

Overview of Nebraska VR's Supported Employment Services

Definition

The concept of “place and train” is central to supported employment. The person is placed in competitive employment and provided training and other supports and services needed to develop job performance skills. Successful closure may occur on an established timeline when the client, employer, and VR counselor, agree that the employment goal is met and job performance is satisfactory.

The person must be compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by persons who are not disabled, at the time of transition to extended services.

Customized Employment is a type of Supported Employment that requires:

- The use of Discovery Information to generate vocational themes
- Negotiation of an Employment Proposal with the employer
- Customizing a job description, work schedule, worksite location and specifics on supervision
- Individualized determination of the client's strengths, needs and interests
- A design that will match the individual's abilities to meet the business needs of the employer

Services To Be Provided

Each service or milestone requires prior-authorization by VR.

Discovery

In limited circumstances when a client's abilities and interests are unknown or cannot be determined from existing records Discovery may be authorized. This service involves assessment of the person's talents, interests, and work preferences using the VR Profile for Supported or Customized Employment.

Initiate Services – Milestone 1

This milestone includes provider intake activities, and provision of supports needed to initiate and conduct job search activities. Such activities are guided by the Employment Goal stated in the Individualized Plan for Employment (IPE) with regard to type of work, number of hours, work schedule, and wages and benefits desired.

Job placement – Milestone 2

Job placement services include those activities directly related to obtaining a suitable job for the person such as:

- Job development
- Accompanying the person to job interviews
- Assistance with completing application forms
- Accompanying the person to required medical exams and drug screening tests
- Submitting 30 day reports on job search activities and outcomes

Job Coaching & Stabilization – Milestone 3

Job Coaching services lead to stable job performance by teaching needed job skills and developing appropriate work behaviors to help the person be successful on the job. A person is considered to be stable on the job when:

- Their performance meets employer's expectations
- The number of job coaching hours has been the same for 4 or more weeks.
- Number of job coaching hours provided is sufficient to support the person to maintain the job
- The person is satisfied with the job, hours, wage, etc.
- VR Counselor agrees that stabilization has occurred

Other supports at or away from the work site

These are supports that help the person do their best on the job. They may be provided at the work site, the person's home, or other location. Such support may include training or reminders to maintain grooming and hygiene, using transportation to get to and from work, or other supports that enable the person to maintain their job.

Successful Outcome – Milestone 4

A person has reached a successful employment outcome when he or she remains stable on the job for a minimum of 60 days after Milestone 3 has ended.

Employment Report – Milestone 5 A/B

This milestone includes the provision of needed supports so the client may retain his or her job. An Employment report is submitted at two intervals:

- 1) Milestone 5A: 6 months after successful closure for authorized service when the client has remained at the same job held at closure; and
- 2) Milestone 5B: 12 months after successful closure for authorized service when the client has remained at the same job held at closure.

Independent Provider

Supported/Customized Employment Service – Definition of Terms

Nebraska VR

Also referred to as Vocational Rehabilitation, Voc Rehab, or VR helps people who have a disability get and keep a job. The disability may be a physical, emotional or learning disability.

Supported Employment

Person requires training on the job to help them learn the job duties and behaviors required to be successful. The job is based on existing job description. The person is successful when they are able to work independently on the job or require very little job coaching to keep their job.

Customized Employment

Person requires individualized determination of their strengths, needs and interests. Job is developed to meet the individual's needs and the employer needs. The job description is developed by the provider.

Client

A person with a disability who works with VR is often referred to as 'client'.

Support Provider/Job Coach/Independent Provider

The person who helps the client learn the job duties.

Hours of intervention

The number of hours the support provider/job coach spends with the client at the work site providing job coaching and support.

Fading

As the client gains more knowledge about their job and becomes more skilled, the provider allows the client to work with less support. The provider may observe from a distance, or actually leave the work place. The provider would then check with the supervisor or co-workers to see how the client did during their absence. If successful the client will become more independent and need less support.

Stabilization

This occurs when the client is working as independently as possible. For example, the client works 25 hours per week, and for the past 4 weeks the provider has only provided support for 3 hours each week. It is believed the client will require the 3 hours of support each week for the foreseeable future.

Natural Supports

Natural supports are the assistance a co-worker, supervisor, or other named person provides, on an occasional basis, to assist the client. An example would be a client who needs a reminder to switch from one activity to another. The co-worker would agree to remind the client to switch activities. Another example would be a family member ensuring proper grooming for the job each morning.

Extended Supports

Extended supports are the supports the client will need for as long as they have the job. Extended supports may be provided by the job coach (Independent Provider), co-worker, supervisor, or family member.

On-site Supports

These are the services and supports provided at the job site.

Off-site Supports

These are the services and supports provided away from the job site. They include work related supports such as addressing grooming needs, transportation, and work preparation skills.

Nebraska VR Milestone Payment Schedule
SUPPORTED EMPLOYMENT (SE) FOR PEOPLE WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES (I/DD)

Milestone	Description/Activities	Payment	Date Examples
Discovery	<p>Provider completes VR Profile for Supported or Customized Employment document, including all previous and most recent discovery activities. Referral is made to VR, who facilitates meeting with Client and family/guardian, DD Service Coordination, and Provider. Discovery may include (but is not limited to) interviews with Client and others including family members, school staff, case manager and/or Service Coordinator or people who know client well, review of existing records, observation in home and in the community (activities in various settings), observation of participation in a familiar activity (does well, knows how), observation of participation in a new activity of choice, etc. Client identifies interests, talents and work preferences. Team determines services and supports necessary for client's employment success.</p> <p>Note: This Assessment Support is only authorized if little or no previous Discovery activities have been completed or if available information is dated. Examples include home-schooled students, non-Nebraska graduates, individuals who have been on wait list for an extended time, or when competitive, integrated employment is questioned at the present time.</p>	\$500	Start Date: Date authorization began; End date: Date activity was completed
Milestone 1: Initiate Services	<p>VR develops Individualized Plan for Employment (IPE) in collaboration with client, DD Service Coordination, and Supported Employment (SE) Provider representative(s), based on results of VR Profile for Supported or Customized Employment and VR Evaluation. Intake is completed for new VR client. VR authorizes milestone 1 and milestone 2 on separate authorizations. SE Provider submits a copy of the Initiate Job Search Services Milestone 1 form and invoice to VR.</p> <p>VR QE2: VR Services</p>	\$1,000 payment upon invoice for Milestone 1 along with Initiate Job Search Services form	Start Date and End Dates: Date of referral to SE provider
Milestone 2: Supported Employment & Placement	<p>SE Provider implements job search activities with the client to achieve employment including the teaching of interviewing skills, development of resume, assistance in completing job applications, provide grooming tips, contacts and advocates with employers, attends job interviews & develops transportation plan for work. The SE Provider matches work environment and work skills to potential jobs and identifies any needed accommodations prior to starting job. Meets with VR liaison monthly to review job search progress, submits written reports every 30 days during job search period on standardized form, and ensures that VR has been notified of the start job date and employment details prior to employment start date. SE Provider submits Supported Employment Placement Report – Milestone 2 – with invoice for payment.</p> <p>VR QE2: VR Services</p>	\$1,500 Payment upon invoice for Milestone 2 along with Job Placement Report	Start Date: day after date of initiate services. End Date: day client starts job
Milestone 3: Job Coaching & Stabilization	<p>SE Provider and client jointly develop job specific strategies and accommodations. On and off-site job coaching is initiated to teach job duties, work culture, work expectations, and work behaviors. Plan to reduce Job coaching interventions is devised as accommodations and natural supports are developed. Stabilization occurs no sooner than 30 Days Post-Job Start when employer agrees that the client is meeting work standards for a new employee, client agrees the job is a good match, and VR, guardian, as applicable, and SE Provider agree that stabilization has occurred. This team agreement on stabilization will trigger authorization of Milestone 4. SE Provider submits Milestone 3 Job Stabilization Report and invoice to VR.</p> <p>VR QE2: Employment Follow-up</p>	\$1,500 Payment upon invoice for Milestone 3 along with Job Stabilization Report	Start Date: day client starts job End date: Day client stabilizes (minimum 30 days)
Milestone 4: VR Closure and Extended Supports	<p>SE Provider implements the plan for funding supports, develops and monitors natural supports. Maintains regular contact with the Employer and client. Develops a Plan for Extended Supports and Job Maintenance. A team meeting is held no sooner than 60 days from date of Stabilization to agree on a VR successful outcome and the Plan for Extended Supports. The client must agree that the job is a good match and the Employer must agree that the client's performance is meeting standards. SE Provider submits Closure/Extended Support Plan-Milestone 4 form and invoice to VR.</p> <p>VR QE2: Employment Follow-up</p>	\$2,000 Payment upon invoice for Milestone 4 along with Extended Supports Plan	Start Date: day after client stabilizes End Date: date client achieves successful outcome (minimum 60 days)
Milestone 5A & 5B: SE report 5A–6 months 5B–12 months	<p>SE Provider implements the extended supports plan including regular contact with Employer and client. Six months from successful outcome date, SE Provider submits Report with invoice for Milestone 5A payment to VR; 12 months from successful outcome date SE Provider submits Report with invoice for Milestone 5B.</p> <p>QE2: Post-Employment</p>	\$500 Payment upon invoice for Milestone 5A & \$500 payment upon invoice for Milestone 5B	<p>5A Start/End Date: 6 months from VR successful outcome date;</p> <p>5B Start/End Date: 12 months from successful VR outcome date.</p>
	TOTAL PAYMENT	\$7,000	

CUSTOMIZED EMPLOYMENT (CE) FOR PEOPLE WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES (I/DD)

Milestone	Description/Activities	Payment	Date Examples
Discovery	<p>Provider completes VR Profile for Supported or Customized Employment document, including all previous and most recent discovery activities. Referral is made to VR, who facilitates meeting with Client and family/guardian, DD Service Coordination, and Provider. Discovery may include (but is not limited to) interviews with Client and others including family members, school staff, case manager and/or Service Coordinator or people who know client well, review of existing records, observation in home and in the community (activities in various settings), observation of participation in a familiar activity (does well, knows how), observation of participation in a new activity of choice, etc. Client identifies interests, talents and work preferences. Team determines services and supports necessary for client's employment success.</p> <p>Note: This Assessment Support is only authorized if little or no previous Discovery activities have been completed or if available information is dated. Examples include home-schooled students, non-Nebraska graduates, individuals who have been on wait list for an extended time, or when competitive, integrated employment is questioned at the present time.</p>	\$500.00	Start Date: Date authorization began; End date: Date activity was completed
Milestone 1: Initiate Services	VR develops Individualized Plan for Employment (IPE) in collaboration with client, guardian (as applicable), DD Service Coordination, and Customized Employment (CE) Provider representative(s), after reviewing VR Profile for Supported or Customized Employment. VR authorizes milestone 1 and milestone 2 on separate authorizations. CE Provider submits a copy of the Initiate Job Search Services Milestone form and invoice to VR. VR QE2: VR Services	\$1,000 payment upon invoice for Milestone 1 along with Initiate Job Search Services form	Start Date and End Dates: Date of referral to SE provider
Milestone 2: Customized Employment Development & Placement	CE Provider uses Discovery information to generate a list of vocational themes to drive job development. Employment proposals are negotiated by provider with the potential employer. CE provider customizes a job description, work schedule, worksite location, and specifics of supervision (including performance evaluation and review) based on an individualized determination of the client's strengths, needs, and interests that is designed to meet both the individual's abilities AND the business needs of employer. CE Provider meets with VR liaison monthly to review job search progress, submits written reports every 30 days during the job search period on standardized form, and ensures that VR has been notified of the start job date and employment details <u>prior to employment start date</u> . CE Provider submits Job Placement Report with invoice for Milestone 2. VR QE2: VR Services	\$2,500 Payment upon invoice for Milestone 2 along with Job Placement Report	Start Date: day after date of initiate services. End Date: day client starts job
Milestone 3: Job Coaching & Stabilization	CE Provider and client jointly develop job specific strategies and accommodations. Initiate on and off-site job coaching to assist client to learn job duties, work culture, work expectations and behaviors. Plan to reduce/fade interventions is devised as accommodations and natural supports are developed and in place. Stabilization occurs, no sooner than 30 days Post-Job Start when employer agrees that the client is meeting work standards for a new employee, client agrees the job is a good match, and VR and CE Provider agree that stabilization has occurred. This team agreement on stabilization will trigger authorization of Milestone 4. CE Provider submits VR Milestone 3 Job Stabilization Report and invoice for payment. VR QE2: Employment Follow-up	\$1,500 Payment upon invoice for Milestone 3 along with Job Stabilization Report	Start Date: day client starts job End date: day client stabilizes (minimum 30 days)
Milestone 4: VR Closure and Extended Supports	CE Provider implements the plan for fading supports, develops and monitors natural supports. Maintains regular contact with the Employer and client. Implements plan for Extended Supports and Job Maintenance. A team meeting is held no sooner than 60 days from date of Stabilization to agree on a VR successful outcome and the Plan for Extended Supports. The client must agree that the job is a good match and the Employer must agree that the client's performance is meeting standards. CE Provider submits VR Milestone 4 Closure / SE Job Retention Plan form along with an invoice for Milestone 4 to VR. VR QE2: Employment Follow-up	\$2,000 Payment upon invoice for Milestone 4 along with Extended Supports Plan (Milestone 4 form)	Start Date: day after client stabilizes End Date: date client achieves successful outcome (minimum 60 days)
Milestone 5A & 5B: SE Report 5A-6 months 5B-12 months	CE Provider implements the extended supports plan including regular contact with Employer and client. Six months from successful outcome date, CE Provider submits Report with invoice for Milestone 5A payment to VR; 12 months from successful outcome date CE Provider submits Report with invoice for Milestone 5B payment to VR. VR QE2: Post-Employment	\$500 Payment upon invoice for Milestone 5A and \$500 payment upon invoice for Milestone 5B.	5A Start/End Date: 6 months from VR successful outcome date; 5B Start/End Date: 12 months from successful VR outcome date.
TOTAL PAYMENT		\$8,000	

Client Name:	Address:
Phone Number:	Email:
Service Provider:	
DD Service Coordinator:	
Report start date: _____ Report end date : _____	

Provide details of each:

Applications:

1. Employer _____ Outcome _____
Follow-up _____

2. Employer _____ Outcome _____
Follow-up _____

3. Employer _____ Outcome _____
Follow-up _____

Interviews:

1. Employer _____
Outcome/Follow-up _____

2. Employer _____
Outcome/Follow-up _____

3. Employer _____
Outcome/Follow-up _____

Other supports provided (explain):

Work related behavior: _____ Social Skills _____

Transportation: _____ Personal Appearance _____

Comments (Barriers, progress, other notable information):

Date _____

Client Name:	Address:
Phone Number:	Email:
Service Provider:	
DD Service Coordinator:	
Report start date: _____	Report end date: _____

Job goal: _____

Targeted job tasks for customizing job:

Contacts:

1. Employer _____ Progress of CE/Outcome _____
Follow-up _____
2. Employer _____ Progress of CE/Outcome _____
Follow-up _____
3. Employer _____ Progress of CE/Outcome _____
Follow-up _____
4. Employer _____ Progress of CE/Outcome _____
Follow-up _____

Comments: Include any barriers encountered, plans to overcome them, and need for team discussion, etc.

Other supports provided (explain):

Work related behavior:

Transportation: _____

Social Skills:

Personal Appearance:

SE Provider Staff

Date _____

Nebraska VR Specialist

Date _____

SE MILESTONE-1 ID

MILESTONE/SERVICE DATES: START: _____ END: _____

Client Name:	Address:	Phone Number:	Email:
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M-1 ID SUPPORTED EMPLOYMENT INITIATE JOB SEARCH SERVICES

VR Counselor:	Date Submitted to VR:
VR IPE Job Goal:	Other Acceptable Options:
Contributions (qualities you have to offer an employer):	Preferences (things you would prefer in a job):
Requirements (things you must have to accept a job):	Environments / Jobs to Avoid:
Employment Barriers	Possible Solutions:

Here is a list of job search skills and activities that a person will need to have the ability to do to successfully obtain employment. Please mark the activities that would be most helpful for you and the Supported Employment Specialist to do together during the job search process.

<input type="checkbox"/> Training Support on Work Skills & Arrive on Time/Leave on Time	<input type="checkbox"/> Job Interview Assistance
<input type="checkbox"/> Interview Skills Training	<input type="checkbox"/> Take to Job Interviews
<input type="checkbox"/> Train on Workplace Problem Solving	<input type="checkbox"/> Employer Advocacy & Follow-up
<input type="checkbox"/> Assist with Personal / Appearance Needs	<input type="checkbox"/> Assist in Developing Current Transportation Plan
<input type="checkbox"/> Assist in Developing Cover Letter/Resume	<input type="checkbox"/> Job Coaching to Learn Job
<input type="checkbox"/> Employment Application Assistance	<input type="checkbox"/> Contact & Develop Employer Opportunities
<input type="checkbox"/> Provide Job Leads / Information	<input type="checkbox"/> Follow up with Employers
<input type="checkbox"/> Identify & Advocate for Worksite Accommodation Needs	

Client Signature _____

Date _____

Authorized Representative Signature _____

Date _____

SE Specialist Signature _____

Date _____

VR Staff Signature _____

Date _____

☐ Copy sent to DD Service Coordinator

SE MILESTONE-2 ID

MILESTONE/SERVICE DATES: START: _____

END: _____

Client Name:	Address:	Phone Number:	Email:
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ID M-2 SUPPORTED EMPLOYMENT PLACEMENT REPORT

VR Counselor:		Job Start Date:	
Name Of Employer:		Job Title:	
Employer Address:		Job Duties:	
Telephone #:		Supervisor:	
Hourly Wage:	Hours Per Week:	Benefits:	<input type="checkbox"/> Health Insurance <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Retirement Plan <input type="checkbox"/> None <input type="checkbox"/> Dental <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Other

JOB SEARCH SUPPORTS PROVIDED TO GET A JOB:

Total number of hours _____

<input type="checkbox"/> Weekly Contact	<input type="checkbox"/> Application Assistance
<input type="checkbox"/> Interview Skills Training	<input type="checkbox"/> Personal / Appearance Needs
<input type="checkbox"/> Job Leads / Information	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Interview Assistance	<input type="checkbox"/> Worksite Accommodations Developed
<input type="checkbox"/> Employer Advocacy / Follow-up	<input type="checkbox"/> We have reviewed possible risks involved in job
<input type="checkbox"/> Cover Letter/Resume	<input type="checkbox"/> Employer Contact & Job Development
<input type="checkbox"/> Transportation Plan & Assistance	<input type="checkbox"/> Other:
<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	

PROJECTED INTERVENTIONS IN WORK PLACE:

<input type="checkbox"/> Job Coaching <input type="checkbox"/> On Site Hours _____ Per Week <input type="checkbox"/> Off Site Hours _____ Per Week	EMPLOYER INVOLVEMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> We may contact employer/supervisor about work performance <input type="checkbox"/> Employer is aware of disability <input type="checkbox"/> Employer is aware of SE involvement <input type="checkbox"/> Employer Contact – _____ (# of times per month)
<input type="checkbox"/> Client Contact- _____ (times per week) <input type="checkbox"/> Face to Face: <input type="checkbox"/> Phone, Email, Text:	
<input type="checkbox"/> Assistance Learning the Job	
<input type="checkbox"/> Implement Transportation Plan	
<input type="checkbox"/> Problem Solving Skill Training & Support	<input type="checkbox"/> Personal/Appearance
<input type="checkbox"/> Work Related Behaviors	<input type="checkbox"/> Other:
<input type="checkbox"/> Attendance Skills	<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)
<input type="checkbox"/> Implement Worksite Accommodations	Comments:

I verify that the information above is correct. I understand that I have a right to revoke this consent in writing if I so desire in the future.

Client Signature _____

Date _____

Authorized Representative Signature _____

Date _____

SE Specialist Signature _____

Date _____

VR Staff Signature _____

Date _____

☐ Copy sent to DD Service Coordinator

CUSTOMIZED EMPLOYMENT MILESTONE-2 ID

MILESTONE/SERVICE DATES: START: _____ END: _____

Client Name:	Address:	Phone Number:	Email:
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ID M-2 CUSTOMIZED EMPLOYMENT PLACEMENT REPORT

VR Counselor:		Job Start Date:
Name Of Employer:		Job Title:
Employer Address:		Job Duties:
Telephone #:	Benefits: <input type="checkbox"/> None	
Supervisor:	<input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental	
	<input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Paid Vacation	
Hourly Wage:	Hours Per Week:	<input type="checkbox"/> Retirement Plan <input type="checkbox"/> Other

CUSTOMIZED JOB SEARCH SUPPORTS PROVIDED TO GET A JOB: Total numbers of hours _____

<input type="checkbox"/> Weekly Contact	<input type="checkbox"/> Assistance with employer's required paperwork
<input type="checkbox"/> Identified Employers with needs matching client's interests	<input type="checkbox"/> Problem Solving addressed
<input type="checkbox"/> Employer contact & Advocacy	<input type="checkbox"/> Identified other needed work supports
<input type="checkbox"/> Worksite assessment & analysis	<input type="checkbox"/> We have reviewed possible risks involved in job
<input type="checkbox"/> Negotiated job duties &/or employer expectations	<input type="checkbox"/> Other:
<input type="checkbox"/> Developed job description based on client & business needs	
<input type="checkbox"/> Developed job duties, work schedule, supervision specifics	<input type="checkbox"/> Personal / Appearance Needs
<input type="checkbox"/> Worksite Accommodations Developed	<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps):

PROJECTED INTERVENTIONS IN WORK PLACE:

<input type="checkbox"/> Job Coaching <input type="checkbox"/> On Site Hours _____ <input type="checkbox"/> Off Site Hours _____	EMPLOYER INVOLVEMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> We may contact employer/supervisor about work performance <input type="checkbox"/> Employer is aware of disability <input type="checkbox"/> Employer is aware of SE involvement <input type="checkbox"/> Employer Contact – _____ (# of times per month) <input type="checkbox"/> No Employer contact per client request
<input type="checkbox"/> Client Contact- _____ (times per week) <input type="checkbox"/> Face to Face: <input type="checkbox"/> Phone, Email, Text:	
<input type="checkbox"/> Assistance Learning the Job <input type="checkbox"/> Develop Transportation Plan	
<input type="checkbox"/> Problem Solving <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Attendance Skills	
<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps) <input type="checkbox"/> Implement Worksite Accommodations	<input type="checkbox"/> Personal/Appearance <input type="checkbox"/> Coping Skills <input type="checkbox"/> Other:
Comments:	

I verify that the information above is correct. I understand that I have a right to revoke this consent in writing if I so desire in the future.

Client Signature _____

Date _____

Authorized Representative Signature _____

Date _____

SE Specialist Signature _____

Date _____

VR Staff Signature _____

Date _____

☐ Copy sent to DD Service Coordinator

SE MILESTONE-3 ID

MILESTONE/SERVICE DATES: START: _____ END: _____

Client Name:	Address:	Phone Number:	Email:
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M-3 ID SUPPORTED EMPLOYMENT JOB STABILIZATION REPORT

VR Counselor:	Job Start Date:	Stabilization Date:
Name of Employer:	Job Title:	
Hourly Wage:	Hours per Week:	Job Duties:
STABILIZATION CRITERIA: <input type="checkbox"/> Client satisfied with job & progress <input type="checkbox"/> On the job minimum of 30 days <input type="checkbox"/> Client performance meets employer expectations <input type="checkbox"/> Supports are sufficient to maintain job		Benefits: <input type="checkbox"/> Dental <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Health Insurance <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Retirement Plan Employer Feedback: <input type="checkbox"/> No Employer contact per Client request Name of Employer Contact:

SUPPORTS PROVIDED THROUGH STABILIZATION:**PROJECTED INTERVENTIONS:**

<input type="checkbox"/> Job Coaching <input type="checkbox"/> On Site Hours: _____ <input type="checkbox"/> Off Site Hour: _____ <input type="checkbox"/> Face to Face: _____	<input type="checkbox"/> Job Coaching <input type="checkbox"/> On Site Hours: _____ <input type="checkbox"/> Off Site Hours: _____ <input type="checkbox"/> Face to Face: _____
<input type="checkbox"/> Client Contact- _____ (number of contacts for this period) <input type="checkbox"/> Face to Face Hrs: <input type="checkbox"/> Phone, Email, Text Hrs:	<input type="checkbox"/> Client Contact- _____ (number of contacts for this period) <input type="checkbox"/> Face to Face Hrs: <input type="checkbox"/> Phone, Email, Text Hrs:
<input type="checkbox"/> Employer Contact – _____ (times per month) Hrs. _____	<input type="checkbox"/> Employer Contact – _____ (times per month): <input type="checkbox"/> NA
<input type="checkbox"/> Assistance Learning the Job Hrs _____	<input type="checkbox"/> Job Retention Skills
<input type="checkbox"/> Problem Solving on the Job	<input type="checkbox"/> Problem Solving on the Job
<input type="checkbox"/> Work Related Behaviors	<input type="checkbox"/> Work Related Behaviors
<input type="checkbox"/> Worksite Accommodations Implemented	<input type="checkbox"/> Worksite Accommodations Implemented
<input type="checkbox"/> Attendance Skills	<input type="checkbox"/> Attendance Skills
<input type="checkbox"/> Implement Transportation Plan	<input type="checkbox"/> Developed Natural Supports at Worksite
<input type="checkbox"/> Personal / Appearance	<input type="checkbox"/> Work Work/Life Balance
<input type="checkbox"/> Develop Natural Supports at Worksite	<input type="checkbox"/> Transportation Plan Implemented
<input type="checkbox"/> Other:	<input type="checkbox"/> Personal / Appearance
<input type="checkbox"/> Coordinate Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	<input type="checkbox"/> Coordinate Benefits Monitoring (Social Security, Medicaid, housing, food stamps)
Comments:	Comments:

Client Signature _____

Date _____

Authorized Representative Signature _____

Date _____

SE Specialist Signature _____

Date _____

VR Staff Signature _____

Date _____

☐ Copy sent to DD Service Coordinator

SE MILESTONE-4 ID

MILESTONE/SERVICE DATES: START: _____ END: _____

Client Name:	Address:	Phone Number:	Email:
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M-4 ID VR CLOSURE AND SE JOB RETENTION PLAN

VR Counselor:		Possible outcome date:
IPE Job Goal:		Job Title:
Name of Employer:		Job Duties:
Hourly Wage:	Hours per Week:	
CLOSURE CRITERIA: <input type="checkbox"/> Client Satisfaction <input type="checkbox"/> On the Job at least 90 days <input type="checkbox"/> Employer Satisfaction <input type="checkbox"/> Long Term Supports Identified		Benefits: <input type="checkbox"/> Health Insurance <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Retirement Plan <input type="checkbox"/> None <input type="checkbox"/> Dental <input type="checkbox"/> Paid Vacation <input type="checkbox"/> Other
		Employer Feedback:
		Name of Contact:

SUPPORTED EMPLOYMENT SERVICES PROVIDED**JOB RETENTION PLAN (projected long term supports)**

<input type="checkbox"/> Employment Advocacy	<input type="checkbox"/> Client Contact: (projected number of times per month)
<input type="checkbox"/> Job Search Activities	<input type="checkbox"/> Face to Face: <input type="checkbox"/> Phone, Email, Text:
<input type="checkbox"/> Job Seeking Skills	<input type="checkbox"/> Employer Contact (projected number of times per month)
<input type="checkbox"/> Job Coaching <input type="checkbox"/> On Site Hours: _____ <input type="checkbox"/> Off Site Hour: _____ <input type="checkbox"/> Face to Face: _____	<input type="checkbox"/> NA <input type="checkbox"/> On-Site: <input type="checkbox"/> Emails, Phone:
<input type="checkbox"/> Client Contact: (Avg # of times per week) <input type="checkbox"/> Face to Face: <input type="checkbox"/> Phone, Email, Text:	<input type="checkbox"/> Monitor Natural Supports
<input type="checkbox"/> Employer Contact: Face-Face, Calls <input type="checkbox"/> NA	<input type="checkbox"/> Provide Job Retention & Maintenance Skills Provided
<input type="checkbox"/> Work Performance Skills Stable	<input type="checkbox"/> On going Job Coaching number of hours each Week _____
<input type="checkbox"/> Transportation Plan Implemented	<input type="checkbox"/> Worksite Accommodations Monitor
<input type="checkbox"/> Developed Natural Supports	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Work Related Social Skills	COMMENTS:
<input type="checkbox"/> Work Problem Solving Implemented	
<input type="checkbox"/> Worksite Accommodations monitored	
<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	
	<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)

Client Signature _____

Date _____

Authorized Representative Signature _____

Date _____

Supported Employment Specialist Signature _____

Date _____

Nebraska VR Specialist Signature _____

Date of Closure _____

☐ Copy sent to DD Service Coordinator

SE MILESTONE-5 A&B I/DD, ABI/Autism Supported/Customized Employment

Check one:

_____ MS 5A Start/End date (6 months from successful outcome date): _____

_____ MS 5B Start/End date (12 months from successful outcome date): _____

Client Name:	Address:	Phone Number:	Email:
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M-5 A/B SUPPORTED/CUSTOMIZED EMPLOYMENT REPORT

DATE FORM SENT:		COMPLETED BY/PHONE #	
NAME OF EMPLOYER:		JOB TITLE & DUTIES:	
HOURLY WAGE:	CLIENT SATISFACTION / FEEDBACK:		
HOURS PER WEEK:	EMPLOYER SATISFACTION / FEEDBACK:		

CLIENT LONG TERM SUPPORT PROVIDED (check all that occurred and provide a brief narrative about each in the comments section)

<input type="checkbox"/> Work Performance Skills	<input type="checkbox"/> Coping Skills	<input type="checkbox"/> Natural Supports
<input type="checkbox"/> Social Skills on the Job	<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Job Attendance	<input type="checkbox"/> Personal Appearance	<input type="checkbox"/> Worksite Accommodations
<input type="checkbox"/> Interpersonal Relationships (employer, supervisor, co-workers)		<input type="checkbox"/> Transportation
<input type="checkbox"/> Training for Income Reporting/Benefits Monitoring Supports (Social Security, Medicaid, Housing, SNAP)		
<input type="checkbox"/> Other, list:		

COMMENTS - Provide details on all supports checked above.

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Client Signature _____

Date _____

Authorized Representative Signature _____

Date _____

SE Specialist Signature _____

Date _____

VR Staff Signature _____

Date _____

☐ Copy sent to DD Service Coordinator (if applicable)☐ Copy sent to Authorized Representative (if applicable)

Links to the supporting documents for Independent Providers:

Milestone Payment Charts:

Supported Employment Milestone Payment for Intellectual/Developmental (I/DD)

http://webforms.vr.ne.gov/assets/vr_forms/288/original/DD_ID_MilestonePaymentSchedule.pdf?1504880387

Customized Employment Milestone Payment for Intellectual/Developmental (I/DD)

http://webforms.vr.ne.gov/assets/vr_forms/285/original/CE_MilestonePaymentScheduleVR.pdf?1504880501

Milestones:

Supported Employment Milestone-1 ID, SE Initiate Job Search Services

http://webforms.vr.ne.gov/assets/vr_forms/206/original/SE_Milestone-1.pdf?1500292983

Supported Employment Milestone-2 ID, SE Placement Report

http://webforms.vr.ne.gov/assets/vr_forms/207/original/SE_Milestone-2.pdf?1500293137

Supported Employment-2 ID Customized Employment Placement Report

http://webforms.vr.ne.gov/assets/vr_forms/300/original/Milestone2Customized.pdf?1500293081

Supported Employment Milestone-3 ID, SE Job Stabilization Report

http://webforms.vr.ne.gov/assets/vr_forms/208/original/SE_Milestone-3.pdf?1500293184

Supported Employment Milestone-4 ID, VR Closure and SE Job Retention Plan

http://webforms.vr.ne.gov/assets/vr_forms/209/original/SE_Milestone_ID-4.pdf?1500293223

Supported Employment Milestone-5 A & B I/DD, ABI/Autism Supported/Customized Employment

http://webforms.vr.ne.gov/assets/vr_forms/210/original/SE_Milestone_5_DD_ABI_Autism_SE.pdf?1520006840

SE 30 Day Reports:

I/DD Supported Employment 30 Day Report

http://webforms.vr.ne.gov/assets/vr_forms/299/original/I-DD_30_Day_Report.pdf?1526582317

I/DD Customized Employment 30 Day Report

http://webforms.vr.ne.gov/assets/vr_forms/354/original/IDD_Cust_30Report.pdf?1526582701

**INDEPENDENT PROVIDER
SUPPORTED EMPLOYMENT SERVICES
BILLING DOCUMENT**

Services Provided By: _____

Address: _____

CLIENT:

BILLING DATE:

MILESTONE	Start Date	End Date	Amount	TOTAL
Discovery Milestone			\$500	
Milestone 1 -Initiate Services			\$1000	
Milestone 2 -Supported Employment Placement			\$1500	
Milestone 2 -Customized Employment Placement			\$2500	
Milestone 3 -Job Coaching & Stabilization			\$1500	
Milestone 4 -VR Closure Plan & Extended Supports Plan			\$2000	
Milestone 5A -SE Report 6 months *			\$500	
Milestone 5B -SE Report 12months *			\$500	

*5A may be billed if job at closure is maintained for 6 months; 5B may be billed if job is maintained for 12 months

TOTAL

Independent Provider Signature: _____

Date: _____

Nebraska VR Specialist Signature: _____

Date: _____