

BACKGROUND AND INSTRUCTIONS FOR COMPLETION OF EMPLOYMENT PLAN - BH

BACKGROUND: At present, due to the closing of all priority groups under Order of Selection (OOS), Nebraska VR is unable to fund supported employment (SE) milestones for those on its waiting list. Department of Health and Human Services (DHHS) / Division of Behavioral (DBH) and VR have developed a plan to continue Nebraska's supported employment efforts for those with Behavioral Health needs until such time that VR is able to serve people from its waiting list. Potential interim funding methods have been authorized by DBH for those who are on the VR waiting list.

In anticipation of conversion back to VR Supported Employment should funding be available, an interim Employment Plan is needed for each person on VR's waiting list who will be served with alternative funding for SE. A template has been developed and will be provided to the Regions for use by BH SE providers. The aim in using this format is to track the employment activities and supports provided. With this documentation it will be possible to determine where the person is in the employment process should VR be able to begin serving people from its waiting list.

INSTRUCTIONS:

Complete the identifying information

Verify the person is on the VR waiting list by obtaining a copy of the individual's Eligibility/Priority Group letter from VR. This letter should accompany the referral from Nebraska VR.

This template/process is used only for those who are on the waiting list in Priority Group 1. It will be completed by the SE provider throughout the process of job search, placement, stabilization, and job retention planning. As each step of the process is completed, the applicable sections should be completed. Should VR funding come available, the form will be requested in order to determine at what milestone and when VR funding can resume. Because it is not known for certain when this may occur, it is important the form be completed at each step in the process so that it is available upon request by VR. The form is available in a PDF fillable format.

Verify VR waiting list placement and attach a copy of the letter received by the person from VR. If this letter is not available, have the person obtain a copy from the VR office where their eligibility and priority were determined. If the person is not on the VR waiting list, assist them in having their eligibility and priority group determined

State the person's Employment Goal, by position-type, i.e., Computer Programmer, Child Care worker, etc., the number of hours per week they want to work, and the expected/desired pay per hour. Note: This goal should be consistent with the findings from assessments referenced below in the 'Supplemental Information' section

Document any benefits services provided (type of service and date completed), and note the Service Provider

Throughout the process, track the dates of each type of Supported Employment activity: Job Search, Job Placement, Job Stabilization, and Job Retention Plan implementation.

Record the types of activities provided in each step. SE Providers may reference Milestones forms for the types of supports provided in Supported Employment.

- For Job Search: identify the types of jobs applied for, the outcome of those applications and/or interviews, and any barriers that must be overcome to gain a better outcome with the next application and/or interview
- For Job Placement: identify the date of placement, position title, number of hours to be worked each week and rate of pay per hour. Record the level of support planned both on the job and off-site in number of hours per week, as well as the type of support required
- For Job Stabilization: The person may be considered stabilized when the following criteria are met:
 - He/she has been on the job for at least 30 days
 - He/she has worked the planned number of days and hours throughout those 30 days
 - He/she has been provided the level of support outlined in the Job Placement section
 - He/she has expressed satisfaction with the job/number of hours, working conditions, etc.
 - The employer has been contacted and has expressed satisfaction with the person's performance and work habits
- For Job Retention: The person may be considered ready for job retention/long term support when the following criteria are met:
 - He/she has been on the job at least 90 days
 - He/she has worked the planned number of days and hours throughout those 90 days
 - He/she has expressed continued satisfaction with the job/number of hours, working conditions, etc.
 - The employer has been contacted and has expressed continued satisfaction with the person's performance and work habits
 - The long-term support plan for job retention is developed and implemented

BENEFITS SERVICES:

Document referral for benefits services, any services provided, and/or any in process that are being funded by DBH

Note the Benefits Service Provider

- A copy of any documentation of benefits analysis, planning, management or PASS development will be provided to the person by the Benefits Services provider, and will be copied to Nebraska VR if / when VR resumes authorization for SE services

Supplemental Information:

Identify the type(s) of assessments completed

Check all milestones completed and billed

Document date of last milestone billed

Identify by name the staff completing this document, sign and date, and provide contact information

EMPLOYMENT PLAN - BH

NAME _____

DATE _____

SUPPORTED EMPLOYMENT (SE) PROVIDER _____

SE PROVIDER STAFF CONTACT NAME _____

Is the person on the VR Waiting list? Yes No, If no, see instructions. If yes, obtain and attach copy of the VR Eligibility/Priority Group letter.

Employment Goal: _____

Number of work hours per week desired: _____

Pay desired/estimated pay per hour: _____

Benefits services provided: (list type and date completed):

Benefits Service Provider: _____

JOB SEARCH

Date job search activities began: _____

Summary of activities in job search:

JOB PLACEMENT

Job Placement--Date the person started working _____ Pay per hour: _____

Employer: _____ Average number of hours working per week: _____

Position / Title: _____

STABILIZATION

Date of stabilization on the job: _____

Supports being provided at stabilization

Number of hours of support provided on the job: _____

Types of supports the person continues to require:

Number of hours of support off-site to support the job goal: _____

Types of support required:

Number of hours the person worked per week _____

Documentation of satisfaction of the person supported: _____

Documentation of satisfaction of employer with employee's work performance:

JOB RETENTION PLAN

Date job retention plan began: _____

Documentation of satisfaction of the person supported: _____

Documentation of satisfaction of employer with employee's work performance: _____

Supports to be provided on a long-term basis/job retention plan: _____

BENEFITS SERVICES

Benefits services (include referral, date services provided, or those in process, as applicable): _____

Benefits Service Provider: ___ Easterseals ___ Goodwill ___ Other _____

SUPPLEMENTAL INFORMATION

Discovery/Assessment(s) completed--attach copy, if applicable.

___ Workbook Date: _____

___ Other: List _____

Last milestone billed 1 _____ 2 _____ 3 _____ 4 _____

Date of last milestone billed: _____

Name of SE provider staff completing this document: _____

Signature _____ Date: _____

Phone: _____ Email address: _____