be scored a "1". The Career development plan consists of the vocational assessment and the ISP Work/Learn Action Plan that specifies steps necessary towards a successful employment outcome and identifies the people, including the individual, who will complete specific tasks, as well as a review and reporting mechanism for mutual accountability. If the individual has a work outcome, the career plan provides a 'blueprint' for job development/career development; if the plan isn't working, it is revised as necessary in a timely manner. Please refer to the DOH Policy and Procedure for Vocational Assessments to determine the quality of the Career Development Plan for the individual.

**Justification:**

**Case Judge remarks:**

- \*129. Is the person engaged in supported employment?  
Note: Supported employment is defined as: paid employment, with ongoing supports, in integrated settings for the maximum number of hours possible based on the unique strengths, resources, interests, concerns, abilities and capabilities of individuals with the most severe disabilities. Integrated settings are work places where most of the employees are not disabled and with whom/where an individual interacts on a regular basis, in the performance of their job duties, with employees who are not disabled (Federal Register, 1992).

**Choose**

If this person is working and receiving payment for this work, regardless of the number of hours worked, this should be answered "yes".

If this person is not working, this cannot be a "yes" UNLESS:

1. There is documented evidence that the person is actively engaged in supported employment services such as a discovery process, job search or job development; and/or
2. There is evidence that the reason the person is not working is due to a temporary issue and that a job is being held for this person with a date identified when they will return to work.

**Justification:**

**Case Judge remarks:**

a. Is this person working?

**Choose**

Note: Be sure your justification(s) for this question are clear about whether or not the person is working, what they are doing and for how many hours. If the person is not working but receiving supported employment services, be sure you identify what employment services they are receiving, for how long they have been receiving these services, their level of engagement each week and when (date) they are expected to be employed.

**Justification:**

**Case Judge remarks:**

\*130. Is the supported work provided in accordance with the following?

**Choose**

\*a. At least a 10-hour work week? ..... **Choose**

\*b. Person earns at least ½ of minimum wage? ..... **Choose**

\*c. Work setting is at least 50 percent non-disabled co-workers? ..... **Choose**

\*d. There is a reasonable expectation that the job will continue (not a temporary or seasonal job). ... **Choose**

For this to be a “2” the person must meet all of the criteria outlined in “a” to “d”. DDSD no longer allows exemptions. Do NOT leave blanks. Unless #124 and #125 are BOTH “no” you cannot score NA on “a” through “d”.

**Justification:**

**Case Judge remarks:**

## Questions

#	Question	Score
#35	Does the day/employment direct services <b>staff "know"</b> the person?	<b>Choose</b>
#36	Does the direct service staff have <b>adequate input into the Participant's ISP?</b>	<b>Choose</b>
#37	Did the direct service staff receive <b>training on implementing this Participant's ISP?</b>	<b>Choose</b>
#38.	Was the direct service staff able to describe <b>this Participant's health-related needs?</b>	<b>Choose</b>
#39.	Was the direct service staff able to <b>describe his/her responsibilities in providing daily care/supports to the Participant?</b>	<b>Choose</b>
#40.	Does the direct service staff have <b>training in the ISP Process?</b>	<b>Choose</b>
#41.	Did the direct service staff have <b>training on the provider's complaint process and on abuse, neglect and exploitation?</b>	<b>Choose</b>
#42.	Did the direct care staff have an <b>appropriate expectation of growth</b> for this Participant?	<b>Choose</b>
#43.	Is the day/employment <b>environment generally clean, free of safety hazards</b> and conducive to the work/activity intended?	<b>Choose</b>
#124	Has the IDT or the Reviewer recommended a supported employment assessment for the person?	<b>Choose</b>
#125.	In the opinion of the IDT or the Reviewer, does the person need supported employment?	<b>Choose</b>
#126.	Did the person receive a supported employment assessment?	<b>Choose</b>
#127.	Does the supported employment assessment conform to DOH regulations?	<b>Choose</b>
#128.	Does the person have a career development plan (based on assessments) that meets the person's needs?	<b>Choose</b>
#129.	Is the person engaged in supported employment?	<b>Choose</b>
#130.	Is the supported work provided in accordance with the following?	<b>Choose</b>