

2020

**COMMUNITY
REHABILITATION
PROGRAMS**

**SUPPORTED EMPLOYMENT
& SPECIALIZED SERVICES**

MANUAL

Dear Colleagues and Community Partners:

It is with great pleasure that I am able to introduce the 2020 revised edition of the NJDVRS Supported Employment & Specialized Services Manual. This manual includes best practices about supported employment, job coaching, specialized services, fees, revised reporting forms and instructions. The Community Rehabilitation Programs (CRP) Unit revised this manual to comply with all applicable federal and state laws, regulations, and guidelines. The policies and reporting requirements addressed herein reflect the current trends, issues and needs of consumers, counselors, providers and employers.

As you read this manual, it is our intention that the best practices of supported employment, job coaching, and specialized services are readily discerned and highlighted. We hope that this booklet serves as a guide and reference to the wonderful and often challenging work that we do, matching DVRS consumers with meaningful and satisfying career pathways in competitive-integrated employment.

If there are any policies, practices or forms, that require further clarification - or if you have any suggestions - please do not hesitate to contact the CRP Unit in the Division's Central Office for assistance. Thank you for your continued support and collaboration.

Sincerely,

A handwritten signature in blue ink that reads "Karen Carroll". The signature is fluid and cursive, with the first name "Karen" being more prominent than the last name "Carroll".

Karen Carroll, State Director

Division of Vocational Rehabilitation Services

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Introduction and General Overview

The mission of the New Jersey Division of Vocational Rehabilitation Services (DVRS) is to enable eligible individuals with disabilities to achieve an employment outcome consistent with their strengths, priorities, needs, abilities and capabilities.

The intent of this manual is to provide best practices based on the New Jersey Administrative Code (N.J.A.C.) 12-51, and the Workforce Innovation and Opportunity Act (W.I.O.A.). Content will consist of policies and procedures for all DVRS services including information on vocational assessment, job development, placement, and coaching activities.

Assessments & Job Development

- Trial Work Experience (TWE)
- Community Based Work Experience (CBWE)
- Internship Development & Supports (IDS)
- Discovery as part of Customized Employment (CE)
- Pre-Placement Activities

Placement & Job Coaching

- Time-Limited Job Coaching (TLJC)
- American Sign Language (ASL) Job Coaching
- Customized Employment (CE)
- Supported Employment (SE) Intensive Job Coaching
- Long-Term Follow-Along (LTFA)

For the purposes of this manual, the word *vendor* means an agency, organization, or institution, or unit of an agency, organization, or institution, that provides directly or facilitates the provision of vocational rehabilitation services as one of its major functions. This may include *provider, agency, or community rehabilitation program (CRP)*.

The term *job coach* refers to any vocational rehabilitation employment professional employed by a *vendor* that provides directly or facilitates the provision of vocational rehabilitation services as one of its major functions to consumers. This may include *employment specialist, job developer, and evaluator*.

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Basic Resource and Reference Documentation

State Laws, Codes & Guidelines

New Jersey Administrative Code (N.J.A.C.) 12:51, Vocational Rehabilitation Services (The Rules and Regulations Governing Community Based Vocational Rehabilitation Organizations) <http://www.lexisnexis.com>

New Jersey Department of Treasury, State Grant Compliance Supplement: <http://www.state.nj.us/treasury/omb/publications/grant/index.shtml>

New Jersey Department of Labor and Workforce Development, Division of Wage and Hour, See N.J.A.C. 12:56 Subchapter 9. https://www.nj.gov/labor/wagehour/wagehour_index.html

New Jersey Division of Vocational Rehabilitation Services, Case Services Policy Manual.

Federal Laws, Codes & Guidelines

The Rehabilitation Act of 1973, As Amended; Title I – Vocational Rehabilitation Services, Part A, Section 103. Refers to the establishment, development, or improvement of community rehabilitation program used to promote integration and competitive employment. <http://www2.ed.gov/policy/speced/reg/narrative.html>

Americans with Disabilities Act of 1990, as Amended: Includes ADA accessibility guidelines for buildings and facilities. <http://www.ada.gov/>

Workforce Innovation and Opportunity Act (W.I.O.A.) Final Rules

The U.S. Departments of Labor and Education have collectively issued five rules to implement the *Workforce Innovation and Opportunity Act (W.I.O.A.)* (Pub. L. 113-128). *W.I.O.A.* is landmark legislation that is designed to strengthen and improve our nation's public workforce system and help get Americans, including youth and those with significant barriers to employment, into high-quality jobs and careers and help employers hire and retain skilled workers.

On August 19, 2016, the U.S. Departments of Labor and Education announced the publication of the final rules in the *Federal Register*.

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- State Vocational Rehabilitation Services Program; State Supported Employment Services Program; Limitations on Use of Subminimum Wage — Final Rule

(Effective Date: September 19, 2016, with the exception of 34 CFR 361.10; 34 CFR 361.23; 34 CFR 361.40; and subparts D, E, and F of part 361, which become effective October 18, 2016)

<https://www2.ed.gov/about/offices/list/osers/rsa/W.I.O.A.-final-rules.html>

Office of Management and Budget (OMB). Federal *OMB Circular A-133*, "Audits of States, Local Governments and Non-Profit Organizations" (Single Audit Act of 1984, as Amended) and Federal *OMB Circular A-122*, "Cost Principles for Non-Profit Organizations." <https://www.whitehouse.gov/omb>

Confidentiality and the Release of Information

All personal information for consumers served by NJDVRS (NJDVRS applicants, current or past consumers) shall be kept confidential. Any verbal or written information will be released only with the informed written consent of the consumer, or if appropriate, the consumer's guardian or representative. VRC's should use the NJDVRS Release of Information Form, and Vendors may use their own agency's form for this purpose.

NJDVRS and vendors shall provide involved consumers who are unable to communicate in English or rely on special modes of communication with explanations about state policies and procedures regarding confidentiality through methods that can be adequately understood by them.

All information in the possession of NJDVRS will be used only for the purposes directly connected with the administration of the vocational rehabilitation program. This information is collected under authority of Part 34: Code of Federal Regulations 361. Information containing identifiable personal information may not be shared with advisory or other bodies, which do not have official responsibility for administration of the program. In the administration of the program, NJDVRS may obtain personal information from service providers and cooperating agencies under assurances that the information may not be further divulged, except in circumstances as stated below:

1. When requested in writing by the involved consumer, guardian or designated representative.

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2. When personal information has been obtained from another entity, it may be released only by, or under the conditions established by such entity.
3. A consumer may request NJDVRS to amend information in their case record if they believe it to be inaccurate or misleading. If information is not amended, the request must be documented in the case record, as well as rationale for not making such amendment.

When releasing information in reference to the consumer, NJDVRS and vendors will only release that personal information to the extent that the other entity has demonstrated that the information requested is necessary for its program.

NJDVRS and vendors shall inform each informed consumer, their representative and, as appropriate, service provider, cooperating agency, and interested person of the confidentiality of personal information and the conditions for accessing and releasing this information.

NJDVRS professional staff members are expected to adhere to similar standards as set by the Code of Professional Ethics for Rehabilitation Counselors adopted by the Commission on Rehabilitation Counselor Certification (CRCC) in reference to the protection of involved consumers' confidentiality, privileged communication and privacy.

NJDVRS and vendors must take precautions to ensure the confidentiality of information transmitted through email communication, facsimile machines, voicemail, and any other types of technology.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule establishes national standards to protect consumers' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

Information referenced in this section is related to that found in:

- *The Privacy Rule is located at 45 CFR Part 160 and Subparts A and E of [Part 164](https://www.hhs.gov/hipaa/for-professionals/privacy/index.html). (<https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>)*
- *NJ DVRS Case Services Manual section 1.8*

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Accrediting Bodies for Community Rehabilitation Programs Vendors

The Commission on Accreditation of Rehabilitation Facilities (CARF International), and published in the most recent standards manual, Employment and Community Services Program Descriptions. A copy of the standards adopted and incorporated herein by reference as standards for the operation of vocational rehabilitation programs in New Jersey may be obtained from CARF International, 6951 E. South point Road, Tucson, AZ 85756, USA. <http://www.carf.org>

Council on Accreditation: Standards for Vocational Rehabilitation Services.
<http://coanet.org/home/>

The Council on Quality and Leadership (CQL): <http://www.c-q-l.org/accreditation>

The Joint Commission: Behavioral Health Accreditation-Vocational Rehabilitation
<http://www.jointcommission.org>

Professional Organizations

Information on accounting systems and audit standards for rehabilitation organizations may be obtained from the American Institute of Certified Public Accountants (AICPA), 1211 Avenue of the Americas, New York, New York 10036-8775 <http://www.aicpa.org>

New Jersey Association of People Supporting Employment (APSE)
<http://www.njapse.org/>

National Rehabilitation Association (NRA) <http://www.nationalrehab.org>

New Jersey Rehabilitation Association (NJRA)
<http://www.njrehabassociation.webs.com/>

For Further Information about Vocational Rehabilitation Services

Please contact the Division of Vocational Rehabilitation Services, 1 John Fitch Plaza, 12th Floor, P.O. Box 398, Trenton, New Jersey 08625-0398. Phone: (609) 292-5987
<https://www.nj.gov/labor/>

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Informed Choice

The Vocational Rehabilitation Counselor (VRC) will provide the consumer with informed choice in their selection of a vendor. The consumer, job coach and/or vendor point of contact, and the VRC will communicate with one another at the beginning of the referral process to clarify mutual expectations, outline the basic pre-placement and/or job coaching plan and discuss the activities that will take place.

DVRS Referral Process

Individuals with physical, mental, cognitive, and/or other disability(ies) that results in a substantial impediment to employment may be eligible for vocational rehabilitation services through the DVRS.

Referrals to DVRS are received from various entities including community agencies, school districts, correctional facilities, medical professionals, etc. Individuals can apply for DVRS services on their own or be referred by a family member/guardian or other interested party or professional. Referral forms are available online at, https://careerconnections.nj.gov/careerconnections/plan/foryou/disable/confidential_referral_form.shtml, or call your local DVRS office to complete the form via telephone or in person.

The VRC initiates services for job placement and job coaching and all specialized SE services. The VRC will **send a complete and comprehensive referral packet** that includes:

- SE/TLJC or Specialized Services Referral Form or narrative
- Copy of Certificate of Eligibility (if determined)
- Copy of IPE (if completed)
- Authorization to Release Information form signed by consumer and VRC
- Copy of relevant disability/medical related documentation
- Copy of vocational evaluations (if available)
- Copy of most recent resume (if available)
- Copy of vocationally relevant credentials (if available)
- Other relevant information
- **DVRS PAYMENT VOUCHER**

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NOTE: The referral packet(s) for specialized services may vary slightly in what documentation is included.

The vendor should ideally schedule intake within two weeks of receipt of referral.

The vendor will notify the VRC via email with the following information:

- Receipt of referral packet
- Scheduled intake date
- Assigned job coach
- Follow-up email about status of intake

Referral Forms

1. NJ DVRS Confidential Referral Form
2. NJ DVRS SE / TLJC & Specialized Services Referral Form

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DVRS Confidential Referral Form



Please fill out information below

First Name**

Last Name**

Date**

(MM/DD/YYYY)

Address**

(Street)

(Address Line 2)

(City, State, Zip as nnnnn-nnnn or nnnnn)

Telephone #: **

(333)333-3333

Email Address:**

yourname@abc.com

Age

Sex

No Value

Female

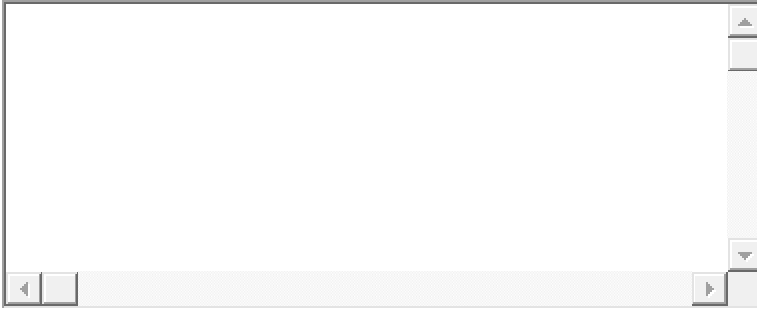
Male

Date of Birth

(MM/DD/YYYY)

Highest Grade of School Completed:

What is your disability? **



Are you physically able to come to this office?

Yes No

Have you ever applied to DVRS before?

Yes No

If so, where?

When?

Do you speak English?

Yes No

Referred by:**

Address:

(Street)

(Address Line 2)



(City, State, Zip as nnnnn-xxxx or nnnnn)

Telephone:

(333)333-3333

(** indicates a required field)

https://careerconnections.nj.gov/careerconnections/plan/foryou/disable/confidential_referral_form.shtml



CONFIDENTIAL REFERRAL FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone #: _____ Social Security #: _____

Age: _____ Sex: _____ DOB: _____

Highest Grade of School Completed: _____

What is your Disability: _____

Are you physically able to come to this office? Yes _____ NO _____

Have you ever applied to DVRS before? Yes _____ NO _____

If Yes, where? _____ When? _____

Do you speak English? Yes _____ NO _____

Referred by: _____

Address: _____ Telephone#: _____

Completed forms can be accepted by any local DVRS location (click link below) or faxed to Central Office at (609) 292-8347. <http://lwd.dol.state.nj.us/labor/dvrs/content/DVRSLocations.html>

State of New Jersey
Department of Labor and Workforce Development
Division of Vocational Rehabilitation Services

Supported Employment / Time-Limited Job Coaching & Specialized Services
Referral Form

Date: _____

DVRS Office: _____ VRC: _____

Phone #: _____ E-mail: _____

Provider: _____

Address: _____

Phone: _____

Consumer Name: _____

Address: _____

Phone #'s: Home: _____ Cell: _____

E-mail: _____

Residential Program (if applicable): Yes No

If yes, Program/Contact Info:

Point of Contact Name & Title: _____

Point of Contact Phone & Email: _____

DDD Support Coordination Agency (if applicable): Yes No

If yes, Name of Agency: _____

Support Coordinator Name & Title: _____

Support Coordinator Phone & E-mail: _____

Reason for Referral - Service Type:

PP SE TLJC TWE CBWE IDS CE

Other: _____

Payment Voucher (PV) enclosed: Yes No PV #: _____

Number of Units/Hours of Service: 10 20 Other_____

Individualized Plan for Employment (IPE) enclosed: Yes No

If IPE *not* enclosed state why? _____

Benefits (check all that consumer has):

SSI

SSDI

Medicaid

Medicare

GA/TANF

Private

None

Other:

Documented Disability(ies): _____

Release of Record Authorization(s) included: Yes No

If yes, type: _____

Vocational Interest(s): _____

Strengths, Preferences & Abilities Relevant to Vocational Interest:

Barriers to Employment Relevant to Vocational Interest:

Current Treatment(s): _____

Assistive Technology and other accommodation needs:

Valid Identification: Yes No – If yes, type: _____

Valid Driver's License: Yes No

Personal Vehicle: Yes No

Able to utilize public transportation independently: Yes No

Other special transportation services: Yes No

If yes, provide name of service: _____

Criminal History: Yes No

If yes, describe dates, details, current status:

Job Criteria (answer all):

Benefits Required	Type	Shift	Maximum Travel
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Per diem	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnight	Distance to Job _____

Job Needs Assessment (check if needs resolution):

<input type="checkbox"/> Mode of Transportation	<input type="checkbox"/> Housing	<input type="checkbox"/> Center for Independent Living (CILS)
<input type="checkbox"/> Childcare	<input type="checkbox"/> Guardianship	<input type="checkbox"/> Background (Criminal/Drug)

COMMENTS: _____

Highest Level of Education completed: _____

Other Credential, i.e. industry-recognized certification / license: _____

Work History (competitive/job sampling/volunteer):

Employer Name: _____

Job Title: _____ Dates employed: _____

Employer Name: _____

Job Title: _____ Dates employed: _____

Employer Name: _____

Job Title: _____ Dates employed: _____

Initial Service Team Meeting requested: Yes No

**Please contact Counselor to schedule*

Comments and Considerations:

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Specialized Service – Trial Work Experience (TWE)

Introduction

TWE is a service that occurs one-on-one which involves the job coach arranging for and monitors work experiences in multiple and various community integrated work settings. It must be utilized prior to any determination that a consumer can or cannot benefit from vocational rehabilitation services in terms of an employment outcome due to the severity of their disability. TWE may be authorized prior to eligibility/ineligibility determination, but also may be authorized at any stage within the rehabilitation process, i.e. post-eligibility, as determined by the VRC.

The TWE must offer a consumer a sufficient variety of work experiences. In addition, the TWE must occur over an ample amount of time which varies based on the questions written by the VRC on the TWE Plan, consumer's needs and capabilities, as well as preferences of participating employers. The TWE requires a minimum of two work experiences to determine that a consumer can benefit from services, and three with *clear and convincing documented evidence*, to determine a consumer cannot benefit from services at this time.

Clear and convincing means that the *evidence gathered through community-based work assessments* is highly and substantially more likely to be true than untrue that the consumer cannot benefit from services. Evidence is gathered and documented by the job coach and reported to the VRC.

The TWE is **not** to be used to determine if a consumer can work at a specific job or type of employment.

Supported Employment (SE) Vendors can provide TWE for DVRS consumers once approved by DVRS to provide this service. For information on how to become an approved TWE vendor, see *Vendor Application* Section of this manual.

Consumers Appropriate for TWE

Consumers referred to this program would include those who have expressed a desire to work in community integrated employment and the VRC has doubts regarding the consumer's ability to, or continue to, benefit from VR services.

TWE is particularly valuable in the following situations:

- Where the consumer has limited and/or intermittent work experience
- Where the consumer has never worked outside a sheltered environment
- Where the impairments are so significant
- For those consumers ages 24 and under who have exited secondary school

TWE Staff Requirements

Prior to providing TWE service, staff must:

- Hold, at minimum, a bachelor's degree in vocational rehabilitation or a related field
- Have two or more years' experience in a related field, which includes at minimum one year as a job coach
- Have successfully completed DVRS TWE training
- Submit resume and supporting documentation to, and be approved by, the DVRS CRP Unit

TWE Plan

TWE cannot be initiated until the TWE Plan has been completed. The TWE Plan is developed in order to assess the consumer's abilities, capabilities and capacity to perform in a variety of community integrated work-related settings.

The TWE Plan is developed by both the VRC and consumer. The consumer and/or legal guardian through informed choice will choose their vendor. The consumer selects their work sites in collaboration with the vendor.

The TWE Plan will document the purpose and rationale for the TWE and include the consumer's vocational interests and suggestions for work sites. The TWE Plan will also include specific services that will be provided to the consumer during the TWE, which could include assistive technology services.

The TWE Plan includes responsibilities for the consumer, VRC, and vendor. It must also include specific questions that the VRC wants answered during the course of the TWE regarding perceived doubts as to the consumer's ability to benefit from VR services.

TWE Approved Support Services

Specific services that may be provided are based on the consumer's anticipated needs in relation to being able to perform adequately at the TWE work site.

Types of services include but are not limited to:

Assessments

- Appraisal of the consumer's patterns of work performance and the services needed for the consumer to acquire occupational skills

- Development of work attitudes, work habits, work tolerance, and social skills necessary for successful job performance
- Referral to other agencies, facilities, and Centers for Independent Living, as appropriate
- Medical, psychological, psychiatric, and functional capacity assessments
- Rehabilitation technology assessment
- Personal assistance services assessment

TWE Assistive Technology

Assistive technology can be considered at any time during a TWE. The first step is for the VRC to authorize an AT evaluation. The consumer does not need to meet financial guidelines in order for DVRS to authorize the evaluation or purchase the equipment/training that is needed for the consumer to participate in this service.

The results of the evaluation will determine equipment and training needs. Assistive technology equipment/training should be obtained using comparable benefits such as lending libraries or state grants. When no comparable benefits are available, the VRC will determine who will be financially responsible for purchasing the equipment/training (consumer, DDD, DVRS).

When any type of assistive technology is utilized during a TWE, it will be on loan to the consumer. The job coach will retain possession of the equipment and bring it to each scheduled appointment. If purchased by DVRS, the VRC and consumer will sign a "Title to Equipment" Form (DVR-222) acknowledging that DVRS owns the equipment, not the consumer. The VRC will make the consumer aware that they are to use such equipment for the sole purpose of the TWE. At the end of the TWE, the VRC determines the status of the equipment.

TWE Transportation

The VRC should discuss a consumer's ability to be transported to and from a work site as early as the survey interview. However, if it is determined that the consumer does not have a viable means of transportation this should not be a barrier to allow the consumer to participate in a TWE.

The consumer may be transported by the job coach to the TWE work site when needed if all other options have been eliminated and at the approval of the VRC. When the job coach provides transportation, the conversation during transportation time must be used to prepare for and debrief after the TWE activities of the day. When used for this purpose, transportation is a DVRS billable activity.

Other Services

- Vocational rehabilitation counseling and guidance
- Physical and mental restoration services to the degree needed to determine an outcome
- Interpreter services for the deaf, note taking services, native language interpreters, and other reasonable communication accommodations needed to participate
- Work adjustment training
- Support services (transportation, personal assistance services, dependent or child care, maintenance) required for the consumer to participate in the TWE

NOTE: Services listed above that cannot be provided during the TWE could either be conducted on alternate days when the consumer is not at the work site, or postponed until adequate services have been completed.

TWE Length of Time

The maximum period of time allowed for the TWE is 18 months, except in specialized cases with consult and approval from the VRC.

There is no set number of hours to be used for the TWE. The amount used varies in each case and must be authorized by the VRC. The length of time at any given work site varies based on the consumer's needs, capabilities, the preferences of the participating business sites, and the questions written by the VRC on the TWE Plan. All questions must be answered for each site.

A minimum of two sites is required to determine if a consumer can benefit from VR services. A minimum of three sites is required to determine if a consumer cannot benefit from VR services. The TWE should be discontinued when the consumer is unavailable or no longer desires to participate.

TWE Missed Appointments

For missed appointments: Consult with the VRC for case management and billing purposes.

Outcome of TWE

Able to Benefit from VR Services

The VRC can determine eligibility when the results of the TWE have confirmed the consumer can benefit from DVRS services. When a consumer is determined eligible for DVRS, the consumer and VRC will meet to identify the appropriate next steps in the vocational rehabilitation process.

NOTE: Upon completion of the TWE, the consumer through informed choice may or may not be referred back to the same vendor for continued services.

Unable to Benefit from VR Services

When the VRC has made an ineligibility determination, and decides not to move forward with additional services, there must be *clear and convincing evidence* that the consumer cannot benefit from vocational rehabilitation services due to the severity of the consumer's disability. Such a determination is made after a sufficient period and may not occur until the consumer has completed a TWE at several different work sites. The length of time for the full TWE should not exceed 18 months.

When it is determined that a consumer is ineligible and would not benefit from further VR services as a result of the TWE, there will be a service team meeting between the VRC, consumer, family/guardian, stakeholders and vendor. The purpose of this meeting is to discuss the results of the TWE and offer any viable options outside of working with DVRS, which may include referrals to other services and/or agencies. The service team meeting can address the positive outcomes gained during and resulting from the TWE as well as the reason for the ineligibility determination and rationale for case closure, including their right to apply to DVRS in the future.

The VRC must contact the consumer 12 months after the ineligibility determination to inquire about their interest in pursuing services from DVRS. The consumer can request to have their case reassessed with the VRC at any point in time.

NOTE: The TWE case *cannot be closed* as “Disability Too Significant to Benefit from Service” without *clear and convincing evidence*, and a case note indicating the consumer was informed of such closure.

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TWE Fees

TWE \$60 per billable hour, \$75 (ASL) per billable hour.

TWE Forms

The forms to be used during a TWE include the following:

1. Trial Work Experience (TWE) Plan - This plan is to be completed by the VRC using the form for this service in the Aware system. There is no sample included in this manual as it is an individualized document.
2. Trial Work Experience Report (TWER) Form
3. Job Coaching Progress Report and Service Log - TWE activities should be indicated in the Job Sampling Column of the log
4. Checklist for Trial Work Experience Services - This checklist serves as a tool to assist the VRC with tracking service delivery.

All of the forms used for the TWE will be completed by the vendor, except for the TWE Plan. All forms completed by the vendor need to be approved by the VRC and need to be part of the consumer's case record with DVRS.

NOTE: If the quality criteria in documentation and reporting is not achieved at any point throughout the service, it will be returned to the job coach for amendment and VRC review prior to the service team meeting.

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NJ DVRS

TRIAL WORK EXPERIENCE REPORT (TWER)

General Instructions		
<p>The expectation of the TWE is to use the information provided by the assessment to help determine if the consumer can benefit from DVRS services.</p> <ul style="list-style-type: none"> Type or handwrite responses using blue or black ink. Answer all questions. If a question or section does not apply, enter "N/A" (Not Applicable) and explain why. Answers to questions should be written in a narrative format in clear, positive, descriptive English with minimal bullet points. The narrative summaries must indicate how and when the information was collected. For example, by discussion with the consumer's supervisor, or by direct observation of the consumer performing a skill. For each site utilized during the Trial Work Experience, complete the Site Information and Trial Work Assessment sections below. Site Summary and Conclusion sections should be completed at the end of the TWE and summarize information gathered from all sites. 		
Consumer Identification Information		
Last Name:	First Name:	Middle Name:
Street Address: (include apartment & room number, if any)		
City:	State:	ZIP Code:
Primary Contact Number: ()	Secondary Contact Number: ()	Email Address:
Site Information		
This section should be completed for each TWE site. Note: All trial work experiences must be in a competitive integrated work setting.		
Trial Work Assessment Site:		
Address:		
Assessment Date(s): _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____		
Total number of hours consumer worked during this assessment:		
Total hours week 1:	Total hours final week:	
Job Duties:		

Trial Work Assessment

General Directions: Mark all applicable responses for each of the following and include comments regarding the consumer's performance and any accommodations which were provided. If not applicable, please type N/A in the comments section. This section should be completed for each TWE site.

Domain / Area	Indicator	Comments
1. Transportation availability	<input type="checkbox"/> Transportation from outsider <input type="checkbox"/> Available from others within limits. (Please specify limits in comments) <input type="checkbox"/> Provides own transportation <input type="checkbox"/> Transportation unavailable	
2. Independence regarding arranging transportation	<input type="checkbox"/> Requires assistance <input type="checkbox"/> Must be picked up and left off <input type="checkbox"/> Independent with reminders <input type="checkbox"/> Independent	
3. Flexibility in working hours	<input type="checkbox"/> No flexibility <input type="checkbox"/> Some, but requires approval from other (i.e. guardian, residential staff, adherence to court order) <input type="checkbox"/> Health related considerations <input type="checkbox"/> Adaptable to most hours	

Work Performance

Domain / Area	Indicator	Comments
1. Work motivation	<input type="checkbox"/> States or demonstrates desire not to work <input type="checkbox"/> Demonstrates ambivalence about work <input type="checkbox"/> Desire to work at some point in the future is indicated <input type="checkbox"/> Demonstrates desire to work now	
2. Work initiative	<input type="checkbox"/> Avoids work even after assigned <input type="checkbox"/> Accepts work when assigned <input type="checkbox"/> Initiates preferred work <input type="checkbox"/> Seeks meaningful work activity when assigned tasks are completed	
3. Appearance	<input type="checkbox"/> Unkempt; poor hygiene <input type="checkbox"/> Unkempt; clean <input type="checkbox"/> Neat and clean. Clothing unmatched or inappropriate clothing	

	<input type="checkbox"/> Neat and clean. Clothing matched or appropriate to the environment	
4. Interaction with co-workers, employer, & public	<input type="checkbox"/> Does not respond appropriately to working with or in proximity to other people <input type="checkbox"/> Adapts to working with one other person <input type="checkbox"/> Adapts to working with several other people <input type="checkbox"/> Works effectively in groups <input type="checkbox"/> Works better alone <input type="checkbox"/> Works well with public	
5. Interaction with supervisor(s)	<input type="checkbox"/> Does not appear to understand supervisory role <input type="checkbox"/> Resistance to supervisor requests <input type="checkbox"/> Seeks to please but demands excessive time <input type="checkbox"/> Demonstrates respect of supervisory role	
6. Communication – speaking / gesturing / signing	<input type="checkbox"/> Gestures or sounds are only understandable to persons thoroughly familiar with person <input type="checkbox"/> Information provide by simple gestures or signs is understandable to coach and co-workers <input type="checkbox"/> Information provided by simple sign or word is understandable to coach and co-workers <input type="checkbox"/> Can speak/sign using simple phrases <input type="checkbox"/> Demonstrates fluent communication	
7. Providing assistance	<input type="checkbox"/> Responds to gestures and demonstration of help needed by people <input type="checkbox"/> Responds in courteous manner to verbal requests to assist <input type="checkbox"/> Initiates providing assistance to others	

Site Summary

To be completed at the conclusion of the TWE and summarize information gathered at all sites

Safety Management:

Describe the extent to which this consumer is able to self-manage their safety and/or daily living needs at the work-site without direct support from the coach. Did they recognize safety as a component of the job and demonstrates alertness to potential hazards?

Support Strategies:

Were there specific, proven support strategies that proved effective in helping the consumer? What accommodations did you implement?

Physical environment:

Are there specific concerns about any potential physical environment? Are there specific physical environments that should be avoided because of potential health or performance problems?

Cultural environment:

Describe any consumer preferences for the density of co-workers (crowded, sparse). Describe the overall pace of the environment in which the consumer is most likely to be comfortable or function best. Are there any specific cultural environments that should be avoided?

Pace of work:

Describe the pace and consistency of work that would best suit this consumer. Would he or she perform better with consistent predictable activities, varied duties, or a combination of both?

How the person learns new tasks:

Describe the most effective way to teach this consumer a new task. (for example, demonstrate first, have this consumer try, natural supports). When given feedback, does the consumer demonstrate resistance, withdraw, or make requested changes?

Relevant commentaries:

List relevant comments made to the job coach during the assessment from co-workers, supervisors, and/or the consumer themselves.

End Summary:

Describe the types of work in which this consumer would like to engage. Explain steps taken to help this consumer make an informed decision about work. Does this consumer understand the tasks that may have to be performed for the type of job interest he or she expresses? Does this consumer's family have a strong interest in his or her working in a particular job? What transferable job skills or tasks can this consumer demonstrate? If this consumer is interested in a job for which he or she may not be qualified, what tasks within that job or related tasks can the consumer perform?

Conclusions

To be completed at the conclusion of the TWE and summarize information gathered at all sites

Enter the VRC's questions from the TWE plan:

How does the information gathered at this site answer the counselor's questions on the Trial Work Plan?

Now that the TWE has concluded, your thoughts and conclusions are vital for the counselor's final recommendation. With that mind, in what ways has the person's support needs and/or skills changed over the course of the TWE?

If you believe there has been no change, what strategies do you believe would be more beneficial?

Signature

I, the Job Coach, certify that:

- I personally completed the Trial Work Experience (TWE); and
- I documented the services and information described above in the Trial Work Experience Report (TWER)

First & Last name of the Job Coach

Signature of the Job Coach

Date Report Submitted:

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TWE SERVICE LOG

Consumer Information				
Name of Consumer: _____		Provider: _____		
Job Coach: _____ Phone: _____ E-Mail: _____		Reporting Period: Start Date: _____ End Date: _____		
Voucher/Invoice #: _____				
DVRS Office: _____ DVRS Counselor (VRC): _____		Phone: _____ Email: _____		
Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown DDD Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Support Coordination Agency: _____		Support Coordinator: _____		
Phone: _____		E-Mail: _____		
Date/Coach Time (Start/End)	Purpose of Visit (What were you there to do?)	Observations (What did you observe?)	Interventions (What did you contribute?)	Next Steps (What will you do next?)
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Total Hours Used on Log				

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DVRS Eligibility

It is the VRC's responsibility to determine consumer eligibility and discuss any additional services with the consumer or other interested and appropriate parties. To be eligible for vocational rehabilitation services, a consumer must meet *BOTH* of the following requirements:

1. Have a physical, mental or intellectual impairment which constitutes or results in a substantial impediment to employment; and
2. Require vocational rehabilitation services to prepare for, enter, engage in, or retain gainful employment consistent with the NJDVRS applicant's strengths, resources, priorities, concerns, abilities, capabilities and informed choice.

The VRC considers the functional limitation(s), how these limit the consumer, the frequency, and the amount of time it may take to overcome the identified barrier(s).

- *Functional limitation* means a measurable impediment directly related to a successful employment outcome resulting from the person's disability, in areas such as communication, interpersonal skills, mobility, self-care, self-direction, work tolerance, or work skills
- *Seriously limits* means that the barrier is major in terms of intensity, frequency, or duration to achieve an employment outcome
- *Frequency* means the number of times a given limitation affects the consumer's ability to function within a set period of time
- *Extended period of time* means a period of time, after eligibility has been determined, lasting six or more months

Functional Capacities

1. *Communication* is a person's ability to transmit and/or receive information through spoken, written or other non-verbal means.
2. *Interpersonal skills* means the ability to establish and/or maintain personal, family/guardian or community relationships as they affect job performance.

3. *Mobility* means a person's ability to move to and from work or within a work environment, including walking, climbing, coordination, accessing and using transportation, as well as use of special and perceptual relationships.
4. *Self-care* means the ability to perform activities of daily living, to participate in training or work-related activities, including eating, toileting, grooming, dressing, cooking, shopping, washing, housekeeping, money management and health and safety needs.
5. *Self-direction* is a consumer's ability to independently plan, learn, reason, problem solve, memorize, initiate, organize, and make decisions. These processes allow consumers to assimilate information and learn specific skills related to job functions.
6. *Work tolerance* is defined as a person's capacity to meet the demands of the work place regardless of the work skills already possessed by the consumer. Limitations may be due to physical disability, stamina/fatigue, effects of medication, or psychological factors.
7. *Work skills* means the ability to demonstrate specific tasks and work-related behaviors, to carry out job functions as well as the capacity to benefit from training necessary to obtain and maintain appropriate employment.

At eligibility, consumers are determined to be *Most Significantly Disabled, Significantly Disabled or All Other Eligible* by the VRC. The level of eligibility is identified as a serious limitation in a functional area that means a reduction, due to the severe physical or mental impairment, to the degree that the consumer requires services or accommodations not typically made for other consumers in order to prepare for, enter, engage in, or retain employment.

Accommodations are defined as special working conditions, job re-engineering, rehabilitation technology, or substantial support and/or supervision. Eligibility determination is based on a thorough review of all available medical records/documentation and vocational assessments and how consumer's disability results in substantial impediment/barrier to employment. If the job coach determines that additional services may be beneficial to the consumer, they are advised to discuss those services with the VRC first.

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Order of Selection Priority Codes

Most Significantly Disabled [PRIORITY 1]

An individual with a Most Significant Disability means an individual:

1. who has one or more physical or mental disabilities determined by an assessment of eligibility and vocational rehabilitation needs to cause substantial functional limitations; and
2. who has a physical or mental impairment which seriously limits two or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome; and
3. whose vocational rehabilitation will require multiple vocational rehabilitation services over an extended period of time.

Significantly Disabled [PRIORITY 2]

An individual with a Significant Disability means an individual:

1. who has one or more physical or mental disabilities determined by an assessment of eligibility and vocational rehabilitation needs to cause substantial functional limitations; and
2. who has a physical or mental impairment which seriously limits one of the functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of achieving an employment outcome; and
3. whose vocational rehabilitation will require multiple vocational rehabilitation services over an extended period of time.

Not Significantly Disabled [PRIORITY 3]

An individual for whom impediments to employment exists, but for whom no functional capacity is affected.

Determining Eligibility

Eligibility is determined when the VRC identifies and confirms the disability(ies) reported at referral. For the purpose of this section, the term impairment will be used to describe disability. Confirmation may come from existing records or through assessment arranged by the VRC. The Rehabilitation Services Administration (RSA) has set specific four-digits codes that identifies every type of impairment by category,

type, and cause. The first two digits identify the impairment in function, and the second two digits identify the cause. Categories include sensory/communicative, physical, and mental impairments.

The VRC initiates the *Certificate of Eligibility (COE)* by entering into the Aware case management system the disability type and the cause. A specific impairment name may be added when the category has multiple options (i.e. Impairment – Cognitive; Impairment due to – Specific Learning Disability (SLD); Specific Impairment – SLD Math)

The COE is completed after the VRC enters the functional limitations and service needs, which is followed by a narrative providing rationale for determining eligibility.

Rehabilitation Services Administration (RSA) Disability Coding

DISABILITY CODES are comprised of 4 DIGITS:

First two digits identify the **impairment** in function; second two digits identify the **cause** of the impairment.

CODES FOR DISABILITY IMPAIRMENT	CODES FOR CAUSES/SOURCE OF IMPAIRMENTS
<p>Codes for Impairments</p> <p>00 – No impairment</p> <p>Sensory/Communicative Impairments</p> <p>01 – Blindness</p> <p>02 – Other Visual Impairments</p> <p>03 – Deafness, Primary Communication Visual</p> <p>04 – Deafness, Primary Communication Auditory</p> <p>05 – Hearing Loss, Primary Communication Visual</p> <p>06 – Hearing Loss, Primary Communication Auditory</p> <p>07 – Other Hearing Impairments (Tinnitus, Meniere’s Disease Hyperacusis, etc.)</p> <p>08 – Deaf Blindness</p> <p>09 – Communicative Impairments (expressive/receptive)</p> <p>Physical Impairments</p> <p>10 – Mobility Orthopedic/Neurological Impairments</p> <p>11 – Manipulation/Dexterity Orthopedic/Neurological Impairments</p> <p>12 – Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments</p> <p>13 – Other Orthopedic Impairments (e.g. limited range of motion)</p> <p>14 – Respiratory Impairments</p> <p>15 – General Physical Debilitation (fatigue, weakness, pain, etc.)</p> <p>16 – Other physical Impairments (not listed above)</p> <p>Mental Impairments</p> <p>17 - Cognitive impairments REG VERIFICATION ONLY - NOT TO BE USED AS MH VERIFICATION (impairments involving learning, thinking, processing information and concentration)</p> <p>18 - Psychosocial Impairments interpersonal and behavioral impairments, difficulty coping)</p> <p>19 - Other Mental Impairments</p>	<p>00 – Cause unknown</p> <p>01 – Accident/Injury (other than TBI or SCI)</p> <p>02 – Alcohol Abuse or Dependence</p> <p>03 – Amputations</p> <p>04 – Anxiety Disorders</p> <p>05 – Arthritis and Rheumatism</p> <p>06 – Asthma and other Allergies</p> <p>07 – Attention-Deficit Hyperactive Disorder (ADHD)</p> <p>08 – Autism</p> <p>09 – Blood Disorders</p> <p>10 – Cancer</p> <p>11 – Cardiac and other conditions of the circulatory system</p> <p>12 – Cerebral Palsy</p> <p>13 – Congenital Condition or Birth Injury</p> <p>14 – Cystic Fibrosis</p> <p>15 – Depressive and other Mood Disorders</p> <p>16 – Diabetes Mellitus</p> <p>17 – Digestive</p> <p>18 – Drug Abuse or Dependence (other than alcohol)</p> <p>19 – Eating Disorders (e.g. anorexia, bulimia or compulsive overeating)</p> <p>20 – End-Stage Renal Disease and other Genitourinary System Disorders</p> <p>21 – Epilepsy</p> <p>22 – HIV and AIDS</p> <p>23 – Immune Deficiencies excluding HIV/AIDS</p> <p>24 - Mental Illness (not listed elsewhere)</p> <p>25 – Mental Retardation</p> <p>26 – Multiple Sclerosis</p> <p>27 – Muscular Dystrophy</p> <p>28 - Parkinson’s Disease and other Neurological Disorders</p> <p>29 – Personality Disorders</p> <p>30 – Physical Disorders/Conditions (not listed elsewhere)</p> <p>31 – Polio</p> <p>32 – Respiratory Disorders other than Cystic Fibrosis or Asthma</p> <p>33 – Schizophrenia and other Psychotic Disorders</p> <p>34 – Specific Learning Disabilities</p> <p>35 – Spinal Cord Injury (SCI)</p> <p>36 – Stroke</p> <p>37 – Traumatic Brain Injury (TBI)</p>

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Specialized Service – Community Based Work Evaluation (CBWE)

Introduction

With the enactment of W.I.O.A. and the focus on competitive integrated employment (CIE), it is necessary to evaluate consumers' abilities to meet employer expectations by observation in an actual work environment. Community-based evaluations provide the service team a way of assessing consumers' abilities in a work setting.

A CBWE is an assessment used for vocational planning purposes to determine a consumer's skill level, behaviors, interests, abilities, strengths, barriers, and aptitudes in relation to employment. ***CBWE is not to be used to determine eligibility for VR services.*** It occurs one-on-one and is done in an employment setting with the highest level of integration possible. CBWE will only occur at integrated employment sites individually developed to match the consumer's needs and interests.

During the CBWE, the service team will define the job sites, the tasks to be performed, the essential functions of the jobs, and how the consumer will be assessed. The job coach should vary the tasks so that the consumer can be evaluated under a variety of conditions or situations. The job coach will recommend the type of work and environment that is appropriate and which, if any, training and supports are necessary as well as an employment path to consider.

A CBWE also provides an employer the opportunity to see a consumer's work performance. A job offer is not expected, but may be an outcome of CBWE. Should this occur, the job coach will notify the VRC of this offer immediately. A service team meeting shall follow between the consumer, job coach and VRC to determine if the offer is a good job match and if so the VRC will move forward and develop the Individualized Plan for Employment (IPE) with the consumer.

Consumer Appropriate for CBWE

A CBWE will determine if a particular job is appropriate and if the consumer has the academic, physical, cognitive ability, interpersonal skills/social skills and motivation to do the job. In addition, a CBWE may determine the level of support needed in a competitive integrated work setting and assist in identifying vocational goals. This will increase the VRC's knowledge of what services might be best to ensure the person's success over time in CIE.

In addition to determining a person's strengths and areas of competence in a work environment, CBWE will also look at possible barriers to employment, including areas

of impairment such as communication, mobility, self-care, self-direction, interpersonal skills, work skills, and work tolerance.

CBWE is particularly valuable in the following situations:

- Where the consumer has limited and/or intermittent work experience
- Where the consumer has never worked outside a sheltered environment

CBWE Staff Requirements

Supported Employment (SE) vendors can provide CBWE if they have been approved by DVRS to provide this service. For information on how to become an approved CBWE vendor, see *Vendor Application and Approval* Section of this manual. Prior to providing CBWE service, staff must:

- Hold, at minimum, a bachelor's degree in vocational rehabilitation or a related field such as psychology, social work, etc.
- Have two or more years' experience in a related field, which includes at minimum one year as a job coach
- Have successfully completed DVRS CBWE training
- Submit resume and supporting documentation to be reviewed and approved by the DVRS CRP Unit

CBWE Process

Once it has been determined that a CBWE would be an effective tool to assist in determining vocational interests and goals, the first step is the referral to the CBWE vendor. The referral information should include:

- Background information
- Disability/Medical documentation
- Educational history
- Work history
- Any assessments completed prior to the CBWE
- Financial status
- Information that would assist in assessing the consumer

Within two-weeks of receiving the referral, the vendor will start the initial phase of the CBWE. The maximum four-days billed includes face-to-face with the consumer to complete the intake and assessment activities as well as scheduling assessment sites,

not to exceed two weeks. The INTAKE FORM, formulated by DVRS, will be completed during this phase.

The second phase will start in week three and will entail participation in community/integrated job sites. The job coach will provide various scenarios/situations within the allotted five hours to assess, evaluate, collect data and analyze the consumer's work performance. Participation in three varying sites for a total of six days (at five hours per day), will allow the job coach to document and report results. It incorporates respect for the consumer's personal process of growth, self-empowerment, and development of insight leading to the consumer's informed choice of a meaningful career pathway.

NOTE: Upon completion of the evaluation, the consumer through informed choice may or may not be referred back to the same vendor for continued services.

CBWE Plan

The plan will be completed by the **job coach** at the completion of the intake and orientation process. It will outline the three sites that will be utilized during the CBWE and what is expected to occur at the site. A copy of this plan will be sent to the VRC prior to the start of phase 2 and included with the final CBWE report.

CBWE Assistive Technology

Assistive technology can be considered at any time during a CBWE. The first step is for the VRC to authorize an AT evaluation. The consumer does not need to meet financial guidelines in order for DVRS to authorize the evaluation or purchase the equipment/training that is needed for the consumer to participate in this service.

The results of the evaluation will determine equipment and training needs. Assistive technology equipment/training should be obtained using comparable benefits such as lending libraries or state grants. When no comparable benefits are available, the VRC will determine who will be financially responsible for purchasing the equipment/training (consumer, DDD, DVRS).

When any type of assistive technology is utilized during a CBWE, it will be on loan to the consumer. The job coach will retain possession of the equipment and bring it to each scheduled appointment. If purchased by DVRS, the VRC and consumer will sign a "Title to Equipment" Form (DVR-222) acknowledging that DVRS owns the equipment, not the consumer. The VRC will make the consumer aware that they are to use such

equipment for the sole purpose of the CBWE. At the end of the CBWE, the VRC determines the status of the equipment.

CBWE Length of Time

The CBWE consists of two phases to be completed over a maximum of six weeks:

Phase 1 – Orientation / Intake & Assessment

The initial phase is to be completed in week one and two of service delivery and includes the following activities:

- Intake (utilizing the Intake Form)
- Educating the consumer on the service
- Exploration of job concerns
- Administration of Interest/inventory testing, vocational testing, paper and pencil testing
- Interpretation of assessments results
- Discussing the consumer's hopes with participating in the CBWE
- Review of job sites and rules
- Scheduling of job sites with consumer and employers
- A three-way meeting with consumer, job coach and VRC to discuss results of assessments and expectations of service delivery. This meeting should be scheduled upon receipt of the referral to avoid delay in starting Phase 2

This orientation will provide opportunities to gather information that can assist in identifying which community job sites are appropriate to assess the skill level, goals, and interests of the consumer. The job coach will utilize the information obtained to develop a written plan describing how the CBWE will be performed and monitored.

This phase is conducted one-on-one, and in an integrated community setting. There is a maximum of four-days billed over a span of two-weeks to complete the activities listed above and should start within two-weeks of receipt of the referral. Immediately upon completing the Orientation/Intake activities job coach will begin to schedule the community-based work experiences for the next phase. All community-based work experiences should be scheduled by the end of the second week.

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Phase 2 – Community Based Work Experiences (Work Sites)

The second phase is the Community Based Work Experiences Phase which is to be completed within weeks three through five of service delivery.

- Participate in community-based work experiences at a minimum of three job sites
- At each site for two days for a total of six days of job site participation
- On site for five hours per day and includes 30 minutes for lunch/break and 30 minutes to discuss feelings/progress
- Days should be scheduled as consecutive as possible and will not exceed three weeks
- Service is also provided one-on-one

Upon completion of the CBWE, the job coach will submit a comprehensive report following the form provided by DVRS (please refer to Observational Tracking Form). This report should be completed in week six. Once the report is complete, a staffing will occur with the VRC, consumer and job coach to discuss results/recommendations.

CBWE should be completed within a six-week time period from when it starts. However, this schedule may be individualized based on consumer and/or employer scheduling changes. The need for an extension of time must be communicated to the VRC for approval.

CBWE may occur for fewer days at the indicated fee if a specific job experience is identified. If a VRC is requesting additional CBWE beyond the six days of community-based work experiences (at five hours per day), the case will be reviewed by the local office Supervisor or Manager for possible approval. If additional CBWE is provided (not to exceed two additional days), the local office Supervising Vocational Rehabilitation Counselor (SVRC) will provide a case note justifying the reasoning/support of the decision.

NOTE:

All aspects of the CBWE including the Orientation Phase are to be done in an **integrated community setting**. The CBWE ***will not be completed at a business location owned or operated by a vendor that pays subminimum wage and holds a 14(c) Certificate.***

CBWE Fees

CBWE is paid in a benchmark payment structure.

Intake/Orientation:

- \$150 per day for a maximum of four days billed in a time span not to exceed two-weeks. Information provided in referral packet (such as prior assessments) are not to be duplicated by the vendor

Intake/Orientation for ASL approved vendors:

- \$200 per day, four days maximum

CBWE at work sites:

- \$300 per day. This service is completed in six days for three sites. One work site per two days for a total of \$1,800

CBWE at work sites for ASL approved vendors:

- \$350 per day, \$2,100 for six days and three sites

CBWE Missed Appointments

For missed appointments: Consult with the VRC for case management and billing purposes.

CBWE Forms

1. **Intake Form** – to be completed by the vendor within the first phase of the CBWE. This document allows for a detailed understanding of the consumer’s needs as it relates to their disability, history and preferences. The completed Intake Form will be attached to the final CBWE report, namely, the Observational Tracking Form.
2. **Community Based Work Evaluation Plan** – to be completed by the job coach at the completion of the intake and orientation process. It will outline the three sites that will be utilized during the CBWE and what is expected to occur at the site. A copy of this plan will be sent to the VRC prior to the start of phase 2 and included with the final CBWE report.
3. **Employer Assessment Form** – to be completed by the employer upon completion of each community-based work evaluation site and included with the final CBWE Report. This allows feedback from the employer regarding consumer’s performance on the work site.
4. **Participant Assessment Form** – to be completed by the consumer upon completion of each community-based work evaluation site and included with the

CBWE Report. This allows feedback from the consumer in terms of their likes/dislikes and preferences.

5. **Observational Tracking Form** – is the CBWE final report. This form allows for the total and comprehensive collection of data to be examined, critiqued and summarized by the job coach. All three community sites are detailed, multiple work performance areas are listed, performance areas are rated on each day of site participation and then allows for a summary of strengths, weaknesses and observations. This report must identify the number and types of support required. This report should be completed during week six of the service.
6. **Community Based Work Evaluation Service Log** - A report of billable activities provided to the consumer during the evaluation.
7. **Checklist for Community Based Work Evaluation Services** - This checklist serves as a tool to assist the VRC with tracking service delivery.

NOTE: All of the forms used for the CBWE will be completed and compiled by the vendor and sent to the VRC for approval with the exception of the Checklist for CBWE Services. The checklist is to be completed by the VRC. All completed forms must be placed in the consumer's case record with DVRS.

NOTE: If the quality criteria in documentation and reporting is not achieved at any point throughout the service, it will be returned to the job coach for amendment and VRC review prior to the service team meeting.

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COMMUNITY BASED WORK EVALUATION INTAKE

(Required form to be completed by the job coach during the Orientation/Intake Phase and should be submitted with the CBWE Reports).

DATE: _____

NAME OF CONSUMER: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

PRIMARY CONTACT PERSON/GUARDIAN: _____

VRC: _____ DVRS LOCAL OFFICE: _____

VENDOR: _____

DOCUMENTED DISABILITY/DISABILITIES: _____

PRE EVALUATION SUMMARY OF INFORMATION – to be completed with consumer, family/ guardian, school transition team, (includes job preference, work conditions and likes/dislikes).

1. **CONSUMER'S SUPPORT NETWORK:** (to include parents, guardian, family members, school representatives, and friends): LIST – NAME, RELATIONSHIP AND SUPPORT PROVIDED.
2. **CONSUMER'S REPORTED STRENGTHS:**
3. **CONSUMER'S REPORTED INTERESTS:**
4. **CONSUMER'S REPORTED CHOICE OF JOB ENVIRONMENT- (LIKES/DISLIKES):**
5. **CONSUMER'S JOB CHOICE/PREFERENCES:**

6. **FINANCIAL – BENEFITS, BENEFITS COUNSELING COMPLETED/RECOMMENDED:**
7. **SCHOOL RECORDS – DESCRIPTION AND SUMMARY:** (to include- highest grade completed, performance, classification):
8. **ADDITIONAL MEDICAL/DISABILITY RELATED RECORDS RECEIVED:** (dates, type, summarize):
9. **WORK HISTORY OR PAST EXPERIENCES:** (list jobs/employers, job sampling sites, summary of skills learned from previous jobs/experiences and/or related tasks in the community):
10. **CURRENT TREATMENT INVOLVEMENT:** (names, contact information, what services are being received – psychiatric, substance abuse, behavioral, medications and treatment modalities):
11. **CRIMINAL HISTORY INDICATED:**
12. **TRANSPORTATION:** (mode, barriers, needs):
13. **DISCUSSION ON JOB SITE AVAILABILITY:** (choices, educate on purpose and goals, job tasks/duties):
14. **JOB COACH SUMMARY:** (to include observations, strengths, challenges, motivation, stability etc.):

INTAKE COMPLETED BY: _____

SIGNATURE: _____

DATE: _____

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Community Based Work Evaluation Plan

Consumer Name: _____

DVRS Counselor / DVRS Office _____ / _____

Provider Agency: _____

Completed by: _____ Phone Number: _____

Work Site #1

Employer: _____

Expected Job Title/Duties: _____

Work Days & Hours: _____

Transportation to and from site: _____

Reason for selecting this site: _____

Work Site #2

Employer: _____

Expected Job Title/Duties: _____

Work Days & Hours: _____

Transportation to and from site: _____

Reason for selecting this site: _____

Work Site #3

Employer: _____

Expected Job Title/Duties: _____

Work Days & Hours: _____

Transportation to and from site: _____

Reason for selecting this site: _____

Client Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

**New Jersey Division of Vocational Rehabilitation Services
Community Based Work Evaluation
Employer Evaluation**

This form is to be completed by the employer upon completion of each community site and included with the final report.

Date of Report: _____

Consumer Name: _____

Employer Name: _____

Position/Title: _____

1) What strengths/assets did the participant present? What tasks did the participant do really well?

2) What tasks did they seem to struggle with and/or not meet your expectations?

3) Were there any concerns with the following?

a. Performance:

b. Social Interaction:

c. Endurance/Stamina:

4) Would you hire this participant for this position? Yes No

Another Position? Yes No Why or why not?

5) Additional Comments:

Employer Signature & Date: _____

CBWE Provider Signature & Date: _____

COMMUNITY BASED WORK EVALUATION (CBWE)

PARTICIPANT'S ASSESSMENT OF THE CBWE

THIS FORM IS TO BE COMPLETED BY THE CONSUMER UPON COMPLETION OF EACH COMMUNITY BASED WORK EVALUATION SITE AND INCLUDED IN THE CBWE REPORT.

CONSUMER NAME: _____ VENDOR NAME: _____

DATE: _____ EMPLOYER SITE: _____

1. What did you like about this work experience/job?
2. What did you dislike about this work experience/job?
3. What tasks were easy for you?
4. What tasks were difficult for you?
5. Where there tasks you wanted to do/saw others doing that you did not get a chance to do? YES or NO. If yes, what were they?
6. What will you take from this experience that will help you in the future?
7. Would you like a job like this? Yes or No
Would you like one that is different? Yes or No
8. If you would like a different kind of job, what kind of job what that be?

CONSUMER SIGNATURE AND DATE: _____

CBWE JOB COACH SIGNATURE AND DATE: _____

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Observational Tracking Form

CBWE (Community Based Work Evaluation: minimum 3 sites) CE (Customized Employment)

Consumer: _____ Agency: _____ Referring VRC: _____

Name of Site: Address:	Date(s)	Specialist: Total Time on Site: # of Days Avg. hours per day:
Job(s) Performed Tasks:		
Name of Site: Address:	Date(s)	Specialist: Total Time on Site: # of Days Avg. hours per day:
Job(s) Performed Tasks:		
Name of Site: Address:	Date(s)	Specialist: Total Time on Site: # of Days Avg. hours per day:
Job(s) Performed Tasks:		

Observational Tracking Form

Summary of Attendance

Describe consumer's performance with reliability, dependability, punctuality as it relates to arrival and departure to work, lunch, and breaks.

Observational Tracking Form

Employability Skills: 1 = Substandard 2 = Adequate/but inconsistent 3 = Satisfactory 4 = Excellent NA = Not Applicable

Employability skills:	Date	Date	Date	Date	Date	Date	Total	Avg	Comments
Appropriate dress/ hygiene for work environment									
Follows assigned schedule; start/end/break times									
Completes task with accuracy									
Speed/ work pace appropriate to job									
Ability to focus on task									
Demonstrates ability to follow a routine/ directions									
Retains directions over time									
Responds appropriately to redirection									
Changes from one activity to another without difficulty									
Accepts changes to established routines									
Willing to redo tasks/ accepts constructive criticism									
Ability to multitask									
Respects authority / supervision									
Demonstrates initiatives in the absence of directions									
Is independent (can work without supervision)									
Checks quality of work									

Observational Tracking Form

Demonstrates appropriate use of work materials									
Communicates effectively with peers/ community									
Maintains appropriate soft skills									
Ability to read/ understand job related material									
Uses basic math/ money as required									
Maintains stamina/endurance for job									
Demonstrates motivation to work									
Physical Ability at Site 1 = Substandard 2 = Adequate / but inconsistent 3 = Satisfactory 4 = Excellent NA = Not Applicable									
Walking									
Standing/stooping									
Sitting									
Climbing									
Reaching									
Carrying/lifting/ pushing									
Balance									
Fine motor skills									
Gross motor skills									
Communication ability									

Observational Tracking Form

Environmental Factors of Site: "X" = Affected Performance	N/A Non-Applicable						Explain:		
Heat/ Cold									
Chemicals/ toxins/fumes									
Indoor/ outdoor									
Noise									
Other:									

Comments:

Observational Tracking Form

1. Does the consumer have the skills and abilities required to perform the work assessed? (Explain)

2. What was most important/reinforcing/motivating for this participant? (i.e. pay, hours, breaks, recognition, etc.)

3. Relevant comments made to job coach during this assessment regarding consumer's performance and/or capacities from co-workers, supervisors, or the consumer:

Observational Tracking Form

4. Consumer's observed strengths and skills:

5. Consumer's observed barriers or weaknesses and potential resolutions:

Agency feedback and recommendations: Identify concerns and recommendations

Observational Tracking Form

*** Attach Consumer Feedback form upon completion of service**

****Attach separate paper responding to questions posed in consumer's Trial Work Plan**

Specialist Signature:

Date:

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CBWE SERVICE LOG

Consumer Information				
Name of Consumer: _____		Provider: _____		
Job Coach: _____ Phone: _____ E-Mail: _____		Reporting Period: Start Date: _____ End Date: _____		
Voucher/Invoice #: _____				
DVRs Office: _____ DVRs Counselor (VRC): _____			Phone: _____ Email: _____	
Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown DDD Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Support Coordination Agency: _____		Support Coordinator: _____		
Phone: _____		E-Mail: _____		
Date/Coach Time (Start/End)	Purpose of Visit (What were you there to do?)	Observations (What did you observe?)	Interventions (What did you contribute?)	Next Steps (What will you do next?)
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Total Hours Used on Log				

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Specialized Service – Customized Employment (CE)

Introduction

CE is a service that assists consumers to identify one primary vocational interest that will lead to the development of an individualized plan for employment and ultimately employment. CE can be a job that is carved, modified, a task reassignment, or created. It can also be self-employment.

Services occur in the consumer's home, in the community and in competitive-integrated employment settings.

The primary components (phases) of CE:

- Discovery
 - Assessment Profile
 - ✓ Intake
 - ✓ Assessment
 - ✓ Community Based Work Assessment (CBWA)
 - ✓ Service Team Meeting
 - Business Network Contact Report, Informational Interview Report, and Service Team Meeting
 - Job Sample/Job Shadow Experience Report and Service Team Meeting
- Job Development & Job Negotiations
- Customized Employment Support Strategy

For information on how to become an approved CE vendor, see *Vendor Application* Section of this manual.

Consumer Appropriate for CE

CE is particularly valuable for consumers who:

- have significant disabilities and complex barriers to employment
- can demonstrate their skills, abilities and/or talents better than they can articulate them
- may not present the “whole employment package” of job requirements to potential employers who are looking to fill a position through traditional competitive labor market process (application, meeting the list of job requirements, interview etc.)
- rely on a negotiated approach for employment success
- do not fit the traditional “place and train” model

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CE Staff Requirements

Prior to providing the Customized Employment service, staff must:

- Hold a minimum of a Bachelor's Degree in vocational rehabilitation, or related social service field
- Have two or more years of experience in supported employment, to include one year as a job coach (vocational evaluation experience is also helpful)
- Have a Customized Employment certification from a recognized entity such as: The Association of Community Rehabilitation Educators (ACRE), Griffin-Hammis Associates, or Marc Gold & Associates
- Complete the CRP Unit DVRS CE training

CE Assistive Technology

Assistive technology can be considered at any time during the CE. The first step is for the VRC to authorize an AT evaluation. The consumer does not need to meet financial guidelines in order for DVRS to authorize the evaluation or purchase the equipment/training that is needed for the consumer to participate in the Discovery phase of this service.

The results of the evaluation will determine equipment and training needs. Assistive technology equipment/training should be obtained using comparable benefits such as lending libraries or state grants. When no comparable benefits are available, the VRC will determine who will be financially responsible for purchasing the equipment/training (employer, consumer, DDD, DVRS).

When any type of assistive technology is utilized during the Discovery phase of CE, it will be on loan to the consumer. The job coach will retain possession of the equipment during the Discovery phase and bring it to each scheduled appointment. If purchased by DVRS, the VRC and consumer will sign a "Title to Equipment" Form (DVR-222) acknowledging that DVRS owns the equipment, not the consumer. The VRC will make the consumer aware that they are to use such equipment for the sole purpose of the Discovery phase. At the end of the Discovery phase, the VRC determines the status of the equipment.

If AT services are needed after the consumer starts working, DVRS financial guidelines for planned services under the IPE apply.

NOTE: When the consumer is employed, assistive technology equipment/training should first be negotiated as a reasonable accommodation through the employer.

CE Phases

Phase One - Discovery

Discovery is based on the idea that paper and pencil assessments alone, or even observations of seasoned helping professionals, are often not the best predictors of the skills, interests, capacities, and motivations of the individual.

Discovery is conducted by the job coach. While there is no set standard for how much time a provider spends with a consumer during discovery, research suggests that the industry standard is a minimum of 20-hours dedicated to the discovery process. Discovery includes observation of consumer's abilities, challenges, and resources, as well as collecting information from professional and nonprofessional supports in the consumer's life. The process includes exploration of options related to wages, employment outcomes, and self-employment outcomes; including interests, capabilities, preferences, ongoing support needs; and extended services and supports required at and away from the job site that are necessary for employment success.

The job coach should be able to complete the Discovery Assessment Profile in four-six weeks.

Discovery Phase – Part A: Discovery Intake, Discovery Assessment Profile, Community Based Work Assessment Activities include:

- Observing the consumer's work skills and behaviors at home and in the community
- Assessing the consumer's learning style and needs for adaptive technology accommodations, and on-site supports
- Assessing the consumer's strengths, challenges, and transferable skills from previous job placements
- Assessing consumer's negotiable and non-negotiable conditions for employment success
- Conducting informational interviews at community businesses that relate to the consumers developing and/or identified vocational interests
- Touring with the consumer, current or potential work environments
- Developing relationships with businesses and employers
- Developing job sample and job shadow experiences at local businesses
- Exploring options related to wages and employment outcomes
- Identifying options for supports that will be used for successful employment
- Collecting personal and employer reference information

Reports and Documentation: The Discovery process enables the provider to gather information necessary to answer all the questions on the Discovery Intake Report,

Customized Employment/Discovery –Community Based Work Assessment, and Discovery Assessment Profile. The report must describe the consumer so that someone reading the report has an accurate understanding of who the consumer is and the consumer's employment goals. The Discovery Assessment Profile must focus on the consumer's:

- Interests, skills, and functional abilities related to daily living, employment, and recreation
- Support needs that may be necessary for successful employment, including self-employment
- Support needs that family/guardian, friends, and professionals provide to help the consumer maintain a quality life at home and in the community (i.e.: financial assistance, room and board, supervision for safety, and transportation).

The Discovery Assessment Profile must be submitted to the VRC at least one week before the service team meeting. The VRC reviews the Discovery Assessment Profile.

NOTE: If the quality criteria in documentation and reporting is not achieved at any point throughout the service, it will be returned to the job coach for amendment and VRC review prior to the service team meeting.

Discovery Assessment Profile

Documentation required: Discovery Intake Report, Discovery Assessment Profile, Customized Employment Discovery-Community Based Work Evaluation Observational Tracking Form, and recommendations. Information is used to continue the customized employment process to:

- Provide enough information to develop and identify a minimum of two, maximum of three vocational interest areas towards employment opportunities or to support the consumer's pursuit of a self-employment outcome
- Demonstrate that interests, talents, assets, and abilities in work and nonworking areas were explored, identified, and appropriately summarized to enable the job coach to market the consumer to potential employers, or to enable the pursuit of a self-employment outcome
- Supporting documentation to determine and identify all support needs, accommodations and/or interventions that should be noted in IPE planning meeting; and written into the IPE
- All documentation is signed by the job coach who conducted the discovery work with the consumer, completed the discovery intake report and discovery assessment profile

Discovery Assessment Profile Service Team Meeting

The first service team meeting will occur after Discovery Intake Report Customized Employment/Discovery-Community Based Work Assessment, and Discovery Assessment Profile are submitted to the VRC. Meeting will include a review of the Discovery process: Home visits, Community Based Work Assessment, preliminary discussion about employment outcome and next steps in the customized employment process.

Discovery Assessment Profile Outcome

Benchmark is complete when the following are submitted and approved by VRC:

- Discovery Intake Report
- Discovery Assessment Profile
- Customized Employment/Discovery-Community Based Work Assessment Observational Tracking Form
- Service team meeting was attended by VRC, consumer, and job coach

Discovery Phase – Part B: Business Network Contacts and Informational Interviews

Business contact development follows the Discovery Assessment Profile in the customized employment strategy. It is the precursor to the Informational Interview process. The job coach will research, develop, contact and document a minimum of 20 local business contacts related to each vocational interest areas from the Discovery Assessment Profile. A minimum of 40 business contacts should be generated and documented per two vocational interests. A minimum of 60 business contacts for three vocational interest areas. All business contacts are documented on the Business Network Contact Report.

Business Network Contact Outcome

The job coach will use the business network contacts to schedule three informational interviews for each vocational interest area; a minimum of two vocational interest areas. Job coach is required to schedule a minimum of six informational interviews, maximum of nine informational interviews related to the identified vocational interest areas. The Business Contact Report should be satisfactorily completed, signed by the job coach, and submitted with the Informational Interview Report.

Informational Interview Activities Include:

Informational interviews are scheduled with a manager, owner, or key person who is in a position to hire. Large companies with human resource departments should be avoided. Informational interviews should take approximately 15-20 minutes. Job coach should use the informational interview to find opportunities to help the company look for tasks that match the consumer's ability and interests and highlight mutual interests. The informational interview questionnaire may help guide the informational interview conversation. The job coach and consumer introduce themselves to the employer or manager and explain that the consumer would like to learn about the industry/business, and is not asking for employment.

Informational Interview Report

Completion of Informational Interview Report for a required minimum of two (maximum three) vocational interests, as identified in the Discovery Assessment Profile Report.

Informational Interview Outcome

Benchmark is complete when:

- The Business Network Contact Report, and Informational Interview Report have been submitted by job coach, and approved by the VRC
- A service team meeting was attended by VRC, consumer and job coach

Payment: This is a service paid as part of the benchmark payment structure.

Benchmark Payment is rendered when the VRC receives and approves:

- Business Contact Report, Informational Interview Report written and signed by the job coach who directly provided the service
- Service team meeting attended by consumer, VRC and job coach
- Invoice

Discovery Phase – Part C: Job Shadow and/or Job Sample Experience

The informational interviews should lead to job shadow/job sample experiences. Job coach arranges for the consumer to shadow, experience or sample the actual job related to the two or three vocational interest areas. During this phase, the consumer meets with a benefits specialist to understand his/her specific financial needs. The goal is to develop the framework for the individualized plan for employment (IPE) that will focus on one primary vocational interest area and become the customized employment vocational goal.

Job Shadow/Job Sample Experience Activity

A minimum of two job shadow/sample experience, maximum three experiences related to the vocational interests should be scheduled. The job shadow/sample experiences are documented on the Job Sample/Job Shadow Report.

All discovery services must be completed to move into IPE development and job search planning.

Customized Employment IPE Service Team Meeting

When the primary vocational interest is confirmed, the VRC drafts a preliminary IPE to prepare for the service team meeting. Job search planning is an essential part of the customized employment IPE. The consumer's IPE will be consistent with the primary vocational interest identified through the Discovery assessment process and agreed upon by consumer. The customized employment goal can be a job that is carved, a job that is modified where the job title/job description are negotiated, or a job created specifically to meet the needs of the employer, or self-employment, (i.e., a micro-enterprise which is a business within a business).

The IPE meeting is mandatory for the consumer, consumer's representative, if any, VRC and job coach. It is preferable that all parties attend in-person.

The meeting may include other significant people whom the consumer wants to invite and who may potentially help achieve successful employment for the consumer, or act as a long-term support for the consumer. Significant people may include: teachers, case managers, support coordinator, siblings, friends, counselors, business owners, religious affiliations. The significant people are 'team members'. Team members can identify a possible placement, provide short- and long-term supports to ensure employment success, and motivate the consumer.

Consumer must understand and agree to their IPE, and SE provider through informed choice. The IPE is signed at this meeting.

The consumer's IPE will include all negotiable and non-negotiable employment conditions. Non-negotiable employment conditions are those conditions that the consumer and VRC have indicated must be present in an employment placement. SE provider must assure more than 50% of these conditions are met when looking for a consumer's employment placement.

Examples of non-negotiable employment conditions may include but are not limited to:

- Job needs to be on a specific bus route
- Consumer must earn a certain dollar amount per hour

- Consumer must work at least 15 but not more than 20 hours per week
- Job must not require duties the consumer is unwilling to perform
- Worksite must allow for a job coach

The consumer's IPE will include a list of the specific employment support needs that have been identified because of the Discovery process, including: natural supports, equipment (assistive technology), job accommodations, and training needs at the employment site.

Recommendations and strategies are outlined in the IPE. The meeting is facilitated by the VRC.

Plan end date should be per the needs and supports specified in the IPE.

Phase Two – Job Development and Job Negotiation

Job Development and Job Negotiation Phase – Part A: Job Negotiation

The job coach adheres to the CE IPE, and CE goal. The customized employment goal can be modified if needed. Changes to IPE or customized goal must be discussed and approved by the VRC in concert with consumer.

The job coach, consumer, and employer negotiate the customized job, supports, training, accommodations, and terms of employment.

Negotiation is an essential piece to customized employment as it:

- Ensures consumer's employment needs and conditions for success are met
- Matches the consumer's interests, skills, specific contributions
- Fills the unmet needs of the employer

Job Development and Job Negotiation Phase – Part B: Job Placement

Job placement is complete when the consumer has begun work, and completed at least one full workday in a job consistent with consumer's IPE and CE goal.

The job does not have to be an exact match, although should be as close as possible to the customized vocational goal in IPE. The job match must meet 50% or more of consumer's identified non-negotiable conditions to be considered an acceptable job placement.

Phase Three – Customized Employment Support Strategy

The VRC assesses the consumer's post-employment support needs to stabilize the consumer at the employment site, and monitor the employment relationship to ensure satisfaction of both the consumer and the employer. The consumer may require: time-limited job coaching, intensive job coaching, or extended supports through Long-Term Follow-Along.

The consumer may not require supports, as the on-site natural supports will be sufficient to assist the consumer to maintain his/her employment.

CE Fees

Payment: This is a service paid as part of the benchmark payment structure.

Payment is rendered when VRC receives and approves:

- The Discovery Intake Report, Customized Employment/Discovery-Community Based Work Assessment Observational Tracking Form, Discovery Assessment Profile Report that is written and signed by the job coach who directly provided the service
- Service team meeting attended by consumer, VRC and job coach
- Invoice

Discovery Intake and Discovery Assessment Profile with Report Fee:

- \$1,600 – Regular
- \$1,800 - ASL

Estimated time to complete service is 20-40 hours; service is completed in four-six weeks.

Discovery Assessment Profile fee includes: Discovery Intake Report and Discovery Assessment Profile, and service team meeting.

CBWA for CE fees:

- \$300 per day – Regular:
Two days at each worksite, minimum of two sites (\$1,200), maximum of three sites (\$1,800)
- \$350 per day - ASL:

Two days at each worksite, minimum of two sites (\$1,400), maximum of three sites (\$2,100)

Service is completed in three weeks.

CBWA Fee includes: Customized Employment/Discovery-Community Based Work Assessment Observational Tracking Form.

Informational Interview Fee:

- \$250 for three Informational Interviews
A minimum of six informational interviews are required for a minimum of two vocational interest areas (\$500)
A maximum of nine informational interviews for three vocational interest areas (\$750)

NOTE: Same fee for ASL approved vendors.

Estimated time for Informational interview is 15-20 minutes per interview. Estimated time to complete service is four weeks.

Informational Interview fee includes: Informational Interview Report, Business Network Contact Report & Service Team Meeting.

Job Shadow/Job Sample Experiences Fee:

- \$250 per Job Sample/Job Shadow Experience Site for a vocational interest area.
A minimum of two Job Sample/Job Shadowing Experiences (\$500)
A maximum of three Job Sample/Job Shadowing Experiences (\$750)

NOTE: Same fee for ASL approved vendors.

Each Job Sample/Job Shadow Experience is one day. Estimated time to complete service is four weeks.

Job Shadow/Job Sample Experiences Fee includes: Job Shadow/Job Sample Experience Report & Service Team Meeting.

Job Development Negotiations and Employment Strategy

Benchmark Payments

Benchmark payments for employment retention will be rendered upon completion of the specific employment milestone. VRC will review each report submitted per benchmark to ensure all information is included.

Employment Support Strategy Report should clearly describe the consumer's job duties and work culture. The form must include the signatures of the consumer (or legally authorized representative) and the direct SE vendor.

Each benchmark is completed when VRC receives:

- Accurate and completed Employment Support Strategy Report for each employment benchmark timeframe the consumer is employed
- Proof of consumer's paid employment
- Documentation that the consumer has begun working in a competitive-integrated work setting
- Compensated at or above the minimum wage but not less than the customary or usual wage paid by the employer for the same or similar work performed by people who do not have disabilities
- Meets at least 50% of all negotiable employment conditions
- Meets ALL non-negotiable employment conditions
- Meets at least one targeted job task established in the consumer's IPE
- Completed the specific number of cumulative calendar days of employment

Benchmark Payment #1:

\$750 for first full day of employment. Same fee for ASL vendors.

Benchmark Report #1 must include:

- Specific pages in Customized Employment Placement Report
- Complete employer contact information
- Complete employment description and information
- Accommodations needed
- Supports at job site. Strategies for on-going supports
- Strategies for addressing initial and future training needs

Benchmark Payment #2

\$750 for one complete week or five complete calendar days of documented employment. Same fee for ASL approved vendors.

Benchmark report #2 must include:

- Specific pages in Customized Employment Placement Report & Support Strategy completed
- Proof of consumer's continued employment
- Identify additional strategies and/or supports needed for consumer's success
- Provider's signature

Benchmark Payment #3

\$750 for four weeks or 20 calendar days of consumer's documented employment. Same fee for ASL approved vendors.

Benchmark #3 report must include:

- Specific pages in Customized Employment Placement Report & Support Strategy completed
- Proof of consumer's continued employment
- Identify additional strategies and/or supports needed for consumer's success
- Provider's signature

Benchmark Payment #4

\$1,300 for 90 days or longer of consumer's documented employment. \$1700 for ASL Vendors.

Benchmark #4 report must include:

Specific Pages completed in Customized Employment Placement Report & Strategy:

- Documentation that the consumer maintained employment for 90 days or longer from time of hire, employed in a competitive integrated work setting and compensated at or above the minimum wage but not less than the customary or usual wage paid by the employer for the same or similar work performed by people who do not have disabilities
- Consumer continues to perform expected job duties
- Meets all non-negotiable employment conditions, meets 50% or more negotiable employment conditions
- Supervisor reports satisfaction with the consumer's job performance
- Modifications and/or accommodations have been made at the worksite
- Consumer has reliable transportation to and from work, and a backup transportation plan
- Extended Services if identified are in place
- All other supports specified in the IPE are in place

- The form must include signatures of the consumer (or legally authorized representative) and the direct SE vendor

CE Missed Appointments

For missed appointments: Consult with the VRC for case management and billing purposes.

CE Documentation Best Practices

General quality criteria required for documentation of customized employment forms and reports:

- All reports must be legible and all areas completely documented. (Do not answer as not applicable, N/A, unless instructed)
- All reports written in narrative format when instructed, limited bullet points, clear and descriptive, using neutral, non-biased, positive descriptive language
- Evidence that the information gathered through Discovery and other customized employment activities was collected from a variety of sources such as observations in the consumer's home and community, and observations from the consumer's family/guardian, support system, and extended network
- Job coach identified consumer's unique interests, skills, hobbies, abilities, and talents
- Job coach identified consumer's communication ability, transportation needs, support needs, hobbies, formal and informal duties at home, daily routine activities
- Job coach identified concerns of consumer, family/guardian and support system
- Job coach identified consumer's conditions for success which are their negotiable and non-negotiable employment needs
- Job coach included recommendations or solutions or consulted with VRC about specific concerns, (i.e.: behaviors) and potential support when possible
- Signed and dated by provider/ES who actually observed and facilitated the service

CE Forms

1. NJ DVRS Customized Employment Discovery Intake Report
2. NJ DVRS Customized Employment Discovery Assessment Profile Report
3. NJ DVRS Customized Employment Business Contact Report
4. NJ DVRS Customized Employment Informational Interview Report
5. NJ DVRS Customized Employment Job Shadow/Job Sample Report Form
6. NJ DVRS Customized Employment Placement Report & Support Strategy
7. NJ DVRS Customized Employment-Placement Report & Support Strategy – Job Analysis
8. NJ DVRS Customized Employment Final Report-Consumer Employed 90-Days
9. Checklist for Customized Employment Services

NOTE: If the quality criteria in documentation and reporting is not achieved at any point throughout the service, it will be returned to the job coach for amendment and VRC review prior to the service team meeting.

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NJ Division of Vocational Rehabilitation Services
CUSTOMIZED EMPLOYMENT DISCOVERY INTAKE REPORT

VRC: _____ SE Provider: _____ Date: _____

Job Coach and Team Members:

Date Discovery Process Started: _____

Date Discovery Completed: _____

Consumer's Name: _____

Address: _____

City _____ Zip Code: _____

Consumer Contact Number: _____

Consumer Email: _____

Legal Guardian: Y/N Name: _____

Guardian/Family Contact Number: _____

Guardian/Family Email: _____

Part I.

The Discovery Interview should be completed first with the consumer to learn and gather information about the consumer from the consumer's perspective

Describe your day: (Start from the time you wake up and all the activities throughout the day until you go to sleep)

Describe your weekend: (Start from the time you wake up and all the things you do until you go to sleep)

Who are the people in your life? (Immediate family/guardian, extended family, friends, teachers in schools and recreational leaders, religious leaders and pets)

Three places you spend your time:

1. _____
2. _____
3. _____

Five activities or things you like to do:

1. _____
2. _____
3. _____
4. _____
5. _____

Five activities or things you do not like to do:

1. _____
2. _____
3. _____
4. _____
5. _____

What are your *strengths*?

What are your *skills*?

What are your *talents*?

What are you *passionate* about?

What are you *afraid of*?

What do you *worry about*?

What do you *avoid*?

What do you have control over or make decisions about?

What do other people take care of for you and decide for you?

What are your *current dreams and goals*?

What are your *long-term dreams and goals*?

What are your *barriers* in life and work (things that are difficult for you)?

What *accommodations* do you think you would need to help you achieve your goals for work (what tools or change in job tasks may assist you?)

What are your basic everyday needs?

What do you do when you are frustrated, sad, and angry (coping strategies)?

Part II.

Consumer's SELF ANALYSIS (Ask parent, guardian, advocate to assist with answers if needed)

How do you learn best (someone shows you – modeling, reading, seeing, listening, hands-on, etc.)?

Are you self-motivated?

Are you a *positive* person or a *negative* person?

Do you like to make your own *decisions*?

How do you control yourself when you are angry and frustrated?

Do you plan and organize your day or activities with friends?

Do you get tasks done on time?

Do you have a method to stay on a schedule?

SUMMARY OF CONSUMER DISCOVERY INTAKE INTERVIEW:

Answer the following questions to assist in summarizing the results of the interview:

- What were consumer’s communication needs during the discovery interview?
- What supports or accommodations were provided to facilitate the discovery interview? If none were none provided, what would have been helpful?
- What activities, techniques or methods were used to facilitate communication and trust with the consumer?
- Was the consumer able to complete all aspects of the interview or did a parent or guardian need to assist in this process?
- What were your overall impressions? Additional comments.

Job Coach: _____ Job Coach Signature: _____

Date: _____

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**NJ Division of Vocational Rehabilitation Services
CUSTOMIZED EMPLOYMENT
DISCOVERY ASSESSMENT PROFILE REPORT**

VRC: _____ SE Vendor: _____ Date: _____

Job Coach and Team Members: _____

Date Discovery Process Started: _____

Date Discovery Completed: _____

Consumer's Name: _____

Address: _____

City _____ Zip Code: _____

Consumer Contact Number: _____

Consumer Email: _____

Legal Guardian: Y/N Name: _____

Guardian/Family Contact Number: _____

Guardian/Family Email: _____

Part I.

Interviews with Consumer's Support Network (Parent, Guardian, Extended Family Members, Teachers, Community and/or Religious Leaders, Professionals, Mentors)

Name: _____

Relationship: _____

Support that can be provided to/for consumer:

Name: _____

Relationship: _____

Support that can be provided to/for consumer:

Name: _____

Relationship: _____

Support that can be provided to/for consumer:

Name: _____

Relationship: _____

Support that can be provided to/for consumer:

Name: _____

Relationship: _____

Support that can be provided to/for consumer:

Part II.

Home Management Skills: Assessment of consumer's basic living skills: Discuss consumer's ability to perform these skills with their support network, and CHECK the appropriate box below:

Chore	Independent	Needs Prompts	Needs Assistance	Enjoys Task
Wash Dishes				
Clean				
Pet Care				
Laundry				
Meal Preparations				
Organize Their Room				
Vacuum				

Part III.

Financial Information and Benefit Status:

Does the consumer need to earn a specific amount per week or month to meet financial obligations? Yes No

Does the consumer need to meet with a benefits planner? Yes No

SSI: Yes No Amount _____

SSDI: Yes No Amount _____

Child Survivor Benefits: Yes No Amount _____

Spouse Survivor Benefits: Yes No Amount _____

Medicaid: _____

Medicare: _____

Public Assistance: _____

Ticket to Work: _____

Private Insurance: _____

Part IV.

Community Resources or Supports Used by Consumer

Name of Resource: _____

Summary of Support: _____

Contact Information for Resource: _____

Name of Resource: _____

Summary of Support: _____

Contact Information for Resource: _____

Name of Resource: _____

Summary of Support: _____

Contact Information for Resource: _____

Part V.

Neighborhood Mapping

Describe layout of neighborhood: _____

Are there consumer community safety issues? Yes No

(if yes, explain) _____

Limitations on independent travel? Yes No

(if yes, explain) _____

Mode of transportation used by consumer: _____

Can consumer travel independently? Yes No

(if no, explain) _____

Children and/or Childcare Issues: Yes No

(if yes, explain) _____

List businesses, and distance to consumer's home in walking distance (as many as applicable):

Part VI.

Education: Gather information from consumer's support network

Highest grade completed? _____

High School Diploma, Special Education Diploma, GED received:

Type: _____ Date Received: _____

Vocational and/or Technical School Training	Dates	Skills Learned

Describe high school structured learning experiences.

Describe summer internship or volunteer opportunities.

Describe if these skills are applicable to potential jobs.

Describe employment supports or employment accommodations (if provided).

Describe/list paid work history:

Part VII.

Speak to consumer and consumer's support network to gather information about consumer's medical and psychological background

Medical History: Include diagnosis: Treating Professional(s), Medications, Hospitalization. Length of time in hospital, Treatment after release (if applicable)

Medical Records provided: Yes _____ No _____ N/A _____

Records provided: Yes _____ No _____ N/A _____

Release form(s) signed to speak to treating professionals: Yes _____ No _____

Mental Health History: Diagnosis, Treating Professional(s), Medications, Hospitalization, Year(s) of hospitalization, Length of time in hospital, Treatment after release.

Records provided: Yes _____ No _____ N/A _____

Release form(s) signed to speak to treating professionals: Yes _____ No _____

Are there issues related to substance use and/or alcohol abuse?

Yes _____ No _____

Explain: _____

List consumer's triggers or stressors:

Coping strategies used to manage consumer's behaviors:

Part VIII.

Summarize supports that are anticipated, needed, planned or already in place. Include daily living skills, child care, benefits management, medical and psychological treatment supports, and details about who what when where and how these supports are provided.

Vocational Interest Areas Identified through Discovery: *Must identify a minimum of two vocational interest areas (a maximum of three areas)*

1. _____
2. _____
3. _____

This certifies that the information contained in this document is correct and that the services were provided.

Signed by (Job Coach who facilitated Discovery Assessment Profile):

X _____

Print Job Coach Name: _____

Date: _____

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Observational Tracking Form CE

...

Observational Tracking Form

CBWE (Community Based Work Evaluation: minimum 3 sites) CE (Customized Employment)

Consumer:

Agency:

Referring VRC:

Name of Site: Address:	Date(s)	Specialist: Total Time on Site: # of Days Avg. hours per day:
Job(s) Performed Tasks:		
Name of Site: Address:	Date(s)	Specialist: Total Time on Site: # of Days Avg. hours per day:
Job(s) Performed Tasks:		
Name of Site: Address:	Date(s)	Specialist: Total Time on Site: # of Days Avg. hours per day:
Job(s) Performed Tasks:		

Observational Tracking Form

Summary of Attendance

Describe consumer's performance with reliability, dependability, punctuality as it relates to arrival and departure to work, lunch, and breaks.

Observational Tracking Form

Employability Skills: 1 = Substandard 2 = Adequate/but inconsistent 3 = Satisfactory 4 = Excellent NA = Not Applicable

Employability skills:	Date	Date	Date	Date	Date	Date	Total	Avg	Comments
Appropriate dress/ hygiene for work environment									
Follows assigned schedule; start/end/break times									
Completes task with accuracy									
Speed/ work pace appropriate to job									
Ability to focus on task									
Demonstrates ability to follow a routine/ directions									
Retains directions over time									
Responds appropriately to redirection									
Changes from one activity to another without difficulty									
Accepts changes to established routines									
Willing to redo tasks/ accepts constructive criticism									
Ability to multitask									
Respects authority / supervision									
Demonstrates initiatives in the absence of directions									
Is independent (can work without supervision)									
Checks quality of work									

Observational Tracking Form

Demonstrates appropriate use of work materials									
Communicates effectively with peers/ community									
Maintains appropriate soft skills									
Ability to read/ understand job related material									
Uses basic math/ money as required									
Maintains stamina/endurance for job									
Demonstrates motivation to work									
Physical Ability at Site	<u>1 = Substandard</u>		<u>2 = Adequate / but inconsistent</u>		<u>3 = Satisfactory</u>		<u>4 = Excellent</u>		<u>NA = Not Applicable</u>
Walking									
Standing/stooping									
Sitting									
Climbing									
Reaching									
Carrying/lifting/ pushing									
Balance									
Fine motor skills									
Gross motor skills									
Communication ability									

Observational Tracking Form

1. Does the consumer have the skills and abilities required to perform the work assessed? (Explain)

2. What was most important/reinforcing/motivating for this participant? (i.e. pay, hours, breaks, recognition, etc.)

3. Relevant comments made to job coach during this assessment regarding consumer's performance and/or capacities from co-workers, supervisors, or the consumer:

Observational Tracking Form

4. Consumer's observed strengths and skills:

5. Consumer's observed barriers or weaknesses and potential resolutions:

Agency feedback and recommendations: Identify concerns and recommendations

Observational Tracking Form

*** Attach Consumer Feedback form upon completion of service**

****Attach separate paper responding to questions posed in consumer's Trial Work Plan**

Specialist Signature:

Date:

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NJ DVRS Customized Employment Business Contact Report

Directions: Job Coach completes this report and submits to VRC with Informational Interview Reports

Name of Consumer: _____

Agency: _____

Job Coach: _____

Business Contact/Network List: Vocational Interest Area #1:

1. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

2. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

3. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

4. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

5. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

6. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

7. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

8. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

9. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

10. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

11. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

12. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

13. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

14. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

15. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

16. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

17. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

18. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

19. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

20. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

Business Contact Network List: Vocational Interest Area #2

1. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

2. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

3. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

4. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

5. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
6. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
7. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
8. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
9. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

10. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
11. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
12. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
13. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
14. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

15. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
16. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
17. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
18. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____
19. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

20. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

Vocational Interest Area #3: Business Contacts/Network List

1. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

2. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

3. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

4. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

5. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

6. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

7. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

8. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

9. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

10. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

11. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

12. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

13. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

14. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

15. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

16. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

17. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

18. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

19. Name of Local Business: _____

Address: _____

Name of Contact: _____

Title/Role: _____

Phone: _____ E-mail: _____

20. Name of Local Business: _____
Address: _____
Name of Contact: _____
Title/Role: _____
Phone: _____ E-mail: _____

My signature certifies that the information contained in this document is correct and that the above stated services were provided.

Job Coach Signature: X _____
Print Job Coach Name: _____
Date: _____

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NJ DVRS Customized Employment Informational Interview Report

Name of Consumer: _____

VRC: _____

Job Coach: _____ Agency: _____

Required:

Three informational interviews must be conducted per vocational interest area

Directions:

Informational interviews should be conducted with a manager, owner, supervisor or key business person at a *local small business*. Each interview should take approximately 15-20 minutes in length, at maximum.

Look for opportunities to connect the consumer with the employer, help the company with a need, look for tasks that match the consumer's ability and interests, highlight mutual interests and LISTEN.

The following questions are suggestions to guide your conversation.

This form should be completed at the completion of each informational interview and returned to the VRC. Introduce yourself and explain that you are not looking for a job, you want to learn about the industry/business:

Vocational Interest Area #1:

Informational Interview - Three Informational Interviews required per each vocational interest area

****First Interview – Vocational Area #1****

1. Name person interviewed: _____

Title: _____

(Indicate if contact is: Business Owner, Manager or Supervisor)

Address: _____

Phone: _____ Email: _____

How did you (person interviewed) get started in this line of work and at this company?

Tell me/us (consumer/job coach) about what your business does, what do you produce, and/or sell?

What are some of the different positions that people do here?

What do you look for in an employee? What skills are needed to the jobs you mentioned?

What is a typical day like at work here? (business routines)

If you had an additional employee for a few hours per week, what would you have that person do?

Is there anything that you would like to provide to customers, but cannot at this time?

Recommendations, advice or insight to someone interested in this type of job/field/industry?

Do you know other business owners I (the consumer) can visit?

Vocational Interest Area #1 - Informational Interview SUMMARY

What were the consumer's impressions of the informational interview and the individual who was interviewed?

What was the consumer able to contribute to the interview conversation (i.e.: questions, interests)?

How were the consumer's skills and abilities represented at the interview? (Video, photos, other)

Does the employer/manager/owner have a need, and could it be met by the consumer?

Does the consumer have a skill(s) that were identified to be a good match for the company?

Vocational Interest Area #1 Next Steps:

Based on the outcome of the informational interview is there interest and potential for follow-up: schedule a tour or a job sampling if there is a mutual connection, interest/skills match between the consumer and employer.

Date/time of scheduled follow-up to informational interview:

Job Coach: _____

Date Report Completed: _____

Vocational Interest Area #1:

Informational Interview - Three Informational Interviews required per each vocational interest area

****Second Interview – Vocational Area #1****

2. Name person interviewed: _____

Title: _____

(Indicate if contact is: Business Owner, Manager or Supervisor)

Address: _____

Phone: _____ Email: _____

How did you (person interviewed) get started in this line of work and at this company?

Tell me/us (consumer/job coach) about what your business does, what do you produce, and/or sell?

What are some of the different positions that people do here?

What do you look for in an employee? What skills are needed to the jobs you mentioned?

What is a typical day like at work here? (business routines)

If you had an additional employee for a few hours per week, what would you have that person do?

Is there anything that you would like to provide to customers, but cannot at this time?

Recommendations, advice or insight to someone interested in this type of job/field/industry?

Do you know other business owners I (the consumer) can visit?

Vocational Interest Area #1 - Informational Interview SUMMARY

What were the consumer's impressions of the informational interview and the individual who was interviewed?

What was the consumer able to contribute to the interview conversation (i.e.: questions, interests)?

How were the consumer's skills and abilities represented at the interview? (Video, photos, other)

Does the employer/manager/owner have a need, and could it be met by the consumer?

Does the consumer have a skill(s) that were identified to be a good match for the company?

Vocational Interest Area #1 Next Steps:

Based on the outcome of the informational interview is there interest and potential for follow-up: schedule a tour or a job sampling if there is a mutual connection, interest/skills match between the consumer and employer.

Date/time of scheduled follow-up to informational interview:

Job Coach: _____

Date Report Completed: _____

Vocational Interest Area #1:

Informational Interview - Three Informational Interviews required per each vocational interest area

****Third Interview – Vocational Area #1****

3. Name person interviewed: _____

Title: _____

(Indicate if contact is: Business Owner, Manager or Supervisor)

Address: _____

Phone: _____ Email: _____

How did you (person interviewed) get started in this line of work and at this company?

Tell me/us (consumer/job coach) about what your business does, what do you produce, and/or sell?

What are some of the different positions that people do here?

What do you look for in an employee? What skills are needed to the jobs you mentioned?

What is a typical day like at work here? (business routines)

If you had an additional employee for a few hours per week, what would you have that person do?

Is there anything that you would like to provide to customers, but cannot at this time?

Recommendations, advice or insight to someone interested in this type of job/field/industry?

Do you know other business owners I (the consumer) can visit?

Vocational Interest Area #1 - Informational Interview SUMMARY

What were the consumer's impressions of the informational interview and the individual who was interviewed?

What was the consumer able to contribute to the interview conversation (i.e.: questions, interests)?

How were the consumer's skills and abilities represented at the interview? (Video, photos, other)

Does the employer/manager/owner have a need, and could it be met by the consumer?

Does the consumer have a skill(s) that were identified to be a good match for the company?

Vocational Interest Area #1 Next Steps:

Based on the outcome of the informational interview is there interest and potential for follow-up: schedule a tour or a job sampling if there is a mutual connection, interest/skills match between the consumer and employer.

Date/time of scheduled follow-up to informational interview:

Job Coach: _____

Date Report Completed: _____

Vocational Interest Area #2:

Informational Interview - Three Informational Interviews required per each vocational interest area

****First Interview – Vocational Area #2****

1. Name person interviewed: _____

Title: _____

(Indicate if contact is: Business Owner, Manager or Supervisor)

Address: _____

Phone: _____ Email: _____

How did you (person interviewed) get started in this line of work and at this company?

Tell me/us (consumer/job coach) about what your business does, what do you produce, and/or sell?

What are some of the different positions that people do here?

What do you look for in an employee? What skills are needed to the jobs you mentioned?

What is a typical day like at work here? (business routines)

If you had an additional employee for a few hours per week, what would you have that person do?

Is there anything that you would like to provide to customers, but cannot at this time?

Recommendations, advice or insight to someone interested in this type of job/field/industry?

Do you know other business owners I (the consumer) can visit?

Vocational Interest Area #2 - Informational Interview SUMMARY

What were the consumer's impressions of the informational interview and the individual who was interviewed?

What was the consumer able to contribute to the interview conversation (i.e.: questions, interests)?

How were the consumer's skills and abilities represented at the interview? (Video, photos, other)

Does the employer/manager/owner have a need, and could it be met by the consumer?

Does the consumer have a skill(s) that were identified to be a good match for the company?

Vocational Interest Area #2 Next Steps:

Based on the outcome of the informational interview is there interest and potential for follow-up: schedule a tour or a job sampling if there is a mutual connection, interest/skills match between the consumer and employer.

Date/time of scheduled follow-up to informational interview:

Job Coach: _____

Date Report Completed: _____

Vocational Interest Area #2:

Informational Interview - Three Informational Interviews required per each vocational interest area

****Second Interview – Vocational Area #2****

2. Name person interviewed: _____

Title: _____

(Indicate if contact is: Business Owner, Manager or Supervisor)

Address: _____

Phone: _____ Email: _____

How did you (person interviewed) get started in this line of work and at this company?

Tell me/us (consumer/job coach) about what your business does, what do you produce, and/or sell?

What are some of the different positions that people do here?

What do you look for in an employee? What skills are needed to the jobs you mentioned?

What is a typical day like at work here? (business routines)

If you had an additional employee for a few hours per week, what would you have that person do?

Is there anything that you would like to provide to customers, but cannot at this time?

Recommendations, advice or insight to someone interested in this type of job/field/industry?

Do you know other business owners I (the consumer) can visit?

Vocational Interest Area #2 - Informational Interview SUMMARY

What were the consumer's impressions of the informational interview and the individual who was interviewed?

What was the consumer able to contribute to the interview conversation (i.e.: questions, interests)?

How were the consumer's skills and abilities represented at the interview? (video, photos, other)

Does the employer/manager/owner have a need, and could it be met by the consumer?

Does the consumer have a skill(s) that were identified to be a good match for the company?

Vocational Interest Area #2 Next Steps:

Based on the outcome of the informational interview is there interest and potential for follow-up: schedule a tour or a job sampling if there is a mutual connection, interest/skills match between the consumer and employer.

Date/time of scheduled follow-up to informational interview:

Job Coach: _____

Date Report Completed: _____

Vocational Interest Area #2:

Informational Interview - Three Informational Interviews required per each vocational interest area

****Third Interview – Vocational Area #2****

3. Name person interviewed: _____

Title: _____

(Indicate if contact is: Business Owner, Manager or Supervisor)

Address: _____

Phone: _____ Email: _____

How did you (person interviewed) get started in this line of work and at this company?

Tell me/us (consumer/job coach) about what your business does, what do you produce, and/or sell?

What are some of the different positions that people do here?

What do you look for in an employee? What skills are needed to the jobs you mentioned?

What is a typical day like at work here? (business routines)

If you had an additional employee for a few hours per week, what would you have that person do?

Is there anything that you would like to provide to customers, but cannot at this time?

Recommendations, advice or insight to someone interested in this type of job/field/industry?

Do you know other business owners I (the consumer) can visit?

Vocational Interest Area #2 - Informational Interview SUMMARY

What were the consumer's impressions of the informational interview and the individual who was interviewed?

What was the consumer able to contribute to the interview conversation (i.e.: questions, interests)?

How were the consumer's skills and abilities represented at the interview? (video, photos, other)

Does the employer/manager/owner have a need, and could it be met by the consumer?

Does the consumer have a skill(s) that were identified to be a good match for the company?

Vocational Interest Area #2 Next Steps:

Based on the outcome of the informational interview is there interest and potential for follow-up: schedule a tour or a job sampling if there is a mutual connection, interest/skills match between the consumer and employer.

Date/time of scheduled follow-up to informational interview:

Job Coach: _____

Date Report Completed: _____

Vocational Interest Area #3:

Informational Interview - Three Informational Interviews required per each vocational interest area

****First Interview – Vocational Area #3****

1. Name person interviewed: _____

Title: _____

(Indicate if contact is: Business Owner, Manager or Supervisor)

Address: _____

Phone: _____ Email: _____

How did you (person interviewed) get started in this line of work and at this company?

Tell me/us (consumer/job coach) about what your business does, what do you produce, and/or sell?

What are some of the different positions that people do here?

What do you look for in an employee? What skills are needed to the jobs you mentioned?

What is a typical day like at work here? (business routines)

If you had an additional employee for a few hours per week, what would you have that person do?

Is there anything that you would like to provide to customers, but cannot at this time?

Recommendations, advice or insight to someone interested in this type of job/field/industry?

Do you know other business owners I (the consumer) can visit?

Vocational Interest Area #3 - Informational Interview SUMMARY

What were the consumer's impressions of the informational interview and the individual who was interviewed?

What was the consumer able to contribute to the interview conversation (i.e.: questions, interests)?

How were the consumer's skills and abilities represented at the interview? (video, photos, other)

Does the employer/manager/owner have a need, and could it be met by the consumer?

Does the consumer have a skill(s) that were identified to be a good match for the company?

Vocational Interest Area #3 Next Steps:

Based on the outcome of the informational interview is there interest and potential for follow-up: schedule a tour or a job sampling if there is a mutual connection, interest/skills match between the consumer and employer.

Date/time of scheduled follow-up to informational interview:

Job Coach: _____

Date Report Completed: _____

Vocational Interest Area #3:

Informational Interview - Three Informational Interviews required per each vocational interest area

****Second Interview – Vocational Area #3****

2. Name person interviewed: _____

Title: _____

(Indicate if contact is: Business Owner, Manager or Supervisor)

Address: _____

Phone: _____ Email: _____

How did you (person interviewed) get started in this line of work and at this company?

Tell me/us (consumer/job coach) about what your business does, what do you produce, and/or sell?

What are some of the different positions that people do here?

What do you look for in an employee? What skills are needed to the jobs you mentioned?

What is a typical day like at work here? (business routines)

If you had an additional employee for a few hours per week, what would you have that person do?

Is there anything that you would like to provide to customers, but cannot at this time?

Recommendations, advice or insight to someone interested in this type of job/field/industry?

Do you know other business owners I (the consumer) can visit?

Vocational Interest Area #3 - Informational Interview SUMMARY

What were the consumer's impressions of the informational interview and the individual who was interviewed?

What was the consumer able to contribute to the interview conversation (i.e.: questions, interests)?

How were the consumer's skills and abilities represented at the interview? (video, photos, other)

Does the employer/manager/owner have a need, and could it be met by the consumer?

Does the consumer have a skill(s) that were identified to be a good match for the company?

Vocational Interest Area #3 Next Steps:

Based on the outcome of the informational interview is there interest and potential for follow-up: schedule a tour or a job sampling if there is a mutual connection, interest/skills match between the consumer and employer.

Date/time of scheduled follow-up to informational interview:

Job Coach: _____

Date Report Completed: _____

Vocational Interest Area #3:

Informational Interview - Three Informational Interviews required per each vocational interest area

****Third Interview – Vocational Area #3****

3. Name person interviewed: _____

Title: _____

(Indicate if contact is: Business Owner, Manager or Supervisor)

Address: _____

Phone: _____ Email: _____

How did you (person interviewed) get started in this line of work and at this company?

Tell me/us (consumer/job coach) about what your business does, what do you produce, and/or sell?

What are some of the different positions that people do here?

What do you look for in an employee? What skills are needed to the jobs you mentioned?

What is a typical day like at work here? (business routines)

If you had an additional employee for a few hours per week, what would you have that person do?

Is there anything that you would like to provide to customers, but cannot at this time?

Recommendations, advice or insight to someone interested in this type of job/field/industry?

Do you know other business owners I (the consumer) can visit?

Vocational Interest Area #3 - Informational Interview SUMMARY

What were the consumer's impressions of the informational interview and the individual who was interviewed?

What was the consumer able to contribute to the interview conversation (i.e.: questions, interests)?

How were the consumer's skills and abilities represented at the interview? (video, photos, other)

Does the employer/manager/owner have a need, and could it be met by the consumer?

Does the consumer have a skill(s) that were identified to be a good match for the company?

Vocational Interest Area #3 Next Steps:

Based on the outcome of the informational interview is there interest and potential for follow-up: schedule a tour or a job sampling if there is a mutual connection, interest/skills match between the consumer and employer.

Date/time of scheduled follow-up to informational interview:

Job Coach: _____

Date Report Completed: _____

My signature certifies that the information contained in this document is correct and that the above stated services were provided.

Job Coach Signature: X_____

Print Job Coach Name: _____

Date: _____

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NJ DVRS Customized Employment Job Shadow/Job Sample Report Form

Directions: Job Coach completes this form after consumer concludes each job shadow/job sample experience. Three job shadow/sample experience forms will be submitted to VRC for review and payment.

NOTE: The job shadow/sample experience day is five hours. This includes 30 minutes for lunch and two 15-minute breaks (one in the morning and one in the afternoon) Any changes to this schedule must be discussed and approved by VRC prior to the consumer's participation in job shadow/sample experience.

Name of Consumer: _____

VRC: _____

Job Coach: _____

Agency: _____

1. Check to Indicate Job Shadow _____ or Job Sample Experience _____

Date: _____ Time: _____ AM to _____ PM

Identified Vocational Interest: _____

Name of local business: _____

Name of contact: _____

Check to Indicate if contact is business owner ___ manager ___ other _____

Provide Title: _____

Address: _____

Phone: _____

Email: _____

Describe the job shadow or job sample experienced by the consumer:

How does this job experience relate to the consumer's identified vocational interest?

What are the consumer's specific skills and/or abilities that appear to match the needs of the employer?

Was the consumer able to communicate his/her needs at the site?

Provide specific examples:

List specific issues that consumer had problems communicating: Provide specific examples

Were there natural supports to assist the consumer at this employment site? If so, who were they?

List supports needed to do the job

List accommodations needed at the job site

List any parts or tasks of this job that would need to be modified, adapted or changed for the consumer to be successful:

Was the job shadow/sample experience a close match to the consumer's vocational interest? Explain

Is the consumer interested in pursuing this as the primary interest or are additional job shadows or job samplings needed for further consideration? Explain:

Describe consumer's impressions of the business and shadow/sample employment experience.

Job Coach: Summarize observations and impressions of the consumer's experience and provide recommendations for next steps:

2. Check to Indicate Job Shadow ____ or Job Sample Experience ____

Date: _____ Time: _____ AM to _____ PM

Identified Vocational Interest: _____

Name of local business: _____

Name of contact: _____

Check to Indicate if contact is business owner ____ manager ____ other ____

Provide Title: _____

Address: _____

Phone: _____

Email: _____

Describe the job shadow or job sample experienced by the consumer:

How does this job experience relate to the consumer's identified vocational interest?

What are the consumer's specific skills and/or abilities that appear to match the needs of the employer?

Was the consumer able to communicate his/her needs at the site?

Provide specific examples:

List specific issues that consumer had problems communicating: Provide specific examples

Were there natural supports to assist the consumer at this employment site? If so, who were they?

List supports needed to do the job:

List accommodations needed at the job site:

List any parts or tasks of this job that would need to be modified, adapted or changed for the consumer to be successful:

Was the job shadow/sample experience a close match to the consumer's vocational interest? Explain:

Is the consumer interested in pursuing this as the primary interest or are additional job shadows or job samplings needed for further consideration? Explain:

Describe consumer's impressions of the business and shadow/sample employment experience.

Job Coach: Summarize observations and impressions of the consumer's experience and provide recommendations for next steps:

3. Check to Indicate Job Shadow ____ or Job Sample Experience ____

Date: _____ Time: _____ AM to _____ PM

Identified Vocational Interest: _____

Name of local business: _____

Name of contact: _____

Check to Indicate if contact is business owner ____ manager ____ other ____

Provide Title: _____

Address: _____

Phone: _____

Email: _____

Describe the job shadow or job sample experienced by the consumer:

How does this job experience relate to the consumer's identified vocational interest?

What are the consumer's specific skills and/or abilities that appear to match the needs of the employer?

Was the consumer able to communicate his/her needs at the site?

Provide specific examples:

List specific issues that consumer had problems communicating: Provide specific examples

Were there natural supports to assist the consumer at this employment site? If so, who were they?

List supports needed to do the job:

List accommodations needed at the job site:

List any parts or tasks of this job that would need to be modified, adapted or changed for the consumer to be successful:

Was the job shadow/sample experience a close match to the consumer's vocational interest? Explain:

Is the consumer interested in pursuing this as the primary interest or are additional job shadows or job samplings needed for further consideration? Explain:

Describe consumer's impressions of the business and shadow/sample employment experience.

Job Coach: Summarize observations and impressions of the consumer's experience and provide recommendations for next steps:

My signature certifies that the information contained in this document is correct and that the above stated services were provided.

Job Coach Signature: X_____

Print Job Coach Name: _____

Date: _____

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NJ DVRS Customized Employment Placement Report & Support Strategy

Name of Consumer: _____

Guardian (if applicable): _____ or N/A _____

VRC: _____

Job Coach: _____

Agency: _____

Date: _____

Directions:

1. Complete the entire form upon initial placement and consumer's completion of first day of employment milestone and return to VRC for first benchmark payment.
2. Complete the first two pages at the completion of Benchmark #2 and #3, and return to VRC with employment verification (copy of pay stub etc.) for benchmark payment #2 and #3.
3. Complete Benchmark #4 Final Report (pages 10-12) and return to VRC with employment verification for final benchmark payment #4.

Check to indicate which placement is being reported on this form

_____ Benchmark 1: Initial Placement first day employment completed

_____ Benchmark 2: One Week (Five calendar days) Employment Completed

_____ Benchmark 3: Four Weeks (20 calendar days) Employment Completed

_____ FINAL Benchmark 90 Days Employment completed

Employer's Contact Information

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Main Phone Number: _____

Supervisor's name: _____

Supervisor's Email: _____

Consumer's Employment Information

Consumer's First Day of Employment: Day/Mo./Yr. _____

First week paid employment completed:

Yes Date: _____

No N/A

Four weeks paid employment completed:

Yes Date: _____

No N/A

90 days paid employment completed:

Yes Date: _____

No N/A

Salary Information

Hourly rate: ____ Paid weekly or Bi-weekly (gross earnings): _____

(Check) consumer is paid: Weekly: Bi-weekly: Monthly: Other: _____

Work schedule:

Do you expect the work schedule hours to change? Yes No

Employment Verification

Copy of pay stub enclosed: Yes No (If no, explain)

Contact with consumer: Yes Dates _____ No (If no, explain)

Observed consumer at work: Yes Dates _____ No (If no, explain)

Contact with consumer's supervisor: Yes Dates _____ No (If no, explain)

Are additional strategies and/or supports needed for consumer's success?
(If yes, explain):

Additional comments or observations:

My signature certifies that the information contained in this document is correct and that the above stated services were provided.

Job Coach Signature: X _____

Print Job Coach Name: _____

Date: _____

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NJ DVRS Customized Employment Placement Report & Support Strategy Job Analysis

Name of Consumer: _____

Guardian (if applicable): _____ or N/A _____

VRC: _____

Job Coach: _____

Agency: _____

Date: _____

Job Analysis-Job Description

Does a job description exist for this job? Yes No

If yes, attach a copy of the job description or briefly describe consumer's job responsibilities. Provide details below if formal job description is not available at this time.

Was this job created specifically for this consumer? Yes No

List Skills, experience and education required or desired by employer for the consumer's position if not listed on the job:

Required	Desired

List work duties, job responsibilities, and job tasks to be performed on a regular basis:

1. _____

2. _____

3. _____

4. _____

5. _____

List work duties, job responsibilities, and job tasks identified that will be performed less frequently that are not part of the original job description:

1. _____

2. _____

3. _____

4. _____

List **all** consumer's agreed upon negotiable employment needs to be implemented for success in this position:

1. _____

2. _____

3. _____

4. _____

5. _____

List **all** consumer's agreed upon non-negotiable employment needs to be implemented for success in this position:

1. _____

2. _____

3. _____

4. _____

5. _____

Employer's expectations of consumer's quality of work:

Employer's expectations for productivity and general work pace:

List specific terms and/or phrases used at this position:

1. _____

2. _____

3. _____

Consumer's job description changes/modifications documented in writing by employer:

Yes No (If no, explain) _____

Job Analysis of Physical Activities

Directions: Document physical requirements and demands of position. Note if activity was customized or modified to meet consumer's employment needs. (Details: lbs. frequency, etc.):

Activity	Yes	No	Customized Details	Modified Details
Standing				
Walking				
Sitting				
Lifting				
Carrying				
Pushing				
Climbing				
Balancing				
Bending				
Kneeling				
Fine Motor Skills				
Gross Motor Skills				
Visual				
Hearing				
Other				

Job Analysis of Work Environment

Directions: Address all that apply to consumer's position. (N/A if it does not apply)
 Note if job responsibilities were customized or modified to accommodate consumer's needs.

Environment	Yes	No	Customized Details	Modified Details
Cold/Heat				
Fumes				
Indoors/Outdoors				
Noise				
Chemicals or toxins				
Other:				

Job Analysis of Cognitive Skills & Requirements

Directions: Document the cognitive skills and learning requirements the consumer will need to use in this position, and note if customized and/or modified for consumer's needs.

<u>Activity</u>	<u>Yes</u>	<u>No</u>	<u>Customized Details</u>	<u>Modified Details</u>
Writing				
Reading				
Understands/follows directions				
Remembers work instructions Remembers workplace rules & procedures				

Organize/prioritize work schedule				
Uses common sense and good judgment at workplace				
Able to make decisions				
Uses basic math (add, subtract, multiplies, divides)				
Is motivated to do the job				
Flexible w/ change				
Other				

List any additional job accommodations, customizations or modifications (added or removed) to consumer's job duties and job description:

1. _____

2. _____

3. _____

Job Training and Stability Support Needs

Describe how job coach will train consumer per his/her specific learning style:

List specific strategies that will reduce direct job skills training, address future training needs and involve the natural training and supports at the job site:

1.

2.

3.

4.

My signature certifies that the information contained in this document is correct and that the above stated services were provided.

Job Coach Signature: X _____

Print Job Coach Name: _____

Date: _____

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**NJ DVRS Customized Employment
Final Report - Consumer Employed 90 Days**

Employer's Contact Information

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Main Phone Number: _____

Supervisor's name: _____

Supervisor's Email: _____

Consumer's Employment Information

Consumer's First Day of Employment: Day/Mo./Yr. _____

First week paid employment completed:

Yes Date: _____

No N/A

Four weeks paid employment completed:

Yes Date: _____

No N/A

90 days paid employment completed:

Yes Date: _____

No N/A

Salary Information

Hourly rate: _____ Paid weekly or Bi-weekly (gross earnings): _____

(Check) consumer is paid: Weekly Bi-weekly Monthly Other: _____

Work schedule:

Do you expect the work schedule hours to change? Yes No

Employment Verification

Copy of pay stub enclosed: Yes No (If no, explain)

Contact with consumer: Yes Dates _____ No (If no, explain)

Observed consumer at work: Yes Dates _____ No (If no, explain)

Contact with consumer's supervisor: Yes Dates _____ No (If no, explain)

Does consumer continue to perform expected job duties? Yes No (If no, explain):

Have non-negotiable employment conditions have been met? Yes No

(If no, explain):

Have 50% or more negotiable employment conditions. Yes No

(If no, explain):

Does supervisor reports satisfaction with the consumer's job performance?

Yes No (If no, explain):

Have necessary modifications and/or accommodations been made at the worksite?

Yes No (if no, explain):

Does consumer have reliable transportation to and from work, and a backup transportation plan? Yes No (If no, explain):

Are extended services in place?

(Long-Term Follow-Along Services through DVRS or DDD) Yes No

(If no, explain):

Are all other supports specified in the Individualized Plan for Employment (IPE) in place? Yes No If no, explain:

My signature certifies that the information contained in this document is correct and that the above stated services were provided.

Job Coach Signature: X_____

Print Job Coach Name: _____

Date: _____

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Specialized Service – Internship Development & Supports (IDS)

Introduction

An internship is considered to be a temporary position with an emphasis on providing a work experience. **An internship can be paid or unpaid.** If paid, the salary must be at or above the minimum wage in the State the internship occurs. DVRS consumers participating in this service will have already exited secondary school, though do not need to be enrolled in a post-secondary education program. Academic credits may or may not be available for post-secondary students.

The internship experience is intended to assist the consumer in gaining practical work experiences in their career area(s) of interest. It enhances marketability, increases professional network, links consumers to employers and gains career-related information. Vendors develop internship sites for DVRS consumers. Additionally, they provide supports to consumers for the purposes of gaining realistic experiences towards employment.

For information on how to become an approved IDS vendor, see *Vendor Application* Section of this manual.

Consumers Appropriate for IDS

The internship experience is intended to assist the consumer in gaining practical work experiences in their career area(s) of interest. DVRS consumers participating in this service will have already exited secondary school, though do not need to be enrolled in a post-secondary education program.

IDS is particularly valuable in the following situations:

- For a consumer who has no, limited and/or intermittent work experience
- For a consumer who is developing their career pathway

Staff Requirements

Prior to providing Internship Development and Supports service, staff must:

- Hold, at minimum, a bachelor's degree in vocational rehabilitation or a related field such as psychology, social work, etc.
- Have two or more years' experience in a related field, which includes at minimum one year as a job coach

- Have successfully completed DVRS Internship Development and Supports training
- Submit resume and supporting documentation to, and be approved by, the DVRS CRP Unit

IDS IPE

This plan is to be completed by the VRC using the standard IPE in the Aware system. There is no sample included in this manual as it is an individualized document.

INTERNSHIP PROGRAMS UNDER THE FAIR LABOR STANDARDS ACT (FLSA)

THE “PRIMARY BENEFICIARY TEST” FOR **UNPAID** INTERNS AND STUDENTS:

1. The extent to which the intern and the employer clearly understand that there is no expectation of compensation. Any promise of compensation, express or implied, suggests that the intern is an employee – and vice versa.
2. The extent to which the internship provides training that would be similar to that which be given in an educational environment, including the clinical and other hands-on training provided by educational institutions.
3. The extent to which the internship is tied to the intern’s formal education program by integrated coursework or the receipt of academic credit.
4. The extent to which the internship accommodates the intern’s academic commitments by corresponding to the academic calendar.
5. The extent to which the internship’s duration is limited to the period in which the internship provides the intern with beneficial learning.
6. The extent to which the intern’s work complements, rather than displaces, the work of paid employees while providing significant educational benefits to the intern.
7. The extent to which the intern and the employer understand that the internship is conducted without entitlement to a paid job at the conclusion of the internship.

USDOL Field Assistance Bulletin #2018-2

IDS Assistive Technology

Assistive technology can be considered at any time during IDS. The first step is for the VRC to authorize an AT evaluation. The consumer does not need to meet financial guidelines in order for DVRS to authorize the evaluation.

The results of the evaluation will determine equipment and training needs. Assistive technology equipment/training should be obtained using comparable benefits such as lending libraries or state grants. When no comparable benefits are available, the VRC will determine who will be financially responsible for purchasing the equipment/training (employer, consumer, DDD, DVRS).

If AT equipment/training is purchased by DVRS, the VRC and consumer will sign a "Title to Equipment" Form (DVR-222) acknowledging that DVRS owns the equipment, not the consumer. The VRC will make the consumer aware that they are to use such equipment for the sole purpose of IDS. At the end of IDS the VRC determines the status of the equipment.

IDS Length of Time

The Internship experience will be a minimum of six weeks, typically for an eight-week duration.

IDS Fees & Phases

Fees: The fees for this service are paid in "bench-mark" payments upon completion of each phase of service as indicated below.

Payment for internship services rendered for Phases 1, 2 and 3 will be authorized when the vendor has completed each phase of the internship service, and the VRC receives and approves the required forms and reports from the vendor.

Maximum Bench-Mark amount for the cost of IDS – \$4,000

Phase 1: Pre-Internship Preparation Activities and Internship Development Activities (Maximum total - \$1,000)

Pre-Internship Preparation Activities (\$500)

- Intake meeting (receipt of referral packet from VRC including completed Career Pathway Road Map for Interns)
- Resume, cover and thank you letter assistance
- Interview preparation
- Internship applications and assessments
- Transportation needs
- Other service linkage/technology needs if needed for internship success

Internship Development Activities (\$500)

- Development of internship site
- Letter of Agreement (Post-secondary college)
- Internship Agreement (Employer)
- Internship Learning Contract (Vendor Agency, Job Site Supervisor, Faculty if post-secondary student)

Phase 2: Internship Site Participation and Intensive Training (\$1,500)

- On/off site training/job coaching
- Ongoing and consistent communication with supervisors and intern to monitor progress
- Assess and recommend accommodation needs
- Service Logs
- Employer Evaluation (initial)
- Intern Self Evaluation (initial)

Phase 3: Internship Completion (\$1,500)

- Employer Evaluation (final)
- Intern Self Evaluation (final)
- Final Intern Assessment (Job Coach)

IDS Forms

1. Internship Career Pathway Road Map
2. Internship Agreement
3. Letter of Agreement
4. Internship Learning Contract
5. Service Logs
6. Employer Evaluation
7. Intern Evaluation
8. Intern Final Assessment
9. Checklist for Internship Development and Supports Services

NOTE: The Internship Career Pathway Road Map is completed by the VRC and consumer. The VRC also completes the Checklist for IDS Services form. All others forms are completed by the vendor.

NOTE: If the quality criteria in documentation and reporting is not achieved at any point throughout the service, it will be returned to the job coach for amendment and VRC review prior to the service team meeting.

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Career Pathway Road Map for Interns

1. Who am I now? (Describe self-i.e. skills, strengths, weaknesses, personality, values, interests)

2. Who do I want to be in the future? (Describe where you see yourself vocationally in five-ten years)

Career Pathways – Find the right career pathway, plan and prepare for career success

1. Interests and Hobbies

2. Desired Skills (describe the skills you would like to acquire)

3. Careers and Jobs that match my interests and skills

4. What is the path to achieve the job?
 - a. Internship through post-secondary education/training provider
 - b. Internship through a community-based work experience

By the time I complete the internship...

I want to know...

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INTERNSHIP AGREEMENT

This Agreement entered into on this ____ day of the month _____, 20__

BETWEEN

Referred to as "THE EMPLOYER", AND

Referred to as "THE AGENCY"

The Employer's business operations include _____ (business field) and, the intern's education/experience in the field of _____ (the "Career Field") will be enhanced by a quality internship and The Agency wishes to provide opportunities for its interns to work in professional career oriented positions; and it is deemed desirable by the parties to enter into a mutual contract and agreement for furnishing the interns with professional experience at the Employer's company/firm;

In consideration of the stipulations and conditions contained herein it is mutually agreed that:

1. **TERM:** This Agreement shall become effective immediately and shall continue for one year unless terminated as per this agreement. The term of the internship will be governed by the Employer's policies.
2. **INTERNSHIP PROGRAM:** The Employer shall send the Agency either a written description of the educational experience and supervision procedures that the Employer plans to utilize (the "Placement") or complete the checklist of expected outcomes in Addendum A attached to this agreement (if applicable), which shall include general duties, rate of compensation, anticipated hours of work, and requirements and expectations of an intern being placed at the Employer worksite, and complete the Employer Evaluation Form at the end of the intern

experience. The interns of the Program will start their placement experience as determined by mutual agreement. Minor adjustments in the length of service and the period during which it shall be rendered may be made with mutual consent of The Agency and the official(s) of the Employer.

3. The Employer will furnish the interns of the Program with experience in . (Career Field). It is understood that the intern will be supervised by an Employer and provided Internship Supports by the Agency. At the end of the internship, the supervising Employer representative shall prepare the evaluation of each intern's performance, using forms provided by the Agency, and promptly return the completed evaluation to the Agency, so that the intern if a student or when able, may apply for academic credit for the internship experience.
4. ORIENTATION. The Employer shall provide to all interns participating in an internship program an orientation relating to their responsibilities, including any Employer emergency procedures, reporting requirements, and intern emergency contacts.
5. SUPERVISION. The Employer will name a representative to serve as an intern supervisor and Agency Intern Support liaison. This Employer representative will review all selected intern assignments and provide constructive feedback to the intern. Since the overarching purpose of the program is to teach interns how to become successful professionals, the Employer should work with their interns and the Agency to identify and resolve any job performance or other workplace issues. The Agency must be notified (in advance, if possible) anytime it is necessary for an Employer to formally discipline or terminate an intern.
6. CONFIDENTIAL INFORMATION.
 - a. The Agency shall keep private and confidential all records of the Employer in its possession. The Employer may list below any additional concerns, if any, regarding access to Confidential Information _____
 - b. The Employer will instruct and inform the interns and the Agency of the confidential nature of all the Employer records.
 - c. Each party agrees to hold the other party's confidential information in confidence.

7. **AFFILIATION AGREEMENT.** It is agreed by the parties that the Agency may publish the Employer's name as being affiliated with the Agency.
8. **INTERNSHIP DEFINITION and PRINCIPLES.** The following is a position statement for U.S. internships by National Association of Colleges and Employers, July 2011.

An internship is a form of experiential learning that integrates knowledge and theory learned in the classroom with practical application and skills development in a professional setting. Internships give students the opportunity to gain valuable applied experience and make connections in professional fields they are considering for career paths; and give employers the opportunity to guide and evaluate talent.

To effectively implement this definition, it is necessary to develop criteria that college career centers and employer recruiters can use to identify workplace experiences that can legitimately be identified as "internships." The discussion of these criteria is framed by several conditions. These conditions are the legal definitions set by the Fair Labor Standards Act (FLSA); the widely varying guidelines set by individual educational institutions and academic departments within institutions; employer perspectives on and objectives for internships; and the unique experiential learning objectives of students.

The legal considerations are addressed through six criteria for unpaid interns for the service they provide to "for-profit" private sector employers articulated in the Fair Labor Standards Act (see FLSA Fact Sheet #71). Essentially, if the six criteria are met, the Department of Labor (DOL) considers there to be no employment relationship. The six criteria established by the DOL are:

- *The internship, even though it includes actual operation of the employer's facilities, is similar to training that would be given in a vocational school*
- *The internship experience is for the benefit of the student*
- *The intern does not displace regular employees, but works under the close observation of a regular employee*
- *The employer provides the training and derives no immediate advantage from the activities of the intern. Occasionally, the operations may actually be impeded*
- *The intern is not necessarily entitled to a job at the conclusion of the internship*
- *The employer and the intern understand that the intern is not entitled to wages for the time in the internship*

Posting Unpaid Internships. Career services professionals should monitor positions posted through their career centers to see that they follow the NACE definition and criteria articulated in this paper. This is particularly important for unpaid internships, as allowing an unpaid internship to be posted implies approval of the internship. Therefore, career centers should not post any unpaid internships that do not meet the seven criteria set forth above.

Academic Credit. While academic credit legitimizes an unpaid experience, in order to be identified as an internship, that experience must fit the criteria. For experiences that employers make available only if academic credit is awarded, the college or university's requirements in combination with the criteria laid out in this paper should be used to determine if the experience is a legitimate internship.

9. INSURANCE COVERAGE.

- a. For student interns, the school is responsible for ascertaining that all students are included in student accident insurance program.
- b. The Employer shall maintain comprehensive general liability insurance or a program of self- insurance reasonably satisfactory to the Agency for any negligent acts or omissions by the Employer's employees while performing within the scope of their responsibilities and duties.

10. PROHIBITION ON DISCRIMINATION. The Employer must provide a work environment that is free from unlawful discrimination and harassment. The intern shall be provided with a copy of the Employer's harassment policy. The student shall be provided with a copy of the policy and procedures for reporting any incident of any kind of harassment as defined by the Equal Employment Opportunity Guidelines Commission.

11. Employers are required to adhere to the Fair Labor Standards Act (FLSA) and related state and local statutes may govern the relationship of Employer and interns. Employers are encouraged to review the FLSA and determine whether its minimum wage, overtime, and other provisions are relevant to the circumstances of their intern placement(s).

12. Employers are encouraged to review Principles for Professional Practice for Career Services and Employment Professionals published by the National Association of Colleges and Employers (NACE).

13. CAPTIONS. The caption headings contained herein are used solely for convenience and shall not be deemed to limit or define the provisions of this contract.

This Agreement has been duly executed and signed by:

Name of Agency

Print Name

Signature

Date

EMPLOYER

Print Name

Signature

Date

DVRS Form

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LETTER OF AGREEMENT

Between the Agency and the College or Post-Secondary Technical School

This Letter of Agreement ("Agreement") effective as of the date of full execution is by and between ("The College") with its principal offices at _____, and _____), with its principal offices at _____.

1. **Purpose:** _____ intends to provide support services for internship development and training to students approved for support by the Division of Vocational Rehabilitation Services and who are attending "The College." The proposed internship support program is intended to provide resources for increasing the number of students who obtain and complete relevant internships and transition successfully into competitive employment.
2. **Relationship between The College and _____:** Each party shall be at all times an independent contractor and not an employee, partner, agent or participant in a joint venture of, or with the other. _____ and the College will work collaboratively to benefit student advancement.
3. **Agreement Term and Termination:** The initial term of the agreement will run through _____ with the option to renew upon mutual agreement, or be terminated for convenience by either party with thirty (30) days prior written notice.
4. **Statement of Work:** The College and _____ will jointly work with the student to develop an internship with various service options. The core of the offering will be based on the employer's model and relevant to the student's career goal.
5. **Payment:** There is no fee or payment required on the part of the student or college under the terms of this agreement.
6. **Responsibilities of the Parties:**
 - a. The College may:
 - i. Respond to inquiries about the student, in accordance with

HIPAA and privacy policies;

- ii. Provide recommendations to internship design;
 - iii. Continue to provide supports and accommodations on campus, as available and approved.
 - iv. The internships will be paid and unpaid, and the job responsibilities of the intern will be described in a customized agreement with the employer. The intern may receive credit at the discretion of the education institution. The request for credit will be the responsibility of the student, and approval, the college.
 - v. College insurance will cover intern, if internship is not paid by employer.
- b. _____ may:
- i. Provide services to Consumers as detailed in the Description of Services attached hereto (Attachment A);

7. Personal Data:

- a. Each party hereto agrees that it will take all necessary precautions with individual applicant or student information to keep it secure at all times; to allow access only to employees on a need to know basis, or subcontractors who agree to the confidentiality provisions herein; and to destroy individual applicant or student information when no longer necessary.

8. Confidentiality:

- a. Each party may disclose to the other party information which is proprietary and confidential. "Confidential Information" shall include, but not be limited to, (i) any information labeled, marked or identified verbally or in writing, as confidential by the disclosing party; (ii) any financial information or staff personal information; (iii) Consumer information, (iv) individual student or applicant data; (v) the terms of this Agreement and the Attachments hereto; (vi) any unpublished reports, technologies, software programs, or other materials which are proprietary to the disclosing party.
- b. Each party shall use the other party's Confidential Information solely for performing its obligations under this Agreement. Each party shall protect the other party's Confidential Information with the same degree of care that party uses to protect its own Confidential Information, but in no event less than a reasonable standard of care.

9. Indemnification; Liability:

a. NEITHER PARTY SHALL BE RESPONSIBLE TO THE OTHER PARTY FOR INDIRECT, CONSEQUENTIAL, SPECIAL, OR EXEMPLARY DAMAGES (EVEN IF THAT PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES), ARISING FROM ANY PROVISION OF THE AGREEMENT.

b. Notices: Any notices required or permitted under this Agreement, shall be in writing and may be sent by email.

c. If to Agency: _____

d. If The College: _____

Email: _____

10. Assignment: Neither this Agreement nor any of the rights and obligations described herein may be assigned by a party without the prior written consent of the other party.

11. Governing Law: This Agreement shall be governed and construed in accordance with the laws of the State of New Jersey, without regard to its conflict of law provisions or rules.

12. Modification/Waiver: No waiver, alteration, modification, or cancellation of any of the provisions of this Agreement shall be binding unless made in writing and signed by both parties.

13. Independent Contractor: Each party will be acting as an independent contractor and not as a partner, employee, agent, joint venture or franchisee of the other party.

The parties hereunder have executed this Agreement as of the day and year last written below.

The College/School

Name of Agency

By:

By:

Name
:

Nam
e:

Title:

Title:

Date:

Date
:

Attachment A

Description of Services.

Using an application process, each student will be assisted to find an appropriate internship and be placed in a workplace environment according to interest and skills, in substantive, supervised internship aligned to the career goal. The internship curriculum may allow the inexperienced student to participate in different organizational departments that have different functions. The internship may be part-time, or full-time and will be guided by corporate policy and work outlined in the internship agreement. _____ will work with VRC and employer.

This outline provides a description of the activities and services offered and set forth in an addendum per Section 6-Responsibilities of the Parties.

The Agency

1. Pre-internship skill development
2. Internship development
3. Internship intensive training
4. Postsecondary supports for completing education and training requirements for internship success
5. Internship Supports/Mentoring
6. Assistive Technology and accommodation consults

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Internship Learning Contract

(between agency, job supervisor, intern, and faculty advisor (for students))

The following named individuals hereby enter into an internship contract, which binds the signatories to a learning experience designed to benefit both the intern and the internship site.

Intern's Name	Major (if a student)	Phone	Email
---------------	----------------------	-------	-------

Home Address	City	State	Zip Code
--------------	------	-------	----------

Home Phone

Internship Placement/Company Name

Address	City	State	Zip Code
---------	------	-------	----------

Phone

Site Supervisor's Name/Title	Email Address
------------------------------	---------------

Faculty Advisor's Name (for student interns)

Department	Email
------------	-------

Administrative Information (only fill out if receiving course credit for internship)

Course Name _____ Course Number _____

Major _____

Internship Date's _____ to _____

Hours to be worked (total per week) _____ Credits earned _____

Name and Title of Agency's Internship Support Staff

Agency

Phone

Email

Address

City

State and Zip

The parties to this contract agree to develop and abide by the following criteria for a satisfactory completion of an internship.

Learning Goals and Objectives

The set of goals and learning objectives developed by the student, the site supervisor, and the internship support staff will be used as guidelines for determining whether the requirements of the internship have been met (See below).

Intern

As the intern enters the company, they are expected to assume, as much as possible, the role of a regular staff member.

1. Adhering to company work hours, policies, procedures and rules governing professional staff behavior.
2. Adhering to company policies governing the observation of confidentiality and the handling of confidential information.
3. Assuming personal and professional responsibilities for their actions and activities.
4. Maintaining professional relationships with company employees, customers, and so forth.
5. Utilizing a courteous, enthusiastic, open-minded, critical approach to policies and procedures within the profession.
6. Relating and applying knowledge acquired in the academic setting to the company setting.
7. Developing a self-awareness in regard to attitudes, values, behavior patterns and so forth that influence work.
8. Preparing for and utilizing conferences and other opportunities of learning afforded in the company.
9. Being consistent and punctual in the submission of all work assignments to the supervisor and faculty (when Intern is a student)
10. Completing Career Pathway Road Map with Internship Support Staff.
11. Providing the faculty coordinator with periodic updates via email. (For student interns only)
12. Complete the Self Evaluation at end of internship.
13. By executing the attached Permission to Share statement, intern gives permission as indicated.

AGREED _____

Intern Signature

Date

Organization

It is the responsibility of the employer to provide direct on-the-job supervision of the intern that includes the following:

1. Orienting the intern to the company's structure and operation.
2. Orienting the intern to the company's policies and procedures regarding appropriate dress, office hours and applicable leave policies.
3. Introducing the intern to the appropriate professional and clerical staff.
4. Providing the intern with adequate resources necessary to accomplish job objectives.
5. Orienting the intern to the policies and procedures of the personnel department.
6. Affording the intern, the opportunity to identify with the supervisor as a professional staff person by jointly participating in the office interviews, meetings, conferences, projects and other personnel and management functions.
7. Assigning and supervising the completion of tasks and responsibilities that are consistent with the student intern's role in the company.
8. Consulting the faculty coordinator (for student interns only) in the event that the supervisor becomes aware of personal, communications or other problems that are disrupting the intern's learning and performance.
9. Providing regularly scheduled supervisory conferences with the intern.
10. Participating in joint and individual conferences with the intern regarding performance.
11. Submitting an evaluation on the intern's job performance.
12. Submitting a job description for the intern by _____.
Date

AGREED _____

Supervisor Signature

Date

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Permission to Share Required Information

By receiving services through * _____, I understand that it may be required that they will share my information with potential outside parties in order to successfully achieve the goals outlined in my service plan.

This may include sharing information to potential employers and college/technical school faculty in order to successfully obtain an internship. By agreeing to these terms * _____ will be able to share information for one year from this date _____ or until services have been completed and the individual's case has been closed. This information may include items otherwise covered by the Health Insurance Portability and Accountability Act (HIPAA) that is necessary to include in applications and paperwork. * _____ will not share information regarding disability unless it is deemed appropriate by the individual receiving services to do so.

If it is agreed that information will be shared, however that certain information is not agreed upon, please list items below. (i.e. ethnicity, religion, other matters regarding the consumer named below)

Service Recipient Name (Printed)

Service Recipient Signature

Guardian Signature (If applicable)

Internship Support Staff Signature

Date

Date

Date

*Name of Supported Employment/Internship Support Agency

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IDS SERVICE LOG

Consumer Information				
Name of Consumer: _____			Provider: _____	
Job Coach: _____ Phone: _____ E-Mail: _____			Reporting Period: Start Date: _____ End Date: _____	
Voucher/Invoice #: _____				
DVRS Office: _____ DVRS Counselor (VRC): _____			Phone: _____ Email: _____	
Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown DDD Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Support Coordination Agency: _____ Support Coordinator: _____				
Phone: _____ E-Mail: _____				
Date/Coach Time (Start/End)	<u>Purpose of Visit</u> (What were you there to do?)	<u>Observations</u> (What did you observe?)	<u>Interventions</u> (What did you contribute?)	<u>Next Steps</u> (What will you do next?)
Date:				
Coach:				
Start:				
End:				
Total:				
Date:				
Coach:				
Start:				
End:				
Total:				
Date:				
Coach:				
Start:				
End:				
Total:				
Date:				
Coach:				
Start:				
End:				
Total:				
Total Hours Used on Log				

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Employer Evaluation – Internship Experience

Name of Intern: _____

Intern’s Primary Phone: _____

Intern’s Email address: _____

Dates of Internship: _____ - _____

Internship Site: _____

Internship Supervisor’s Name: _____

Please take a few minutes to evaluate the Intern’s performance (as compared to your employees) on the internship site during their experience.

PART I. Performance Review

Directions: Rate the intern’s performance using the 3-point scale below and by circling the box that corresponds with your assessment of performance in the category during the current internship. Provide specific comments regarding the intern in the comment boxes below each section. Your feedback will help us assist the intern in further preparing for their career. Thank you!

Scale:

- 3** = Exceeds Expectations
- 2** = Meets Expectations
- 1** = Does Not Meet Expectations
- N/A** = Not Applicable to this internship experience

Work-Related Performance

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Work attitude (ex., initiative, enthusiasm)	3	2	1	N/A
Academic preparation	3	2	1	N/A
Problem-solving ability	3	2	1	N/A
Leadership skills	3	2	1	N/A
Progress towards learning goals	3	2	1	N/A
Appearance & Attire	3	2	1	N/A

Comments:

Organizational / Technology Skills

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Time management skills	3	2	1	N/A
Planning skills	3	2	1	N/A
Uses tools / technology efficiently	3	2	1	N/A
Ability to operate company specific software	3	2	1	N/A
Use of email	3	2	1	N/A

Comments:

Relationships with Others

(3) Satisfactory (2) Improvement Needed (1) Unsatisfactory

Teamwork	3	2	1	N/A
Ability to work with supervisor	3	2	1	N/A
Acceptance of constructive criticism	3	2	1	N/A
Ability to follow directions	3	2	1	N/A

Comments:

Communication Skills

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Oral communication skills	3	2	1	N/A
Written communication skills	3	2	1	N/A
Listening skills	3	2	1	N/A

Comments:

Overall Rating

- Exceeds Expectations
- Meets Expectations
- Does Not Meet Expectations

Additional Comments:

PART II. Accomplishments

Directions: Please respond to the following by providing specific and detailed information about the intern's experience. If additional space is required, attach document to this evaluation. Your feedback will help us assist the intern in further preparing for their career. Thank you!

1.) To what extent do you feel the intern accomplished the goals of the internship?

2.) List the activities that allowed the intern to accomplish their goals.

3.) Identify any specific knowledge or skills gained during this internship that have enhanced this professional development.

4.) Would you provide a reference for this intern? Yes No
Comments:

5.) Would your organization host another intern in the future? Yes No
Comments:

Employer Name: _____

Employer Signature: _____

Date: _____

Intern Self-Evaluation – Internship Experience

Name of Intern: _____

Intern’s Primary Phone: _____

Intern’s Email address: _____

Dates of Internship: _____ - _____

Internship Site: _____

Internship Supervisor’s Name: _____

Please take a few minutes to evaluate your performance (as compared to other employees) on the internship site during your experience.

PART I. Performance Review

Directions: Rate your performance using the 3-point scale below and by checking the box that corresponds with your assessment of performance in the category during your internship. Provide specific comments about each area in the comment boxes below each section. Your feedback will help us assist you with your employment goals and to assist the employer when working with other interns in the future. Thank you!

Scale:

- 3** = Exceeds Expectations
- 2** = Meets Expectations
- 1** = Does Not Meet Expectations
- N/A** = Not Applicable to this internship experience

Work-Related Performance

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Work attitude (ex., initiative, enthusiasm)	3	2	1	N/A
Academic preparation	3	2	1	N/A
Problem-solving ability	3	2	1	N/A
Leadership skills	3	2	1	N/A
Progress towards learning goals	3	2	1	N/A

Comments:

Organizational / Technology Skills

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Time management skills	3	2	1	N/A
Planning skills	3	2	1	N/A
Uses tools / technology efficiently	3	2	1	N/A
Ability to operate company specific software	3	2	1	N/A
Use of email	3	2	1	N/A

Comments:

Relationships with Others

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Teamwork	3	2	1	N/A
Ability to work with supervisor	3	2	1	N/A
Acceptance of constructive criticism	3	2	1	N/A
Ability to follow directions	3	2	1	N/A

Comments:

Communication Skills

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Oral communication skills	3	2	1	N/A
Written communication skills	3	2	1	N/A
Listening skills	3	2	1	N/A

Comments:

Overall Rating

- Exceeds Expectations
- Meets Expectations
- Does Not Meet Expectations

Additional Comments:

PART II. Accomplishments

Directions: Please respond to the following by providing specific and detailed information about your internship experience. If additional space is required, attach document to this evaluation. Your feedback will help us assist you with your employment goals and to assist the employer when working with other interns in the future. Thank you!

- 1.) To what extent do you feel you accomplished the goals of the internship?

- 2.) List the activities that allowed you to accomplish your goals.

- 3.) List any difficulties that may have hindered you from meeting your goals (if applicable).

- 4.) Identify any specific knowledge or skills you gained during this internship that enhanced *your* professional development.

Intern Name: _____

Intern Signature: _____

Date: _____

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FINAL INTERN ASSESSMENT

To be completed by the Intern's *Job Coach*

Intern's Name: _____

Start & End Dates of Internship: _____ - _____

The purpose of this form is to provide the intern with feedback regarding their overall work, professional skills, and competencies during the internship. The assessment ratings range from **1** (Does Not Meet Expectations) to **3** (Exceeds Expectations). Please circle the appropriate corresponding number for each statement or circle N/A (Not Applicable) if the statement does not apply:

Scale:

3 = Exceeds Expectations

2 = Meets Expectations

1 = Does Not Meet Expectations

N/A = Not Applicable to this internship experience

Intern's Ability to Learn

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Observes and learns from others	3	2	1	N/A
Asks purposeful questions	3	2	1	N/A
Seeks out and utilizes appropriate resources	3	2	1	N/A
Accepts responsibility for mistakes	3	2	1	N/A
Ability to self-correct	3	2	1	N/A
Willingness to perform new tasks	3	2	1	N/A
Accepts constructive feedback	3	2	1	N/A

Comments:

BASIC SKILLS

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Reads, comprehends and follows written materials	3	2	1	N/A
Communicates ideas and concepts clearly in writing	3	2	1	N/A
Works with mathematical procedures appropriate for the assigned duties	3	2	1	N/A

Comments:

LISTENING AND ORAL COMMUNICATION SKILLS

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Listens to others in an active and attentive manner	3	2	1	N/A
Comprehends and follows verbal instructions	3	2	1	N/A
Effectively participates in meetings or group settings	3	2	1	N/A
Demonstrates effective verbal communication skills	3	2	1	N/A

Comments:

CREATIVE THINKING AND PROBLEM-SOLVING SKILLS

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Breaks down complex tasks/problems into manageable pieces	3	2	1	N/A
Brainstorms/develops options, ideas, and solutions	3	2	1	N/A
Respects input and ideas from other sources and people	3	2	1	N/A

Comments:

TECHNICAL SKILLS

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Utilizes and maintains work equipment properly	3	2	1	N/A
Determines equipment needed for job	3	2	1	N/A
Ability to install equipment per specifications	3	2	1	N/A
Ability to operate company specific software	3	2	1	N/A
Use of email	3	2	1	N/A
Use of Microsoft Office Suite	3	2	1	N/A
Handling and moving objects	3	2	1	N/A

Comments:

PROFESSIONAL AND CAREER DEVELOPMENT SKILLS

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Seeks to understand personal strengths and weaknesses	3	2	1	N/A
Demonstrates initiative to work	3	2	1	N/A
Displays ability to set appropriate priorities/goals	3	2	1	N/A
Exhibits professional demeanor and attitude	3	2	1	N/A
Shows interest in determining career pathway	3	2	1	N/A

Comments:

INTERPERSONAL AND TEAMWORK SKILLS

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Relates to co-worker's/team members effectively	3	2	1	N/A
Manages and resolves conflicts in an effective manner	3	2	1	N/A
Supports and contributes to a team atmosphere	3	2	1	N/A
Controls emotions in a manner appropriate for work	3	2	1	N/A
Demonstrates assertive but appropriate conduct	3	2	1	N/A

Comments:

ORGANIZATIONAL EFFECTIVENESS SKILLS

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Seeks to understand and support the organization's mission/goals	3	2	1	N/A
Fits in with the norms and expectations of the organization	3	2	1	N/A
Works within appropriate authority and decision-making channels	3	2	1	N/A
Demonstrates a sense of responsibility and confidentiality	3	2	1	N/A
Interacts effectively and appropriately with supervisor	3	2	1	N/A

Comments:

BASIC WORK SKILLS / APPEARANCE / CONDUCT

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Reports to work as scheduled	3	2	1	N/A
Is prepared for work and meetings	3	2	1	N/A
Maintains a neat and clean appearance	3	2	1	N/A
Wears proper attire for the internship	3	2	1	N/A
Exhibits a positive and constructive attitude	3	2	1	N/A
Brings a sense of values and integrity to the job	3	2	1	N/A
Conducts self in an ethical and professional manner	3	2	1	N/A

Comments:

ENVIRONMENT OF CARE

(3) Exceeds Expectations (2) Meets Expectations (1) Does Not Meet Expectations

Adheres to organization's safety protocols	3	2	1	N/A
Aware of work environment pertaining to safety	3	2	1	N/A
Demonstrates safe practices - awareness pertaining to safety	3	2	1	N/A
Knows reporting procedure	3	2	1	N/A

Comments:

Overall Rating

- Exceeds Expectations
- Meets Expectations
- Does Not Meet Expectations

Additional Comments:

I have I have not discussed this assessment with the intern

Job Coach Name: _____

Job Coach Signature: _____

Date: _____

***** Send this completed form to the Internship Coach *****

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Individualized Plan for Employment (IPE) & Vocational Goal

The IPE is a written plan outlining a consumer's vocational goal, and the services to be provided to reach the goal. At the IPE meeting, the VRC and other stakeholders review the details of the employment including duties, wages, hours and benefits. Informed choice is further emphasized by this approach. The need for intensive or time-limited job coaching activities and responsibilities will be outlined, including an estimate of the number of job coaching hours anticipated for job stabilization.

When pre-placement activities are provided to a consumer with an existing IPE, the consumer will already have a vocational goal. All pre-placement activities must correlate with the established vocational goal noted on the IPE. If the vocational goal changes, pre-placement activities must be suspended and the VRC contacted by the vendor. **The VRC must be advised and in agreement with any changes to the original vocational goal by the consumer and job coach. If the vocational goal changes, the IPE must be amended before pre-placement activities resume.**

Billable activities must be in alignment with the IPE and are initiated by mutual agreement of consumer, VRC and job coach by means of ongoing communication, conferencing and service team meetings during the vocational rehabilitation process. Informed choice is further emphasized by this approach.

In addition, the IPE must include:

- A description of all services to be provided including, but not limited to, pre-placement, time-limited job coaching, supported employment intensive job coaching and long-term follow-along (when SEIJC is provided)
- Identification of the chosen vendor who will be providing services and supports
- Identification of the federal and/or state funding source
- Amendment to the IPE providing a rationale for changes when indicated
- Consumer and VRC roles, responsibilities and signature
- Copies provided to consumer and chosen vendor

Once employment secured, the job coach will notify the VRC with the details of a consumer's job match placement including title, duties, wages, hours and benefits.

Division of Developmental Disabilities (DDD) Memorandum of Understanding (MOU)

DVRS has agreed to fund pre-placement, supported employment intensive job coaching and time-limited job coaching. DDD has agreed to fund DDD consumers in their long-term follow-along (LTFA). This formal agreement is known as a Memorandum of Understanding (MOU). Consequently, and to avoid any interruptions in services and vendors, DDD consumers should be referred to DDD contracted and eligible supported employment providers for job coaching services. VRCs are requested to inquire about consumer DDD eligibility during the survey interview and discuss this option when considering possible SE vendors.

Consumers on the DDD roster are required to have Medicaid to continue to receive LTFA services. DDD consumers will be required to access their individual supports budget to fund their LTFA services provided by the DDD contracted vendor. Ideally, the F3 Form should be completed by the VRC and submitted to the DDD Support Coordinator at the time the Individualized Plan for Employment (IPE) is written and signed in order to initiate DDD funding for LTFA.

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New Jersey Division of Developmental Disabilities

Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind and Visually Impaired (CBVI) Determination Form for Individuals Eligible for the Division of Developmental Disabilities (DDD)

Form to be provided to the VR Counselor (by the Support Coordination Agency or DDD Case Manager) for individuals who are seeking both VR and DDD services

Completed by the Support Coordinator/DDD Case Manager

Name of Individual: [Click here to enter text.](#)

DDD ID#: [Click here to enter text.](#)

DOB: [Click here to enter a date.](#)

Last 4 digits of SS#: [Click here to enter text.](#)

Completed by VR Counselor

The following vocational rehabilitation services are available through DVRS/CBVI at this time:

- Vocational Training Services (specify): [Click here to enter text.](#)
- Supported Employment Services
- Trial Work Experience/Extended Evaluation
- Counseling/Guidance
- Post-Secondary/Educational
- Diagnostic Vocational Evaluation (DVE)
- Work Adjustment Training (WAT)
- Skills Training
- No VR services at this time due to the following:
 - Individual has decided not to apply for services at this time
 - Order of Selection
 - Transfer to another agency (please indicate the agency): [Click here to enter text.](#)
 - Case closure (please indicate the date in which the case was closed): [Click here to enter text.](#)
 - Other (please specify): [Click here to enter text.](#)

Anticipated End Date for the above mentioned VR services (if available): [Click here to enter a date.](#)

DVRS/CBVI Representative: [Click here to enter text.](#)

Office: [Click here to enter text.](#)

Signature: _____
DVRS/CBVI Representative

Date: [Click here to enter a date.](#)

Telephone#: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Completed by Support Coordinator/DDD Case Manager and Distributed by VR Counselor

Distribution: Please send the completed form to the following Support Coordinator/DDD Case Manager at the following email address:

Support Coordinator/Case Manager: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Telephone#: [Click here to enter text.](#)

Pre-Placement – Job Coaching – Long-Term Follow-Along

Services are provided by approved NJDVRS vendors who must comply with the New Jersey Administrative Code (N.J.A.C.) 12:51 and the guidelines of the SE & Specialized Services Manual, as revised. The contents in this manual pertain to policies, procedures and billable activities for services including:

- Pre-Placement (PP)
- Time-Limited Job Coaching (TLJC) Regular and ASL
- Supported Employment (SE) Intensive Job Coaching Regular and ASL
- Trial Work Experience (TWE)
- Customized Employment (CE)
- Community Based Work Evaluations (CBWE)
- Internship Development and Supports (IDS)

Billable activities for all services are initiated by mutual agreement of consumer, VRC and job coach by means of ongoing communication, conferencing and service team meetings during the vocational rehabilitation planning process.

Employment Plan Description

Accrediting organizations such as CARF set standards for an organization to follow when providing employment planning services. The service is intended to ensure informed choice is exercised when assisting consumers seeking employment opportunities within the community. Planning revolves around consumers' preferences, strengths, abilities, and needs.

The manner in which a vendor determines evidenced based decisions is to prepare a written employment plan for each consumer served. The purpose of the Employment Plan is to provide a blueprint offering direction to employment outcomes. The plan identifies vocational/employment needs, barriers, and supports required to obtain and maintain employment.

The plan is established at the beginning of service delivery and reviewed, updated, and/or revised as needed. It is for use with SE & TLJC services. The Employment Plan is completed in concert with the vendors' intake and/or incorporates content from the intake into the Plan. The Employment Plan is completed in addition to pre-placement and intervention plan & services logs.

EMPLOYMENT PLAN

PROVIDER'S NAME

The purpose of the Employment Plan is to provide a blueprint offering direction to employment outcomes. The plan identifies vocational/employment needs, barriers, and supports required to obtain and maintain employment. The plan is established at the beginning of service delivery and reviewed, updated, and/or revised as needed. It is for use with SE & TLJC services. The Employment Plan is the precursor, and, in addition to pre-placement, and intervention plan & services logs.

DVRS REFERRAL CONSUMER INFORMATION

<p>Consumer Name:</p> <p>Consumer's Address:</p> <p>Consumer's Phone #</p> <p>Consumer's Email:</p> <p>Name of Alternate Contact, Phone # and Email:</p> <p>Name of Guardian, Phone # and Email:</p> <p>DDD <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide the support coordinator's name, agency and contact information below:</p>	<p>Date of Referral:</p> <p>Date of Plan:</p> <p>DVRS Referral to Include (complete for initial service plan)</p> <ul style="list-style-type: none"> • Referral Form or Cover Letter <input type="checkbox"/> Yes <input type="checkbox"/> No • Certificate of Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No • Copy of IPE (if completed) <input type="checkbox"/> Yes <input type="checkbox"/> No • Authorization to Release Information Form Signed by Consumer and VRC <input type="checkbox"/> Yes <input type="checkbox"/> No • Copy of relevant disability/medical documentation <input type="checkbox"/> Yes <input type="checkbox"/> No • Copy of vocational evaluations (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No • Copy of most recent resume (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No • Copy of vocationally relevant credentials (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No • Other relevant information <input type="checkbox"/> Yes <input type="checkbox"/> No • DVRS Payment Voucher <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Consumer's IPE Vocational Goal:</p> <p>Consumer's Disability Diagnosis:</p>	<p>Initial Requested DVRS Service(s):</p> <p><input type="checkbox"/> Preplacement <input type="checkbox"/> Job Coaching</p> <p>Type of Job Coaching: <input type="checkbox"/> SE <input type="checkbox"/> TLJC</p>
<p>Consumer's Benefits</p> <p>Current Benefits: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> None <input type="checkbox"/> Other:</p> <p>Current Medical Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> None <input type="checkbox"/> Other:</p> <p>Benefits Counseling Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

CONSUMER SNAPSHOT FOR PLAN

<p>Living Arrangements</p> <p><input type="checkbox"/> Lives Independently</p> <p><input type="checkbox"/> Group Home <input type="checkbox"/> Supervised Apartment</p> <p><input type="checkbox"/> Resides with Family</p> <p style="padding-left: 20px;">If so, with whom:</p> <p><input type="checkbox"/> Other – Identify:</p> <p>Significant people in the consumer's life (family, friends, roommates, attendant, teachers and professionals):</p> <p>Non-Work Related Activities</p> <p>Consumer's activities at home/outside of the home:</p> <p>Choose from the above activities:</p> <p>Likes -</p> <p>Dislikes -</p> <p>Consumer's hobbies and interests:</p> <p>Education Background</p> <p>Highest Level of Education:</p> <p><input type="checkbox"/> 8th Grade or Below</p> <p><input type="checkbox"/> Some High School</p> <p><input type="checkbox"/> High School / GED</p> <p><input type="checkbox"/> Vocational Certificate – Type(s):</p> <p><input type="checkbox"/> College</p> <p style="padding-left: 20px;"><input type="checkbox"/> Associate's – Area of Study:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Bachelor's – Area of Study:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Master's – Area of Study:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Doctoral – Area of Study:</p>	<p>Languages Spoken:</p> <p>General Communication Style</p> <p><input type="checkbox"/> Reserved <input type="checkbox"/> Outgoing</p> <p>Mode of Communication</p> <p><input type="checkbox"/> Verbal</p> <p><input type="checkbox"/> Non-verbal – explain:</p> <p><input type="checkbox"/> Written</p> <p><input type="checkbox"/> ASL</p> <p><input type="checkbox"/> Other – explain:</p> <p>Cultural/Religious Considerations:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain</p> <p>Work History</p> <p>Consumer has Work Experience:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:</p> <p>Consumer has Volunteer Experience:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:</p> <p>Consumer's Transferrable Skills Based on Past Employment/Volunteer Experience:</p> <p>List the job tasks or activities the consumer likes:</p> <p>List the job tasks or activities the consumer dislikes:</p> <p>Additional Consumer Strengths & Skills:</p> <p>Preferred task learning style:</p> <p><input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Kinesthetic</p>
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<p>Assistive Technology Currently Used: <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, explain:</p> <p>Anticipated Assistive Evaluation/Technology Needed for Success: <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, explain:</p> <p>Does the consumer take any medications/prescribed treatments that may affect their ability to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:</p> <p>Known/Needed Natural Supports: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:</p> <p>Transportation Ability to Travel Independently to a Job: <input type="checkbox"/> Yes <input type="checkbox"/> No – Explain:</p> <p>Job along convenient public transportation route: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Available Mode of Transportation: <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Private Driver <input type="checkbox"/> Access Link <input type="checkbox"/> Public Bus <input type="checkbox"/> Other public vehicle: <input type="checkbox"/> Commuter Train</p> <p>Maximum Travel Distance to Work:</p> <p>Travel Training required? <input type="checkbox"/> Yes <input type="checkbox"/> No – Explain:</p>	<p>Consumer's Preferred Work Environment (check all that apply):</p> <p>Physical Demands <input type="checkbox"/> Standing <input type="checkbox"/> Walking <input type="checkbox"/> Sitting <input type="checkbox"/> Lifting <input type="checkbox"/> Carrying <input type="checkbox"/> Pushing <input type="checkbox"/> Pulling <input type="checkbox"/> Climbing <input type="checkbox"/> Ground level <input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Fast Pace <input type="checkbox"/> Slow Pace <input type="checkbox"/> Repetitive <input type="checkbox"/> Multiple/Variety of Activity</p> <p>Location <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Cool <input type="checkbox"/> Warm <input type="checkbox"/> Quiet <input type="checkbox"/> Noisy <input type="checkbox"/> Bright lighting <input type="checkbox"/> Dim lighting <input type="checkbox"/> Close quarters <input type="checkbox"/> Spacious <input type="checkbox"/> Odor free <input type="checkbox"/> Debris free</p> <p><input type="checkbox"/> Individual/Independent <input type="checkbox"/> Groups/Teams</p> <p>Work attire – <input type="checkbox"/> Professional <input type="checkbox"/> Business Casual <input type="checkbox"/> Casual Other(s) – list:</p> <p>Employment Preferences <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Per diem <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnights</p> <p>Available Days to Work: <input type="checkbox"/> M - <input type="checkbox"/> T - <input type="checkbox"/> W - <input type="checkbox"/> R - <input type="checkbox"/> F - <input type="checkbox"/> Sat - <input type="checkbox"/> Sun</p> <p>Available Hours to Work:</p> <p>Job Match List potential jobs that match vocational goal (IPE) and consumer's employment criteria (include name, location, & type of business of employer):</p>
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BARRIERS TO EMPLOYMENT

Select all the identified barriers and create specific goals in the **Employment Support Plan** section. Include detailed interventions with a target end date for each goal. **NOTE:** Add rows as needed.

<input type="checkbox"/> Health/Medical/Physical <input type="checkbox"/> Difficulty Traveling Independently <input type="checkbox"/> Communication Skills <input type="checkbox"/> SSI/SSDI Benefit Analysis <input type="checkbox"/> Hygiene <input type="checkbox"/> Appropriate Attire <input type="checkbox"/> Motivation	<input type="checkbox"/> No/Limited CIE Work History/ Experiences <input type="checkbox"/> Work Related Skills and Performance <input type="checkbox"/> Psychological/Mental Health <input type="checkbox"/> Work Performance <input type="checkbox"/> Social/Interpersonal Skills <input type="checkbox"/> Family/Guardian Input	<input type="checkbox"/> Childcare <input type="checkbox"/> Client Hesitancy/Fear of Entering CIE <input type="checkbox"/> Criminal/Legal History <input type="checkbox"/> Safety Awareness <input type="checkbox"/> Other
Explain ALL checked barriers here:		

EMPLOYMENT SUPPORT PLAN

Goals	Specific interventions to be implemented (concrete and measurable).	Key parties involved. List names and responsibilities.	Target End Date
Goal #1:			
Goal #2:			
Goal #3:			

DEVELOPMENT OF EMPLOYMENT SUPPORT PLAN

I participated in the development of this Supported Employment Plan and I agree to its contents. I give my consent for information exchange among the Vendor and DVRS as necessary for the duration of this plan. I understand that I may revoke this consent by submitting my request in writing.

Consumer:

Date:

Legal Guardian (if applicable):

Date:

Case Manager/VR Counselor:

Date:

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Assistive Technology

Assistive technology can be considered at any time during the pre-placement and/or job coaching phase. The first step is for the VRC to authorize an AT evaluation. The consumer does not need to meet financial guidelines in order for DVRS to authorize the evaluation.

The results of the evaluation will determine equipment and training needs. Assistive technology equipment/training should be obtained using comparable benefits such as lending libraries or state grants. When no comparable benefits are available, the VRC will determine who will be financially responsible for purchasing the equipment/training (employer, consumer, DDD, DVRS).

If purchased by DVRS, the VRC and consumer will sign a "Title to Equipment" Form (DVR-222) acknowledging that DVRS owns the equipment, not the consumer. The VRC will make the consumer aware that they are to use such equipment for the sole purpose of obtaining and maintaining employment. At the end of planned services, the VRC determines the status of the equipment.

NOTE: When the consumer is employed, assistive technology equipment/training should first be negotiated as a reasonable accommodation through the employer.

Regular Communication and Milestone/Service Team Meetings

All service activities are initiated by mutual agreement of consumer, VRC and job coach by means of ongoing communication, conferencing and service team meetings. When a service need is identified, the VRC is required to authorize the service through the Authorization & Input (A&I) procedure. The VRC must be kept up to date on the job coaches' activities with their mutual consumers and remain engaged in the process.

To eliminate a delay in service, **when a current voucher is down to five units of service, the job coach will send the VRC an email summary of current activity and request additional service hours.** The VRC will then generate the Authorization & Input (A&I) form for the requested service and submit to their direct supervisor for approval and processing. The VRC will **not withhold** the voucher for continued service delivery while awaiting the report for the ending service hours. The VRC will notify the vendor through email informing them the service is approved to continue and a voucher has been issued. The vendor will submit the report for the ending (previous) service within five business days.

All vouchers during any phase of service delivery should be billed out when services end even if there are remaining units on the voucher.

NOTE: The consumer is not to be involved in the process of requesting a payment voucher. All requests are to come directly from the provider to the VRC. **If the VRC does**

not respond in two full business days, the provider will reach out to the VR office supervisor for assistance.

Service team meetings are an integral component of job coaching services where the counselor, consumer, job coach, and other stakeholders discuss case disposition and service delivery. Continuation and changes in service delivery are discussed as well as ongoing or new consumer issues and needs. Counselors are being encouraged to have a service team meeting prior to authorizing more than **40 Pre-Placement** hours or more than **40 Time-Limited** or **60 SE Intensive Job Coaching** units of service. Service team meetings are also an important part of specialized SE services that have benchmark payments, such as Trial Work Experience, Community Based Work Evaluations, Customized Employment, and Internship Development & Supports. The VRC and vendor should evaluate and determine when such meetings are necessary.

Pre-Placement

Introduction

Pre-placement (PP) may be used as a diagnostic service that leads to job match placement. It allows the opportunity to conduct a comprehensive vocational assessment to determine a career pathway.

Pre-placement involves those activities that include but are not limited to exploration, job shadowing/sampling, situational assessment, job preparation, job development, and job match placement in which a job coach assists the consumer in securing competitive integrated employment.

Exploration is the stage of the career planning process where a consumer examines their interests, skills, abilities and experiences in order to identify career features and match these features to job or occupational characteristics. Once career features are matched to job or occupational characteristics, a career selection is made and incorporated into a comprehensive plan of action to assist the consumer in achieving an individualized career or job objective.

Job shadowing/sampling and situational assessments are activities that utilizes integrated competitive work settings, not facility-based settings, to examine the strengths, areas for improvement, and support needs of consumers being considered for employment. These activities include an assessment of performance consistent with the consumers' strengths, preferences, abilities, capabilities and needs working towards the right job match.

Job preparation/readiness activities are necessary for the traditional competitive labor market job search process. Traditional job seeking activities include completing job applications, resume development, cover and thank you letter writing, and interview

preparation. Job development involves networking and building relationships with and learning about potential employers that will satisfy their business needs. The goal of successful pre-placement activities is a job match placement in competitive integrated employment that is in alignment with the business needs of an employer and the vocational goal listed in consumers IPE if developed.

Pre-Placement Billable Activities

1. Referral processing, including record reviews, discussion with and questions for VRC.
2. Initial, progress, and service team meetings with consumer, VRC and family/guardian, advocates and collaborating partner agencies/stakeholders.
3. The intake interview and vocational profile development (submit copies to the VRC with billing).
4. Three informational interviews/tours with opportunities to connect the consumer with employers that match the consumer's ability and interests. **Maximum five-units of service. Advance approval from the VRC is required.**
5. Up to three job shadowing experiences that are related to the consumer's vocational interests. **Maximum 10-units of service. Advance approval from the VRC is required.**
6. Community based vocational/situational assessment, job try-outs, job-sampling and working interviews with good prospects for a job offer: **maximum 10-units of service. Advance approval from the VRC is required.**
7. Virtual job development for job leads that are in alignment with the consumer's interests, abilities, skills, and the vocational goal on the IPE if developed. Documented follow-up (in-person preferred) including networking and relationship building with prospective employers is required.
8. Phone/text, electronic, virtual communications using secure and HIPAA compliant platforms, and e-mails with the VRC, consumer, family/guardian, collaborating partners/stakeholders, and prospective employers intended to foster job development activities and job match placement. The contacts must be specific to the consumer.
9. Job preparation and seeking skills development and training – interviewing, resume, cover and thank-you letter writing/revising assistance with consumer.
10. Interview coordination and preparation including employer research, appropriate attire / hygiene / presentation, and role-play.
11. Structured and well-planned community-based job development with the individual consumer. Attendance at Job Fairs must be to meet employers that have potential jobs that match the consumer's interests, skills, abilities and vocational goal listed on the consumer's IPE if developed.
12. Meeting with an employer about an individual consumer regarding posted job leads and potential job opportunities.

13. Job/task analysis for a specific consumer with prospective employer to initiate and negotiate job match placement.
14. Customized job development including job carving/restructuring plan and negotiation with employer.
15. Accompanying consumer to scheduled job interview.
16. Assisting the consumer with completing on-line and paper job applications and personality/character testing followed by direct (in-person preferred) employer contact.
17. Conferences/service team meetings for technical consultation with the consumer's VRC.
18. Two missed scheduled appointments with a consumer up to 15 minutes wait time with documented follow-up to VRC and the consumer.
19. Arranging and coordinating appropriate transportation services and travel training for a consumer and for a specific job.
20. Internet job searches with job listings/postings conducted jointly with a specific consumer on an employment job board posting, employer websites or job search engines. Must be followed by direct (in-person preferred) employer contact.
21. Assistance with required drug screening and background checks for a consumer by a prospective employer.
22. Temporary, seasonal, and/or volunteer work with or without opportunity for permanent job offer where the consumer needs these community-based work experiences for assessment and career exploration towards successful competitive integrated employment. These opportunities must be in line with a career pathway/vocational goal identified in the consumer's IPE if developed. **Advance approval from the VRC is required.**
23. Referral assistance/advocacy to community supports and services (housing, transportation, mental/medical, financial, identification) that is directly related to successful job match placement. Job coach may accompany consumer for initial information/appointment if required for service linkage. **Advance approval from the VRC is required.**
24. Orientation and new hire (on-boarding) activities to assist the consumer's entry into new employment, including assistance with required documentation completion.
25. Activities that assist with obtaining employment, such as preparing documents, coordinating appointments for Benefits Counseling, formulating Impairment Related Work Expense (IRWE), Plans for Achieving Self-Support (PASS) plans and Medicaid Workability with Social Security Administration (SSA) **Advance approval from the VRC is required.**

Pre-Placement Non-Billable Activities

1. Time spent on report writing, general e-mailing, and requests for units of service.
2. Non-purposeful e-mails and phone/text calls including leaving messages to VRC, consumers, employers, family/guardian, collaborating partners and stakeholders.
3. Three or more missed consumer appointments.

4. Job coach travel unless it is the travel training of the consumer to begin a specific job.
5. Any time spent with the consumer without written authorization and authorized payment voucher from DVRS.
6. Poorly planned job development activities such as going from store to store at an indoor/outdoor shopping mall or “canvassing” area businesses.
7. Job search activity related to volunteer work.
8. Time spent on general internet surfing and “virtual job development” for any available job not in alignment with consumers’ interests, abilities, skills, and vocational goal indicated on IPE and no follow-up (in-person preferred) contact with employer. The job coach must directly access appropriate job opening sites for individual consumers.
9. End of payment voucher documentation and report writing.
10. Time spent in discussion or preparing documents to meet non-DVRS agency requirements.

NOTE: If the quality criteria in documentation and reporting is not achieved at any point throughout the service, it will be returned to the job coach for amendment and VRC review prior to the service team meeting.

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PRE-PLACEMENT PROGRESS REPORT & SERVICE LOG

Consumer Information				
Name of Consumer: _____	Provider: _____			
Job Coach: _____ Phone: _____ E-Mail: _____	Reporting Period: Start Date: _____ End Date: _____			
IPE Vocational Goal: _____	Voucher/Invoice #: _____			
DVRS Office: _____ DVRS Counselor (VRC): _____	Phone: _____ Email: _____			
Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown DDD Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Support Coordination Agency: _____ Support Coordinator: _____ Phone: _____ E-Mail: _____				
Employment Plan Service Steps				
Considering information gathered through intakes, assessments, vocational profile, and the referral source, identify the top 3 perspective employers that would most likely result in a job match. Note: Perspective employers listed must have positions that match vocational goal stated in the DVRS referral. Rationale must explain why it is believed these employers will likely result in a good job match.				
Employer 1:	Employer 2:	Employer 3:		
Rationale 1:	Rationale 2:	Rationale 3:		
Supports Information				
What steps have been taken in order to assist this individual in obtaining an appropriate job match? Check all that apply:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Benefits Counseling <input type="checkbox"/> Situational Assessment <input type="checkbox"/> Job Sampling <input type="checkbox"/> Job Shadowing <input type="checkbox"/> Resume Development/Revision <input type="checkbox"/> Job Application Assistance <input type="checkbox"/> Interview Skill Development <input type="checkbox"/> Cover & Thank Letter Assistance <input type="checkbox"/> Networking </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Job Site/Task Analysis <input type="checkbox"/> Accommodations (assistive technology) <input type="checkbox"/> Travel Training <input type="checkbox"/> Job Tours <input type="checkbox"/> Informational Interview <input type="checkbox"/> Job Restructuring/Carving <input type="checkbox"/> Employability Training/Supports (attire, etc.) <input type="checkbox"/> Requested Service Team Meeting <input type="checkbox"/> Other: _____ </td> </tr> </table>			<input type="checkbox"/> Benefits Counseling <input type="checkbox"/> Situational Assessment <input type="checkbox"/> Job Sampling <input type="checkbox"/> Job Shadowing <input type="checkbox"/> Resume Development/Revision <input type="checkbox"/> Job Application Assistance <input type="checkbox"/> Interview Skill Development <input type="checkbox"/> Cover & Thank Letter Assistance <input type="checkbox"/> Networking	<input type="checkbox"/> Job Site/Task Analysis <input type="checkbox"/> Accommodations (assistive technology) <input type="checkbox"/> Travel Training <input type="checkbox"/> Job Tours <input type="checkbox"/> Informational Interview <input type="checkbox"/> Job Restructuring/Carving <input type="checkbox"/> Employability Training/Supports (attire, etc.) <input type="checkbox"/> Requested Service Team Meeting <input type="checkbox"/> Other: _____
<input type="checkbox"/> Benefits Counseling <input type="checkbox"/> Situational Assessment <input type="checkbox"/> Job Sampling <input type="checkbox"/> Job Shadowing <input type="checkbox"/> Resume Development/Revision <input type="checkbox"/> Job Application Assistance <input type="checkbox"/> Interview Skill Development <input type="checkbox"/> Cover & Thank Letter Assistance <input type="checkbox"/> Networking	<input type="checkbox"/> Job Site/Task Analysis <input type="checkbox"/> Accommodations (assistive technology) <input type="checkbox"/> Travel Training <input type="checkbox"/> Job Tours <input type="checkbox"/> Informational Interview <input type="checkbox"/> Job Restructuring/Carving <input type="checkbox"/> Employability Training/Supports (attire, etc.) <input type="checkbox"/> Requested Service Team Meeting <input type="checkbox"/> Other: _____			
Consumer Engagement				
Considering your interactions with the consumer during the reporting period, please answer the following items as it relates to their engagement with your services.				
	Yes/No			
Maintains appointments with job coach				
Demonstrates punctuality for appointments				
Returns phone and email communications in a timely manner				
Exhibits appropriate interpersonal skills related to work search activities				
Respects professional boundaries with job coach				
Follows up on activities assigned by job coach				
Demonstrates organization in work search activities				
Self-directs job search activities				
Advocates for wants and desires related to job search				
Accepts guidance and feedback from job coach				
<i>If you respond "no" to any of the items above, these concerns must be discussed with this consumer and the VRC and considered for the SE intervention plan.</i>				
Comments:				

PRE-PLACEMENT PROGRESS REPORT & SERVICE LOG

Date/Coach Time (Start/End)	Purpose of Visit (What were you there to do?)	Observations (What did you observe?)	Interventions (What did you contribute?)	Next Steps (What will you do next?)
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				

Total Hours Used on Log	
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Signature

My signature confirms the activities/services occurred as indicated.

Signature of Job Coach: _____ Date: _____

Signature of Supervisor: _____ Date: _____

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NJ DVRS SUPPORTED EMPLOYMENT INITIAL PLACEMENT INFORMATION REPORT

Consumer Information				
Consumer Name: _____		VRC: _____		
Provider: _____		Date of Report: _____		
Employment Information				
Job Title: _____		Start Date: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per diem	
Employer Name: _____	Address: _____	City: _____	State: _____	Zip Code: _____
Supervisor: _____		Supervisor Title: _____	Supervisor Contact Information: _____	
Hours per week: _____		Days per week: _____	Hourly rate: \$ _____	
Job Analysis				
Job Description: Detailed description of consumer's job duties. _____				
Number of employees in this company at this location: _____ Number of other employees in this position: _____				
General Directions: Please do not leave any items unanswered. Indicate the most appropriate response for each item based on the observations of the job and interview with employers, supervisors, and coworkers. Record special instructions, regulations or comments in each item for greater detail.				
AREA/DOMAIN	INDICATORS	YES	NO	COMMENTS
1. Schedule	Weekend work required	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Evening work required	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Travel	Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Private transportation	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Job benefits	None	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Sick leave	<input type="checkbox"/>	<input type="checkbox"/>	Date eligible: _____
	Medical/health benefits	<input type="checkbox"/>	<input type="checkbox"/>	Date eligible: _____
	Dental benefits	<input type="checkbox"/>	<input type="checkbox"/>	Date eligible: _____
	Paid leave	<input type="checkbox"/>	<input type="checkbox"/>	Date eligible: _____
AREA/DOMAIN	INDICATORS	COMMENTS		
Orientation to place	<input type="checkbox"/> Small area <input type="checkbox"/> One room <input type="checkbox"/> Several rooms <input type="checkbox"/> Building wide <input type="checkbox"/> Building and grounds	_____		
Accessibility	<input type="checkbox"/> Fully accessible site <input type="checkbox"/> Accessibility issues	_____		
Supportive of job accommodations	<input type="checkbox"/> Very supportive <input type="checkbox"/> Supportive with reservations <input type="checkbox"/> Indifferent <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	_____		
Appearance requirements	<input type="checkbox"/> Uniform <input type="checkbox"/> Business casual <input type="checkbox"/> Casual <input type="checkbox"/> N/A	_____		
Visibility to public	<input type="checkbox"/> Not visible <input type="checkbox"/> Occasionally <input type="checkbox"/> Regularly <input type="checkbox"/> Entire shift	_____		

Level of social contact	<input type="checkbox"/> No contact with coworkers or supervisor – EXAMPLE: Night custodian <input type="checkbox"/> Occasional contact with coworkers or supervisor – EXAMPLE: Data entry position <input type="checkbox"/> Regular contact with coworkers or supervisor – EXAMPLE: Office service aide, copying documents <input type="checkbox"/> Ongoing coworker interactions and/or high level of independence – EXAMPLE: Construction crew member	_____
Coworker supports available	<input type="checkbox"/> None available <input type="checkbox"/> Low to minimal potential <input type="checkbox"/> Intermittent potential <input type="checkbox"/> High potential	_____
Opportunity for career advancement	<input type="checkbox"/> Low to minimum <input type="checkbox"/> Average <input type="checkbox"/> Most probable <input type="checkbox"/> Procedure in place <input type="checkbox"/> No procedure in place	_____

Placement Checklist

Review and respond to the following questions as they related to the consumer’s placement. Provide comments to support or explain your responses in the comment section below.	YES	NO
1. Is consumer satisfied with this job placement?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the job consistent with the employment goal agreed by the consumer and the VRC?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the placement in a community integrated setting where persons without disabilities work in the same position as the consumer served by DVR?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do the wage and working conditions conform to federal and state laws including laws regarding minimum wage?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the consumer’s wage and benefits not less than those paid by the employer to workers who do not have a disability doing the same or similar work?	<input type="checkbox"/>	<input type="checkbox"/>
6. Were all the monthly job development progress reports submitted until this placement?	<input type="checkbox"/>	<input type="checkbox"/>

Hiring Incentive(s) Utilized.

WTO OJT Tax Credit Others: _____

Placement Supports Checklist

Retention concerns. Indicate if the following have been addressed or needs to be addressed; provide additional explanation where appropriate, and use N/A for items that do not apply.

	Addressed	Needs to be addressed	N/A	Assistance/Coordination by:
On-site support/job coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reporting earning to social security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appearance/hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Job accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transportation / navigation to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Therapy / medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employee orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Plan to elicit regular supervisor and individual feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Job skills training needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Waiver: off-site coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Family / friends / co-workers (as natural supports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Comments: _____				
Verification of Employment and/or Customized Employment				
<input type="checkbox"/> Employment offer letter <input type="checkbox"/> Employer certification <input type="checkbox"/> Position description (for CE) <input type="checkbox"/> Other: _____ (Attach certification document to this report)				
Anticipated Job Coaching Needs				
Frequency of job coaching: <input type="checkbox"/> 2x/week <input type="checkbox"/> 3x/week <input type="checkbox"/> 4x/week <input type="checkbox"/> Other: _____ Hours of job coaching per day: _____				
Certification				
I, _____, job coach, certify that the documented services and information described herein are true, correct and have been verified.				
First and Last name of Job Coach: _____			Title: _____	
Signature: _____			Date: _____	

Enc. Verification of Employment Document

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Supported Employment Intensive & Time-Limited Job Coaching

Description

Supported Employment (SE) and Time-Limited Job Coaching (TLJC) are very similar services with one major difference. The consumer in SE is projected to require supports for an extended period of time, possibly for the life of the job, under the Long-Term Follow-Along (LTFA) program or a similar funding arrangement such as provided for by the Division of Developmental Disabilities (DDD).

The decision as to whether the consumer will receive Supported Employment Services or Time Limited Services is the responsibility of the VRC in conjunction with the consumer and the job coach. This decision can be made at any time in the process and can also be reversed depending upon consumer needs, but it is most often made during the PRE-IPE meeting. As with any DVRS service, that service is contingent upon supervisory approval.

Consumers not appropriate for job coaching services are those in need of traditional job development and placement assistance as provided by a Vocational Rehabilitation Counselor (VRC) and/or a County Career One-Stop.

This decision of SE vs. TLJC service appropriateness is an important one that should be addressed in a direct manner between the VRC, consumer, job coach and other stakeholders. In some instances, the SE or TLJC decision has been made without much thought and even granted automatically depending upon the VRC's or vendor's preference. SE should not be considered automatically as the first choice for individuals with significant or the most significant disabilities. Rather, this decision must be based on individual need and a solid rationale. The consumer should not receive the extended services (LTFA) of supported employment simply as a form of insurance should they encounter difficulties.

When a consumer who should be receiving time-limited job coaching is provided supported employment services instead, there is often a mismatch that causes inappropriate job coaching activity and billing. LTFA consumers not in need of extended services expend the limited financial resources of this state funded and budgeted LTFA program which is reauthorized (or not) on an annual basis.

Once a job match is secured and job placement achieved, the next phase is coaching, either intensive or time-limited. Coaching continues until job stabilization is reached for both intensive and time-limited. For supported employment coaching, long-term follow-along begins at job stabilization. Once consumers reach ninety days in LTFA, cases may be closed as a successful rehabilitation. Time-limited cases that reach job stabilization may be closed successfully after employed ninety days following the last date of service.

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Time-Limited Job Coaching (TLJC)

Consumers Appropriate for TLJC

Time-Limited Job Coaching (TLJC) is typically for consumers that require pre-placement services, the one-on-one front-end job match placement assistance followed by direct training services provided by the job coach. The time-limited consumer needs the assistance of the job coach to learn his or her job duties and other routines, and make the initial adjustment to the job in order to achieve job stabilization. The time-limited consumer will not require extended services and is basically independent thereafter. Consumers who are determined Priority 2 or Priority 3 receive this service.

TLJC Billable Activities

1. New employee training including computerized training. Could include orientation and new hire (on-boarding) activities to assist the consumer's entry into new employment, including assistance with required documentation completion.
2. On-site (preferred) job coaching and direct training on expected job duties and tasks to employer job performance standards.
3. Job and task analysis, task competency support including the development of compensatory strategies, interventions, jigs, accommodations, and natural supports to optimize job performance and achieve job stabilization.
4. Travel training to and from the job and home.
5. Negotiation with an employer about an individual consumer regarding current employment issues/concerns as well as job/task analysis to increase job duties and work hours.
6. Off-job site contact meetings and phone/text, electronic, virtual communications, and e-mail contact with consumer when employer restricts meetings on the job site, or as mutually agreed upon per informed consumer choice. **At least one contact with the employer per month is required in these instances.**
7. Conferences and service team meetings with the employer, VRC, consumer, family/guardian, collaborating partners and stakeholders.
8. Technical consultation with the VRC.
9. Referral assistance and advocacy in order to assist the consumer to obtain necessary and required community supports and services (housing, transportation, mental/medical, financial) that are directly related to successful job maintenance/retention. Job coach may accompany consumer for initial information/appointment if required for service linkage. **Advance approval from the VRC is required.**
10. Activities that assist with maintaining employment, such as preparing documents, coordinating appointments for Benefits Counseling, formulating Impairment Related Work Expense (IRWE) plans, Plans for Achieving Self-

Support (PASS) and Medicaid Workability with Social Security Administration (SSA.) **Advance approval from the VRC is required.**

TLJC Non-Billable Activities

1. Time spent on report writing, general e-mailing, and requests for units of service.
2. Non-purposeful e-mails and phone/text calls including leaving messages to VRC, consumers, employers, family/guardian, collaborating partners and stakeholders.
3. Three or more missed consumer appointments without a service team meeting.
4. Job coach travel unless it is the travel training of the consumer related to a specific job.
5. Any time spent with the consumer without written authorization and authorized payment voucher from DVRS.
6. Job search for additional employment opportunities when work hours at current job placement are reduced.
7. Volunteer work.
8. Time spent in discussion or preparing documents to meet non-DVRS agency requirements.
9. End of payment voucher documentation and report writing.

NOTE: If the quality criteria in documentation and reporting is not achieved at any point throughout the service, it will be returned to the job coach for amendment and VRC review prior to the service team meeting.

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JOB COACHING PROGRESS REPORT & SERVICE LOG

Consumer Information		
Name of Consumer: _____	Provider: _____	
Job Coach: _____ Phone: _____ E-Mail: _____	Reporting Period: Start Date: _____ End Date: _____	
IPE Vocational Goal: _____	Voucher/Invoice #: _____	
DVRS Office: _____ DVRS Counselor (VRC): _____	Phone: _____ Email: _____	
Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown DDD Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Support Coordination Agency: _____ Support Coordinator: _____ Phone: _____ E-Mail: _____		
Employment Information		
Consumer's job title: _____	Hire date: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per diem
Employer: _____	Address: _____	City, State, Zip: _____
Hours per week: _____	Days per week: _____	Hourly rate: \$ _____
Intervention Plan		
The intervention plan is a monthly overview of the employer's standards, consumer's performance, and the job coach's plan for progressively fading services. Each intervention should be addressed in the progress notes section of this document. This plan should change over time to reflect new information and/or interventions. Maximize the impact of your supports when you are not on the site.		
<u>Unmet Employer Standard</u> BEST PRACTICE: Employee is required to... Or Employee is expected to...	<u>Consumer's Performance for Unmet Standard</u> What is occurring... When is it occurring... How do you know... Why is it occurring...	<u>Job Coach's Plan to Address Unmet Standard</u> What steps have been taken in order to assist this individual with achieving job stabilization?
1		
2		
3		
4		
5		
Comments:		

Date/Coach Time (Start/End)	<u>Purpose of Visit</u> (What were you there to do?)	<u>Observations</u> (What did you observe?)	<u>Interventions</u> (What did you contribute?)	<u>Next Steps</u> (What will you do next?)
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				

Total Hours Used on Log	
--------------------------------	--

Signature

My signature confirms the activities/services occurred as indicated.

Signature of Job Coach: _____ Date: _____

Signature of Supervisor: _____ Date: _____

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Supported Employment (SE) Intensive Job Coaching

Workforce Innovation and Opportunity Act (W.I.O.A.)

Definition of Supported Employment

Competitive integrated employment, including customized employment, or employment in an integrated work setting in which an individual with a most significant disability, including a youth with a most significant disability, is working on a short-term basis toward competitive integrated employment that is individualized, and customized, consistent with the unique strengths, abilities, interests, and informed choice of the individual, including with ongoing support services for individuals with the most significant disabilities – *Code of Federal Regulations (CFR) Section 361.5 and 363.1*

Description of Competitive Integrated Employment (CIE)

- Earnings equal to or greater than the Federal, State, or local minimum wage rate (whichever is higher) where the place of employment is located; and
- Comparable to the customary rate paid by the employer to employees without disabilities in similar positions with comparable skills, experience and training; and
- Employee must receive benefits comparable to those of employees without disabilities in similar positions and be eligible for the same opportunities for advancement.
(R.S.A.) Regional Training Series)

New Jersey Eligibility for Supported Employment

The eligibility component for New Jersey is addressed by adopting the Federal Regulations as stated in the Code of Federal Regulations (CFR) Section 361.5 and 363.1 which reads:

Supported Employment Eligibility:

Any individual with the most significant disabilities, including youth —

- For whom competitive integrated employment has not historically occurred; or
- For whom competitive integrated employment has been interrupted or intermittent as a result of a significant disability; and

- Who, because of the nature and severity of the disability, need intensive supported employment services, and extended services after the transition from support provided by the designated State unit in order to perform the work.

Consumers Appropriate for SE Intensive Job Coaching (SEIJC)

Consumers typically appropriate for SE Intensive Job Coaching (SEIJC) services must be determined to have a most-significant disability or significant disability and because of the nature of the disability, require a more intense one-on-one level of service, intervention and referral to a job coaching agency. Consumers who are determined Priority 1 or Priority 2 receive this service. All DVRS case services are provided on an individual basis that ultimately depend upon individual need(s).

Significant Changes to SE made by W.I.O.A.

W.I.O.A. extended the time frame for the provision of supported employment services from 18 months to 24 months, unless under special and documented circumstances. When this occurs, the eligible individual and the rehabilitation counselor jointly agree to extend the time to achieve the employment outcome identified in the individualized plan for employment (IPE). (Section 7(39)(C) of the Act and §§361.5(c)(54)(iii) and 363.50(b)(1) of the regulations)

W.I.O.A. requires supported employment to be in competitive integrated employment or, if not in competitive employment, in an integrated work setting in which the individual is working toward competitive integrated employment on a short-term basis. W.I.O.A. requires the availability of supported employment funds and/or VR program funds for providing extended services to youth with the most significant disabilities.

Extended Services for Youth with the Most Significant Disabilities

Under W.I.O.A., Designated State Units (DSU) may use the SE program or VR funds to provide extended services only to youth with the most significant disabilities.

Section 604(b)(2) of the Act, as amended by W.I.O.A., mandates that the VR agency make available extended services for youth with the most significant disabilities for a period not to exceed four years. §363.4(a)(2) of the regulations clarifies that extended services may be provided for a period of up to four years or until such time that a youth reaches the age of 25 and no longer meets the definition of a “youth with a disability” under 34 CFR 361.5(c)(58), whichever occurs first.

A youth may no longer be eligible to receive extended services provided by the VR agency with funds allotted under the Supported Employment program or the VR program because the individual:

1. No longer meets age requirements established in the definition of a youth with a disability; or
2. Has received extended services for a period of four years; or
3. Has transitioned to extended services provided with funds other than those allotted under the VR or Supported Employment programs prior to meeting the age or time restrictions.

NOTE:

Extended supports, also known by NJ DVRS as Long-Term Follow-Along or LTFA, is the final phase of Supported Employment and is designed to assist consumers who are the most significantly disabled with long-term job retention. LTFA is an annual state appropriated funded and contractual program that provides supports to youth and adults with the most significant disabilities for as long as the consumer needs the extended supports, which could end when interventions are no longer necessary, or could continue for the life of their job.

Title VI-B Funds

W.I.O.A. made several significant changes to Title VI-B of the Act, which governs the SE program. Most importantly, W.I.O.A. requires states to reserve at least 50% of their supported employment grant for the provision of supported employment services to youth with the most significant disabilities. Additionally, supported employment begins with intensive job coaching followed by extended supports (Long-Term Follow-Along).

In order to remain in compliance with RSA guidance, DVRS has created two fund types to distribute Title VI funds for supported employment.

- 06 which is for individuals with **a most significant disability** who needs **supported employment**
- 07 for youth with a disability who is not younger than 14 years of age and not older than 24 years of age who need **supported employment**

Only SE Intensive Job Coaching cases can be charged to 06 or 07 funds. The consumer must have a supported employment goal in their IPE and have already been placed in employment. W.I.O.A. allows Title I funds to be used for supported employment once Title 06 and 07 funds have been exhausted. (DVRS ADMINISTRATIVE MEMORANDUM AM 20-020)

Coding for SE Funding

Supported Employment Services are to be provided for those individuals determined to be the most significantly disabled and who require intensive supports for an extended period of time. (Intensive Job Coaching to be followed by Long-Term Follow-Along (LTFA)).

Updates have been made to the Aware system to reflect accurate coding for SE. SE-Intensive Job Coaching is no longer under the general category of (Miscellaneous Training & Tutoring) MISC.TRAINING/TUTORING. It is now under the general category:

SUPPORTED EMPLOYMENT SERVICES

When a case is put into a plan for Supported Employment, the VRC must check off the box in Aware for SE, in order to continue with the case and issue vouchers for SE.

Supported Employment Services	
SE Intensive Job Coaching	\$53
SE Intensive Job Coaching with ASL	\$68

SE Intensive Job Coaching Billable Activities

1. New employee training including computerized training. Could include orientation and new hire (on-boarding) activities to assist the consumer's entry into new employment, including assistance with required documentation completion.
2. On-site (preferred) job coaching and direct training on expected job duties and tasks to employer job performance standards.
3. Job and task analysis, task competency support including the development of compensatory strategies, interventions, jigs, accommodations, and natural supports to optimize job performance and achieve job stabilization.
4. Travel training to and from the job and home.
5. Negotiation with an employer about an individual consumer regarding current employment issues/concerns as well as job/task analysis to increase job duties and work hours.
6. Off-job site contact meetings and phone/text, electronic, virtual communications, and e-mail contact with consumer when employer restricts meetings on the job site; or as mutually agreed upon per informed consumer choice. **At least one contact with the employer per month is required in these instances.**
7. Conferences and service team meetings with the employer, VRC, consumer, family/guardian, collaborating partners and stakeholders.
8. Technical consultation with the VRC.
9. Referral assistance and advocacy in order to assist the consumer to obtain necessary and required community supports and services (housing,

transportation, mental/medical, financial) that are directly related to successful job maintenance/retention. Job coach may accompany consumer for initial information/appointment if required for service linkage. **Advance approval from the VRC is required.**

10. Activities that assist with maintaining employment, such as preparing documents, coordinating appointments for Benefits Counseling, formulating Impairment, Related Work Expense (IRWE), Plans for Achieving Self-Support (PASS) and Medicaid Workability with Social Security Administration (SSA). **Advance approval from the VRC is required.**

SE Intensive Job Coaching Non-Billable Activities

1. Time spent on report writing, general e-mailing, and requests for units of service.
2. Non-purposeful e-mails and phone/text calls including leaving messages to VRC, consumers, employers, family/guardian, collaborating partners and stakeholders.
3. Three or more missed consumer appointments without a service team meeting.
4. Job coach travel unless it is the travel training of the consumer related to a specific job.
5. Any time spent with the consumer without written authorization and authorized payment voucher from DVRS.
6. Job search for additional employment opportunities when work hours at current job placement are reduced.
7. Volunteer work.
8. Time spent in discussion or preparing documents to meet non-DVRS agency requirements.
9. End of payment voucher documentation and report writing.

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DVRS Office: _____ DVRS Counselor (VRC): _____	Phone: _____ Email: _____	
Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown DDD Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Support Coordination Agency: _____ Support Coordinator: _____ Phone: _____ E-Mail: _____		
Employment Information		
Consumer's job title: _____	Hire date: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per diem
Employer: _____	Address: _____	City, State, Zip: _____
Hours per week: _____	Days per week: _____	Hourly rate: \$ _____
Intervention Plan		
The intervention plan is a monthly overview of the employer's standards, consumer's performance, and the job coach's plan for progressively fading services. Each intervention should be addressed in the progress notes section of this document. This plan should change over time to reflect new information and/or interventions. Maximize the impact of your supports when you are not on the site.		
<u>Unmet Employer Standard</u> BEST PRACTICE: Employee is required to... Or Employee is expected to...	<u>Consumer's Performance for Unmet Standard</u> What is occurring... When is it occurring... How do you know... Why is it occurring...	<u>Job Coach's Plan to Address Unmet Standard</u> What steps have been taken in order to assist this individual with achieving job stabilization?
1		
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3		
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Comments:		

Date/Coach Time (Start/End)	<u>Purpose of Visit</u> (What were you there to do?)	<u>Observations</u> (What did you observe?)	<u>Interventions</u> (What did you contribute?)	<u>Next Steps</u> (What will you do next?)
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				
Date: Coach: Start: End: Total:				

Total Hours Used on Log	
--------------------------------	--

Signature

My signature confirms the activities/services occurred as indicated.

Signature of Job Coach: _____ Date: _____

Signature of Supervisor: _____ Date: _____

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Fading

Fading is a process used by job coaches to help consumers be more independent while reducing the consumers' dependency on intensive job coaching. It can be applied during and after a consumer has learned tasks that are considered essential job functions. Fading does not translate to complete independence or mastery of the job. Fading works best when there are strong natural supports so the ongoing presence of a job coach is no longer needed.

Decisions about when to begin fading varies and is often based on the effectiveness of the workplace/employer supports, on-site job coaching supports, natural supports, and consumer's progress on the job. This requires sound data collection procedures and interpretation by job coaches regarding tasks that the consumer performs independently as well as areas where the consumer continues to benefit from assistance. The data is used in the development of natural supports and ongoing supports.

Natural supports are supports from supervisors and co-workers occurring in the workplace that assist consumers to perform their jobs. They include supports already provided by employers for all employees. These supports may be formal or informal and may include mentoring, supervision (with on-going performance feedback), training/learning a new job skill, and socializing with employees during breaks or after work.

Natural supports originate from within rather than from outside the workplace, are consistent with the work culture, and typically available and/or perceived as usual. Support can occur automatically in the workplace, or facilitated by a job coach.

The process of fading usually starts with the job coach discussing these steps with the consumer, VRC, employer, (including supervisors and co-workers), and other stakeholders who are part of the consumer's support system/service team. It is important to emphasize the presence of job/natural supports identified and developed to address any concerns that may arise.

As needed, the job coach will be clear about the gradual decrease in presence of on-site supports and provide assurances about ongoing follow-along services. Long-term follow-along support is available throughout the consumer's employment.

Long-term ongoing supports are monitored by the job coach. They provide supports to consumers, families/guardians, other stakeholders, and employers/co-workers over time. Ongoing support activities evaluate the quality of SE services through process indicators, outcome measurements, and satisfaction indicators.

The job coach ensures the employers satisfaction with the job coach, and the performance of the consumer. Job coaches also determine the satisfaction of the consumer with the job

coach and status with job. They observe to determine if additional, or different services are needed to retain the job.

As an ongoing support, the job coach will collect additional information regarding the consumer's progress from family/guardian members, other stakeholders, coworkers, treatment teams, or support coordinators. Job coaches conduct monthly on-site observations and record progress in a consistent manner.

Long-term follow-along can end when interventions are no longer needed and the consumer demonstrates full independence performing essential job functions as determined by the employer.

Key Facts about Fading

- Fading occurs in steps and can include:
 - From physical proximity
 - During portions of tasks
 - Leave work area briefly
 - Leave building briefly
 - Leave site on a scheduled basis
 - Spot check once a day – unannounced
 - Meet at beginning and end of shift
 - Weekly visit
 - Monthly visit
- Promotes workplace integration & independence
- Develop a timeline with consumer, employer, co-worker, and other involved natural supports
- Focus on interventions and strategies for tasks that continue to need to be mastered, not tasks performed independently
- Ensure consumer knows and can access natural supports
- Emphasize the presence of and continued development of job
- Provide assurances about ongoing services through LTFA

Long-Term Follow-Along (LTFA)

NJDVRS uses the term “Long-Term Follow-Along Services” (LTFA) to describe the extended supports phase of Supported Employment and is designed to assist consumers who are the most significantly disabled with long-term job retention.

LTFA begins when the following occurs:

- Job stabilization has been achieved (no new barriers have arisen i.e. disability related, transportation);
- The job placement matches the vocational goal established in the IPE;
- The consumer is performing to the employers expectations;
- Consumer and employer are satisfied with the placement outcome;
- Natural supports have been developed and utilized;
- The consumer will require a minimum of two follow-along contacts per month in order to maintain employment;
- The Verification of Transition to Extended SE Services & the Need for DVRS Long-Term Follow-Along Funding (LTFA) Form is completed with RSA disability codes entered accurately by the VRC; and
- An initial LTFA Service Plan has been developed.

LTFA Plan

The LTFA plan is an extension of the SE intensive job coaching intervention plan and must be related to the consumers' limitations in functional areas (i.e. self-care, understanding and use of language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency), as are necessary to maintain employment. Follow-along services monitor work performance and job satisfaction from the consumer's and employer's perspectives.

The plan will include date of entry into LTFA; the name of the consumer and job coach; as well as details of the job (i.e. employer, job title, work schedule, and salary). The job coach will submit the initial plan to the VRC for review and will be implemented when the consumer, job coach and VRC agree to its terms.

The LTFA plan will include:

Expected Job Performance – Follow the information noted in the Employee Performance column. Only list what tasks the consumer cannot perform without supports.

Employee Performance – List all tasks identified the consumer isn't doing per employer standard(s). They can include work tasks, behavior concerns, social skills concerns, self-care issues, etc. Any performance issues or concerns that can cause jeopardy of job loss.

Intervention Plan – Incorporates interventions and strategies that can help the consumer rise to the level of the standard(s). The interventions and strategies identified and listed should work even when the job coach is not at the job site to provide direct support.

The job coach will confirm service delivery activities through monthly documentation. The documentation will include evidence that, at a minimum, twice-monthly monitoring at the work site (preferred), or off-site, of each consumer in long-term follow-along to continue to assess employment stability.

Offsite job coaching must be approved by the VRC prior to SE initiation and entering into LTFA. Off-site monitoring will include the coordination of specific service provision away from the work site that are needed to maintain employment stability. A minimum of two meetings with the consumer and one contact with the employer are required each month when off-site monitoring is approved.

NOTE: The assigned PPDS LTFA Program Manager will approve off-site monitoring *after the case is closed successfully* as vocationally rehabilitated in the local DVRS field office.

The nature and amount of long-term follow-along needed varies from consumer to consumer. The type and intensity of support necessary will change over time. Job coaches must be skilled at making observations, collecting data, and asking the specific and targeted questions to predict and identify support(s) needed.

Interventions to consider may include assisting the consumer in learning new job duties, and relearning previously mastered skills and tasks but are currently being performed incorrectly or poorly. Other considerations include problem-solving issues that occur outside of work, which, if left unattended, could lead to difficulties on the job and possibility job separation.

Maintaining ongoing and regular contact with the consumer and employer is vital to the consumer's job retention. This feature of supported employment and long-term follow-along is one of the many benefits that may encourage business to hire consumers with disabilities and use supported employment services.

LTFA Contract Services and Activities

Long-Term Follow-Along (LTFA) is a contractual program area that is renewed each year based on annual vendor consumer projections and the annual state appropriation. Contract services and activities will be provided under the terms and conditions of the DVRS Long-Term Follow-Along (LTFA) program and the New Jersey Administrative Code N.J.A.C. 12:51. All DVRS vendors interested in providing LTFA services must be vetted and approved by the CRP Unit. At the discretion of DVRS, vendors may be required to apply to initiate or continue to provide LTFA through a Notice of Grant Opportunity (NGO) process and as such comply with the NGO rules and stipulations as mandated by DVRS.

The LTFA Program is managed by three Program Specialists in Central Office who provide monitoring, oversight, technical consultation and assistance to assigned vendors.

Vendors are required to bill using prescribed payment voucher and billing report on a monthly basis that is due to assigned central office program staff via email by the 10th of each month for services rendered the previous month.

Current LTFA state fiscal year funding closes out by July 31st of the new fiscal year. To avoid risk of non-payment, all current fiscal year obligations are due by July 10th.

Currently, the LTFA program has been able to provide three hours of service per consumer each month for the current State Fiscal Year at an hourly billable rate of \$53 for regular LTFA and \$68 for American Sign Language (ASL) LTFA (subject to change). Within the contractual allotted amount of service hours per consumer each month there should be at least two face-to-face contacts. Billable activities for LTFA are similar to intensive job coaching and must be documented.

Vendors are able to provide additional needed monthly units of service to consumers under their contract, for up to nine units. **Vendors must monitor their LTFA contract spending so not to exceed their contract ceiling.** Ten or more units of service, identified as LTFA Re-Stabilization and Re-Placement, requires approval from the assigned PPDS/LTFA Program Manager.

Vendors having zero (0) billing for any given month must submit a payment voucher indicating 0 billing.

New consumers entering the LTFA Program are tracked in central office by submission of the required Verification of Transition to Extended SE Services & the Need for DVRS Long-Term Follow-Along Funding (LTFA) Form with monthly LTFA billing and reporting that indicates the new consumer status during that month.

A consumer's case cannot be moved to LTFA or closed at a local field office by their VRC with a plan to address existing concerns/dissatisfaction with the job. Rather, the case should remain open until the consumer is satisfied with the job or a new job match placement is made. Similarly, a case should not move into LTFA if the consumer is unstable at their job and still in need of intensive job coaching.

Exiting consumers from LTFA will have a Verification of Termination from DVRS Long-Term Follow-Along (LTFA) Form completed by the vendor. The reason for termination needs to be checked off by the vendor and submitted with the monthly LTFA billing and reporting to indicate removal from the LTFA roster.

There are times when a consumer will need to reopen his or her case in the local DVRS office. This case will need to be reviewed with the assigned PPDS/LTFA Program Manager. Should it be determined that the case needs to be reopened, a Verification of Termination from DVRS Long-Term Follow-Along (LTFA) Form will be completed by the job coach and will accompany a field office referral form with six months' service logs once a consumer is released from the LTFA Program. The signed verification of termination form will also be sent to the assigned PPDS/LTFA Program Manager with the

monthly billing and reporting.

Consumers who are in the first 90 days of being in the LTFA Program have an open case in a local field office. The assigned PPDS/LTFA Program Managers will consult with the assigned VRC if any issues or needs arise such as requests by vendors for Re-Stabilization or even Re-Placement services. If consumers experience job loss during the first 90 days of LTFA then the VRC will need to determine if the consumer should return to preplacement or receive another service. Vendors must submit monthly service logs to the VRC from the time the consumer enters the LTFA Program through case closure.

LTFA for DDD Eligible Consumers

DVRS and DDD (Division of Developmental Disabilities) have a Memorandum of Understanding (MOU) that stipulates all DDD eligible consumers with Medicaid are to receive LTFA funding through DDD. DDD Eligibility is an important question for the DVRS Counselor to ask during the survey interview for vendor choice and selection as well as appropriate funding source as cases progress. Completion of the F3 Form should be initiated by the VRC and submitted to the DDD Support Coordinator at the time the Individualized Plan for Employment (IPE) is written and signed in order to initiate DDD funding for LTFA.

In addition, any consumer currently in the DVRS LTFA Program identified as being DDD Eligible with Medicaid will be transferred from DVRS LTFA to DDD LTFA. An F3 Form between DVRS and a DDD Support Coordinator will initiate the transfer of LTFA funding. There are two conditions:

1. If the case is closed successfully rehabilitated in local field office - The assigned PPDS/LTFA Program Manager in DVRS Central Office will contact the DDD Support Coordinator and request the F3 Form. The Support Coordinator completes and sends the F3 to the assigned PPDS/LTFA Program Manager to be verified and processed; who in turn sends it to the vendor.
2. If the case is open in the local office - The Support Coordinator will complete and send it to the VRC for verification and signature; who in turn sends it to the vendor (the VRC will case note the transfer in Aware).

The vendor completes the Verification of Termination from DVRS Long-Term Follow-Along (LTFA) Form by selecting Transfer to DDD as the reason for termination. The vendor then submits the form to the assigned PPDS/LTFA Program Manager.

Consumers who are no longer DDD Eligible with Medicaid and in need of LTFA should be referred back to the local field office for an expedited case opening with three units of

intensive job coaching prior to initiation of LTFA as outlined in the Guidelines when working with Consumers no longer eligible for LTFA funding under DDD. The DDD LTFA Transfer Referral Form for Vendors and DVRS Counselors should be completed and submitted with the referral.

LTFA for CBVI Eligible Consumers

A consumer receiving CBVI services will receive LTFA funding through DVRS. A CBVI consumer who is DDD eligible will receive LTFA funding through DDD.

The CBVI Counselor will verify LTFA using the Verification of Transition to Extended SE Services & the Need for DVRS Long-Term Follow-Along Funding (LTFA) Form for DVRS, and the F3 for DDD eligible consumers. Once signed, these forms will be sent back to the vendors to send with monthly billing and reporting to the assigned PPDS/LTFA Program Manager.

LTFA Re-Stabilization and Re-Placement Services

LTFA Re-Stabilization and Re-Placement are separately funded services under the LTFA Program and must be approved by the assigned PPDS/LTFA Program Manager. The vendor submits an email case summary of request to include justification rationale and minimum number of hours requested (the assigned PPDS/LTFA Program Manager may request service logs for review). The assigned PPDS/LTFA Program Manager will approve the service in ten-unit increments, but have clinical latitude to approve additional units of service on a case by case basis.

NOTE: Re-Stabilization and Re-Placement services are only available and may be approved when the case has been closed as vocationally rehabilitated in the DVRS field office.

LTFA Re-Stabilization is requested by the vendor when there is a need to provide 10 or more hours over the contractual allotted amount to the assigned PPDS/LTFA Program Manager. It is available for consumers that are having issues and difficulties on the job that require additional units of service for a brief period of intensive on-site supports. The purpose is to prevent job loss, or if a consumer has been assigned additional job duties that are beyond anticipated skills development, and require a brief period of on-site intensive coaching to learn and perform the new tasks to the employer's expectations.

LTFA Re-Placement is requested by the vendor to the assigned PPDS/LTFA Program Manager for consumers that have been separated from their employment due to lay-off, business closing, put on an on-call status, and reduction of work hours to almost none. Consideration to consumers that have been terminated or self-terminated are based on a review of the circumstances involved and on a case by case basis. In addition, the assigned PPDS/LTFA Program Manager will review additional vocational and clinical

aspects of the case to determine if Re-Placement under LTFA is appropriate or if the consumer would be better served by having their case reopened in a local field office.

NOTE: LTFA Re-Stabilization and Re-Placement services are available from DDD for consumers who are DDD Eligible with Medicaid and receiving LTFA funding through DDD.

Funding for LTFA Re-stabilization or Re-placement services is not part of the annual contract, but still part of the annual state appropriation for the program. As soon as Re-Stabilization/Re-Placement is approved by the assigned PPDS/LTFA Program Manager the vendor begins billing each service on two separate payment vouchers. It is required to **always utilize and bill the contracted monthly allotted hours to the Regular/ASL LTFA voucher. After the allotted hours are completed billing is initialed for the additional approved hours on the Re-stabilization/Re-placement LTFA/ASL payment voucher.** The number and names of consumers served are to be entered on the Re-Stabilization/Re-Placement payment voucher. All service log activities with hours noted are to accompany the payment voucher. Requests for new hours require prior approval by the assigned PPDS/LTFA Program Manager.

Returning to LTFA

Occasionally, there are consumers who graduated the LTFA program but experience difficulties on the same job or duties are added that cause them to reach out to their former job coach for assistance.

1. The vendor will contact the assigned PPDS/LTFA Program Manager and provide a justification rationale for approval to reinstate the consumer on their LTFA roster.
2. If approved a new Verification of Transition to LTFA will be completed by the LTFA vendor and sent to the assigned PPDS/LTFA program manager for signature and returned to be submitted with the next month's billing and reporting.
3. A notation in the comments section of the monthly LTFA billing reports indicating the return will be completed.

Transferring LTFA Vendors

There are times when consumers will require a transfer to a different LTFA vendor.

1. Requests with justification rationale for transfer of LTFA vendor must be emailed to the assigned PPDS/LTFA Program Manager for approval.
2. Upon approval the Verification of Termination from LTFA Form will be completed by the sending LTFA vendor and a new Verification of Transition to LTFA will be completed by the assigned PPDS/LTFA Program Manager and sent to the receiving LTFA vendor.
3. A progress note in the service logs and a notation in the comments section of the

monthly LTFA billing report indicating the transfer will be completed.

4. A release of information must be signed in order for pertinent case records to be shared.
5. A billable service team transition meeting should be coordinated by the sending LTFA vendor to include the sending and receiving LTFA vendors' job coaches as well as the consumer and employer.

Medical/Disability Leave of Absence

There are times a consumer becomes ill or experiences issues related to their disability. When this occurs, the consumer may need to take a medical leave of absence from their job. This must be reported to the assigned PPDS/LTFA Program Manager (and the VRC if the case is still open in the local office) in the form of a narrative describing the situation and prognosis. The vendor will consult with the employer and report to the assigned PPDS/LTFA Program Manager (and the VRC if the case is still open in the local office) the status of the consumer's job.

1. If returning to work the consumer will obtain medical clearance documentation and submit to the vendor, with a copy to be maintained in the consumer's case file.
2. If not returning to work, LTFA will terminate, the vendor will complete the LTFA Termination form and submit that with the current month's billing and reporting.
 - a. When and if the consumer is ready to return to work, they will notify their local DVRS office and request to reopen their case.

NOTE: The consumer's LTFA service logs are maintained by the vendor and can be sent to the VRC upon request.

LTFA Consumers in Need of Assistive Technology (AT) and/or Hearing Aids

A consumer may require an assistive technology device and/or hearing aids while receiving LTFA. The consumer, with assistance from their LTFA job coach, will reach out to their local DVRS office and complete a DVRS referral form to request service(s). The LTFA job coach will also notify by email the assigned PPDS/LTFA Program Manager of the referral.

The VRC will determine if the consumer will be best served through post-employment services or needs to open a new case to receive assistance. The assigned PPDS/LTFA Program Manager will be notified by email from the VRC of the status of the consumer's case. The assigned PPDS/LTFA Program Manager will make the determination if LTFA services are still appropriate or if the consumer is ready to graduate from the LTFA Program. The assigned PPDS/LTFA Program Manager will correspond with the local DVRS office by email to make them aware the consumer will remain in or graduate from the LTFA Program during the authorized service(s).

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LTFA Billable Activities

1. Continued on-site (preferred) and off-site job contact visits to maintain job stabilization and ongoing engagement of natural supports.
2. Purposeful and documented emails and phone calls/text messages to assigned PPDS/LTFA Program Manager, VRC (initial 90 days), consumers, employers, family/guardian, and collaborating partners/stakeholders.
3. Two missed client appointments no more than 15 minutes each.
4. Conducting task(s) analysis for additional job duties in order to negotiate an increase in work hours and/or opportunity for advancement with employer.
5. Negotiating option of job trial for proposed added job duties as a result of task(s) analysis.
6. Conferences/service team meetings held with any of the following: employer, VRC (initial 90 days), consumer, family/guardian, and collaborating partners/stakeholders.
7. Technical consultation/assistance with the VRC during the first 90 days in LTFA or until successful rehabilitation case closure.
8. Monthly contracted units of service and if justified up to 9.75 units of service with required advance approval from the assigned PPDS/LTFA Program Manager for need to provide 10 or more units of service.
9. Job Re-Stabilization and/or Re-Placement services that requires e-mail advance approval from the assigned PPDS/LTFA Program Manager in Central Office.
10. Job search/development activities for clients approved for Re-Placement.
11. Technical consultation/assistance with the assigned PPDS/LTFA Program Manager
12. Travel training consumer's if needed due to move/relocation, changes with mode of transportation, employment location or new employment after Re-Placement.
13. Referral/outreach assistance and advocacy in order to assist consumer's to obtain necessary and required community supports and services (housing, transportation, mental/medical, financial) that are directly related to successful job maintenance/retention. Job coach may accompany consumers for initial information/appointment if needed for service linkage. **Advance e-mail approval from assigned PPDS/LTFA Program Manager is required.**
14. Activities that assist with maintaining employment, such as preparing documents, coordinating appointments for Benefits Counseling, formulating Impairment Related Work Expense (IRWE), Plans for Achieving Self-Support (PASS) and Medicaid Workability with Social Security Administration (SSA). **Advance e-mail approval from the PPDS/LTFA Program Manager is required.**
15. Assistance with filing for Unemployment Insurance (UI) with e-mail **advance approval from the assigned PPDS/LTFA Program Manager** and e-mail notification to the VRC during the first 90-days in LTFA while consumer's case is

open in a local field office. The VRC will need to determine if the consumer should return to pre-placement or receive another service.

LTFA Non-Billable Activities

1. Time spent on report and service logs/progress note writing, general emailing and requests for units of service.
2. Non-purposeful and general e-mails and phone calls/text messages including leaving messages to VRC (initial 90 days), assigned PPDS/LTFA Program Manager, consumers, employers, family/guardian, and collaborating partners/stakeholders.
3. Three or more missed consumer appointments without a service team meeting.
4. Job coach travel unless it is to provide travel training to consumers.
5. Any time spent with consumer beyond 9.75 hours, without prior email approval from the assigned PPDS/LTFA Program Manager.
6. Job search/Re-Placement services and activities for additional/new employment opportunities without prior email approval from the assigned PPDS/LTFA Program Manager.
7. Poorly planned job development activities for Re-Placement, including general internet surfing or “virtual job development” and “canvassing” area businesses with no follow-up (in-person preferred) contact with employers.
8. Time spent in discussion or preparing documents to meet non-DVRS agency requirements.
9. All services listed in the billable activities section that did not receive the required email advance approval from the assigned PPDS/LTFA Program Manager.

LTFA Re-Stabilization Billable Activities

1. New employee training for Re-Placement including computerized training. Could include orientation and new hire (on-boarding) activities to assist the consumer’s entry into new employment, including assistance with required documentation completion.
2. On-site (preferred) job coaching and direct training on expected job duties and tasks to employer job performance standards.
3. Job and task analysis, task competency support including the development of compensatory strategies, interventions, jigs, accommodations, and natural supports to optimize job performance and achieve job Re-Stabilization.
4. Travel training to and from the job and home.
5. Negotiation with an employer about an individual consumer regarding current employment issues/concerns as well as job/task analysis to increase job duties and work hours.
6. Off-job site contact meetings and phone/text, electronic, virtual communications, and e-mail contact with consumer when employer restricts meetings on the job site; or as

mutually agreed upon per informed consumer choice. **At least one contact with the employer per month is required in these instances.**

7. Conferences and service team meetings with the employer, consumer, family/guardian, collaborating partners and stakeholders.
8. Technical consultation with assigned PPDS/LTFA Program Manager.
9. Referral assistance and advocacy in order to assist the consumer to obtain necessary and required community supports and services (housing, transportation, mental/medical, financial) that are directly related to successful job maintenance/retention. Job coach may accompany consumer for initial information/appointment if required for service linkage. **Advance approval from the Assigned PPDS/LTFA Program Manager is required.**
10. Activities that assist with maintaining employment, such as preparing documents, coordinating appointments for Benefits Counseling, formulating Impairment Related Work Expense (IRWE), Plans for Achieving Self-Support (PASS) plans and Medicaid Workability with Social Security Administration (SSA.) **Advance approval from the assigned PPDS/LTFA Program Manager is required.**

LTFA Re-Stabilization Non-Billable Activities

1. Time spent on report, service logs/progress note writing, general e-mailing, and requests for units of service.
2. Non-purposeful e-mails and phone/text calls including leaving messages to consumers, assigned PPDS/LTFA Program Manager, employers, family/guardian, collaborating partners and stakeholders.
3. Three or more missed consumer appointment without a service team meeting.
4. Job coach travel unless it is the travel training of the consumer related to a specific job.
5. Any time spent with the consumer without written approval/authorization from the assigned PPDS/LTFA Program Manager.
6. Job search activities for additional employment opportunities when work hours at current job placement are reduced.
7. Time spent in discussion or preparing documents to meet non-DVRS agency requirements.

LTFA Re-Placement Billable Activities

1. Technical consultation with the assigned PPDS/LTFA Program Manager.
2. Service team meetings with consumer, family/guardian, advocates and collaborating partner agencies/stakeholders.
3. Virtual job development for job leads that are in alignment with the consumer's interests, abilities, skills, and the vocational goal on the IPE. Documented follow-up (in-person preferred) including networking and relationship building with the prospective employers is required.

4. Internet job searches with job listings/postings conducted jointly with a specific consumer on an employment job board posting, employer websites or job search engines. Must be followed by direct (in-person preferred) employer contact.
5. Phone/text, electronic, virtual communications using secure and HIPAA compliant platforms, and e-mails with the assigned PPDS/LTFA Program Manager, consumer, family/guardian, partners/stakeholders, and prospective employers intended to foster job development activities and job match placement. The contacts must be specific to the consumer.
6. Job preparation and seeking skills development and training – interviewing, resume, cover and thank-you letter writing/revising assistance with consumer.
7. Interview preparation including employer research, appropriate attire / hygiene / presentation, and role-play.
8. Accompany consumer to scheduled job interview.
9. Structured and well-planned community-based job development with the individual consumer. Attendance at Job Fairs must be to meet employers that have potential jobs that match consumers' interest, skills, abilities and vocational goal.
10. Meeting with an employer about an individual consumer regarding posted job leads and potential job opportunities.
11. Job/task analysis for a specific consumer with prospective employer to negotiate job match placement.
12. Customized job development including job carving/restructuring plan and negotiation with employer.
13. Assisting the consumer with completing on-line and paper job applications followed by direct (in-person preferred) employer contact.
14. Two missed scheduled appointments with consumer up to 15-minutes wait time with documented follow-up to the assigned PPDS/LTFA Program Manager and consumer.
15. Arranging and coordinating appropriate transportation services and travel training for a specific job.
16. Assistance with required drug screening and background checks by a prospective employer.
17. Referral assistance/advocacy to community supports and services (housing, transportation, mental / medical, financial, identification) that is directly related to successful job match placement. Job coach may accompany consumer for initial information/appointment if required for service linkage. **Advance approval from the assigned PPDS/LTFA Program Manager is required.**
18. Orientation and new hire (on-boarding) activities to assist the consumer's entry into new employment, including assistance with required documentation completion.

19. Activities that assist with obtaining employment, such as preparing documents, coordinating appointments for Benefits Counseling, formulating Impairment Related Work Expense (IRWE), and Plans for Achieving Self-Support (PASS) and Medicaid Workability with Social Security Administration (SSA). **Advance e-mail approval from the PPDS/LTFA Program Manager is required.**

LTFA Re-Placement Non-Billable Activities

1. Time spent on report, service logs/progress notes writing, general e-mailing, and requests for units of service.
2. Non-purposeful e-mails and phone/text calls including leaving messages to the assigned PPDS/LTFA Program Manager, consumers, employers, family/guardian, collaborating partners and stakeholders.
3. Three or more missed consumer appointments without a service team meeting.
4. Job coach travel unless it is the travel training of the consumer to begin a specific job.
5. Any time spent with the consumer without prior written approval and approved hours (in 10-units or more) as determined by the assigned PPDS/LTFA Program Manager.
6. Poorly planned job development activities such as going from store to store at an indoor/outdoor shopping mall as well as internet surfing or “virtual job development” and “canvassing” area businesses with no follow-up (in-person preferred) contact with employers.
7. Job search activities related to volunteer work.
8. Time spent on general internet surfing and “virtual job development” for any available job not in alignment with consumers’ interests, abilities, skills, and vocational goal indicated on IPE and no follow-up (in-person preferred) contact with employer. The job coach must directly access appropriate job opening sites for individual consumers.
9. Time spent in discussion or preparing documents to meet non-DVRS agency requirements.

LTFA Forms:

[Verification of Transition to Extended SE Services & the Need for DVRS Long-Term Follow- Along Funding \(LTFA\) Form](#)

[Verification of Termination from DVRS Long-Term Follow-Along \(LTFA\) Form](#)

[DVRS/CBVI Determination Form for Individuals Eligible for the DDD \(F3 Form\)](#)

[DVRS LTFA Monthly Invoice – Regular](#)

[Funding for Long-Term Follow-Along Monthly Report – Regular](#)

[DVRS LTFA Monthly Invoice –ASL](#)

[Funding for Long-Term Follow-Along Monthly Report – ASL](#)

[DVRS LTFA Re-Stabilization Form](#)

[DVRS LTFA Re-Placement Form](#)

[DVRS LTFA Monthly Invoice – Regular R/S and/or R/P](#)

[Funding for Long-Term Follow-Along Monthly Report – Regular R/S and/or R/P](#)

[DVRS LTFA Monthly Invoice – ASL R/S and or R/P](#)

[Funding for Long-Term Follow-Along Monthly Report – ASL R/S and/or R/P](#)

[Guidelines when working with Consumers no longer eligible for LTFA funding under DDD](#)

[DDD LTFA Transfer Referral Form for Providers and DVRS Counselors](#)

NOTE: If the quality criteria in documentation and reporting is not achieved at any point throughout the service, it will be returned to the job coach for amendment and VRC review prior to the service team meeting.

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**Verification of Transition to
Extended SE Services & the Need for DVRS
Long-Term Follow-Along Funding (LTFA)**

DVRS Supported Employment LTFA Provider:

Consumer Name:

*Participant ID:

***Required by VRC**

The above named individual received supported employment services to reach a supported employment outcome. There is no other funding source available for extended SE services. Intensive SE Services ended or are scheduled to end:

Month-Day-Year:

Service is billable to the following LTFA account/rate (*check as applicable*):

Regular

ASL

RSA Disability Coding (4 digit codes entered by VRC as indicated on Certificate of Eligibility):

Primary:

Secondary:

Additional:

Name of Employer:

Address:

Phone Number:

FEIN:

The DVRS Counselor verifies:

- The employment outcome;
- Job stabilization has been achieved;
- The consumer will require a minimum of two follow-along contacts per month in order to maintain employment;
- The RSA disability codes are entered on this form accurately (SEE page 257 of the SE Manual for codes); and
- The first page of the initial LTFA Intervention Plan has been developed and is attached.

NOTE: If transfer between LTFA Providers when case is closed, this form must be completed and submitted to assigned PPDS in Central Office

DVRS / CBVI Counselor / PPDS Signature:

Print Name:

Date:

- 1) Copy to provider for submission with monthly billing.
- 2) Keep copy for DVRS case file.
- 3) Provider keep copy.

Rehabilitation Services Administration (RSA) Disability Coding

DISABILITY CODES are comprised of 4 DIGITS:

First two digits identify the **impairment** in function; second two digits identify the **cause** of the impairment.

CODES FOR DISABILITY IMPAIRMENT	CODES FOR CAUSES/SOURCE OF IMPAIRMENTS
<p><u>Codes for Impairments</u></p> <p>00 – No impairment</p> <p><u>Sensory/Communicative Impairments</u></p> <p>01 – Blindness 02 – Other Visual Impairments 03 – Deafness, Primary Communication Visual 04 – Deafness, Primary Communication Auditory 05 – Hearing Loss, Primary Communication Visual 06 – Hearing Loss, Primary Communication Auditory 07 – Other Hearing Impairments (Tinnitus, Meniere’s Disease Hyperacusis, etc.) 08 – Deaf Blindness 09 – Communicative Impairments (expressive/receptive)</p> <p><u>Physical Impairments</u></p> <p>10 – Mobility Orthopedic/Neurological Impairments 11 – Manipulation/Dexterity Orthopedic/Neurological Impairments 12 – Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments 13 – Other Orthopedic Impairments (e.g. limited range of motion) 14 – Respiratory Impairments 15 – General Physical Debilitation (fatigue, weakness, pain, etc.) 16 – Other physical Impairments (not listed above)</p> <p><u>Mental Impairments</u></p> <p>17 - Cognitive impairments REG VERIFICATION ONLY - NOT TO BE USED AS MH VERIFICATION (impairments involving learning, thinking, processing information and concentration) 18 - Psychosocial Impairments interpersonal and behavioral impairments, difficulty coping) 19 - Other Mental Impairments</p>	<p>00 – Cause unknown 01 – Accident/Injury (other than TBI or SCI) 02 – Alcohol Abuse or Dependence 03 – Amputations 04 – Anxiety Disorders 05 – Arthritis and Rheumatism 06 – Asthma and other Allergies 07 – Attention-Deficit Hyperactive Disorder (ADHD) 08 – Autism 09 – Blood Disorders 10 – Cancer 11 – Cardiac and other conditions of the circulatory system 12 – Cerebral Palsy 13 – Congenital Condition or Birth Injury 14 – Cystic Fibrosis 15 – Depressive and other Mood Disorders 16 – Diabetes Mellitus 17 – Digestive 18 – Drug Abuse or Dependence (other than alcohol) 19 – Eating Disorders (e.g. anorexia, bulimia or compulsive overeating) 20 – End-Stage Renal Disease and other Genitourinary System Disorders 21 – Epilepsy 22 – HIV and AIDS 23 – Immune Deficiencies excluding HIV/AIDS 24 - Mental Illness (not listed elsewhere) 25 – Mental Retardation 26 – Multiple Sclerosis 27 – Muscular Dystrophy 28 - Parkinson’s Disease and other Neurological Disorders 29 – Personality Disorders 30 – Physical Disorders/Conditions (not listed elsewhere) 31 – Polio 32 – Respiratory Disorders other than Cystic Fibrosis or Asthma 33 – Schizophrenia and other Psychotic Disorders 34 – Specific Learning Disabilities 35 – Spinal Cord Injury (SCI) 36 – Stroke 37 – Traumatic Brain Injury (TBI)</p>



DVRS Long-Term Follow-Along Funding (LTFA) Verification of Termination

DVRS Supported Employment LTFA Provider:

Consumer Name:

*Participant ID

*Required

Service was billable to the following LTFA account/rate (check as applicable):

Regular ASL

The above named individual received LTFA and services ended or are scheduled to end:

Month-Day-Year:

Please check the applicable reason for termination.

- Graduating LTFA
- Transferred to DDD LTFA
- Transferred to another LTFA Provider
- Referred back to field office (complete referral form) *
- Terminated from job
- Self-terminated from job
- Moved
- Lost to contact / uncooperative
- Refuses Services
- Medical
- Deceased
- Other:

Please sign to verify above:

Provider Staff:

Print Name:

- 1) Provider submits this form with monthly billing.
- 2) Provider keeps copy.
- * 3) When referring back to the local DVRS office, the provider submits this form, a completed referral, and 3-6 months' service logs.



New Jersey Division of Developmental Disabilities

Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind and Visually Impaired (CBVI) Determination Form for Individuals Eligible for the Division of Developmental Disabilities (DDD)

Form to be provided to the VR Counselor (by the Support Coordination Agency or DDD Case Manager) for individuals who are seeking both VR and DDD services

Completed by the Support Coordinator/DDD Case Manager

Name of Individual: [Click here to enter text.](#)

DDD ID#: [Click here to enter text.](#)

DOB: [Click here to enter a date.](#)

Last 4 digits of SS#: [Click here to enter text.](#)

Completed by VR Counselor

The following vocational rehabilitation services are available through DVRS/CBVI at this time:

- Vocational Training Services (specify): [Click here to enter text.](#)
- Supported Employment Services
- Trial Work Experience/Extended Evaluation
- Counseling/Guidance
- Post-Secondary/Educational
- Diagnostic Vocational Evaluation (DVE)
- Work Adjustment Training (WAT)
- Skills Training
- No VR services at this time due to the following:
 - Individual has decided not to apply for services at this time
 - Order of Selection
 - Transfer to another agency (please indicate the agency): [Click here to enter text.](#)
 - Case closure (please indicate the date in which the case was closed): [Click here to enter text.](#)
 - Other (please specify): [Click here to enter text.](#)

Anticipated End Date for the above mentioned VR services (if available): [Click here to enter a date.](#)

DVRS/CBVI Representative: [Click here to enter text.](#)

Office: [Click here to enter text.](#)

Signature: _____
DVRS/CBVI Representative

Date: [Click here to enter a date.](#)

Telephone#: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Completed by Support Coordinator/DDD Case Manager and Distributed by VR Counselor

Distribution: Please send the completed form to the following Support Coordinator/DDD Case Manager at the following email address:

Support Coordinator/Case Manager: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Telephone#: [Click here to enter text.](#)

REG LTFA Voucher



STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)				DOCUMENT			BATCH				ACTG. PER.	FY													
TC		AGY		NUMBER			TC		AGY		NUMBER														
A1		062											20												
PP START		SCHED PAY			CHK		OFF		F		CK		(A) VENDOR												
MO		DY		YR		MO		DY		YR		CAT		LIAB		A		TY		FL		Y		ID NUMBER	
																								VIN # HERE	
CONTRACT NO.		AGENCY REF.		BUYER		(B) TERMS				PAYEE: SEE INSTRUCTIONS FOR COMPLETEING ITEMS (A) THROUGH (G)				(C) TOTAL AMOUNT											
2020-(CONTRACT #)														\$0.00											
(D) PAYEE NAME AND ADDRESS												(E) SEND COMPLETED FORM TO:													
VENDOR INFO HERE												LTFA Contract Assistant 1 John Fitch Way P.O. Box 398 Trenton, NJ 08625-0398													
(F) PAYEE DECLARATIONS																									
I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.																									
												<input checked="" type="checkbox"/> VENDOR CFO SIGNS HERE													
												PAYEE SIGNATURE													
												PAYEE TITLE				BILLING DATE									
LINE NO	CD		AGY		REFERENCE NUMBER			LINE		(G) PAYEE REFERENCE															
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1	100	062	4535			108	N653	6150																	
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										TOTAL		\$0.00													
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Signature										Authorized Signature															
Title										Chief CRP Unit															
Date										Date															

NOTE: An invoice & monthly billing report indicating "0" hours is required even if no hours were used during the reporting month. Include a brief summary in comments section.

ASL LTFA Voucher



STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)				DOCUMENT				BATCH				ACTG. PER.	FY																																										
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NOTE: An invoice & monthly billing report indicating "0" hours is required even if no hours were used during the reporting month. Include a brief summary in comments section.

Division of Vocational Rehabilitation Services
Request for LTFA Re-Stabilization Form

Consumer: _____

Date: _____

Provider: _____

Job Coach: _____

Has the consumer received Re-stabilization or Re-placement in the past?

Yes No - If yes, check which one: Re-Stabilization Re-Placement

Vocational Goal (as indicated on IPE): _____

Current Employer: _____

Job Title: _____

Current Work schedule: _____

Length of time at current position: _____

Average number of LTFA hours over the past six (6) months': _____

Number of service hours requested: _____

Reason for Request (Summary of current situation): _____

1. If the consumer received Re-Stabilization or Re-Placement in the past explain the outcome: _____

2. What are the specific problems/issues consumer is having on the job?
 - a. Punctuality / Tardiness – Explain: _____
 - b. Reliability / Dependability – Explain: _____
 - c. Work Speed / Pace – Explain: _____
 - d. Work Tasks / Performance – Explain: _____
 - e. Communication – Explain: _____
 - f. Initiative – Explain: _____
 - g. Follows Direction – Explain: _____
 - h. Works Well with Others – Explain: _____
 - i. Works Independently – Explain: _____
 - j. Other: _____ – Explain: _____

3. Have there been any disability/medical related changes that impact their ongoing employability? Yes No If yes, explain: _____

4. Is retraining on previously learned skills/tasks required? Yes No
If yes, explain: _____
5. Is training on newly added skills/tasks required? Yes No
If yes, explain: _____
6. What steps/interventions/strategies have been explored to address questions 1 - 4? _____
7. Has anyone consulted and/or met with management to increase job satisfaction? Yes No
If yes, what has been the result of this? _____
8. If returning from an approved medical leave of absence, has medical documentation been provided to the employer with a copy placed in the consumer's case file?
 Yes No
If no, explain: _____
9. If a reduction in work hours is an issue, has there been any negotiations with the employer for additional duties/tasks, or, other nearby work locations where additional work hours can be offered? Yes No
If no, explain: _____

Division of Vocational Rehabilitation Services
Request for LTFA Re-Placement Form

Consumer: _____

Date: _____

Provider: _____

Job Coach: _____

Has the consumer received Re-stabilization or Re-placement in the past?

Yes No - If yes, check which one: Re-Stabilization Re-Placement

Vocational Goal (as indicated on IPE): _____

Current Employer: _____

Job Title: _____

Current Work schedule: _____

Length of time at current position: _____

Average number of LTFA hours over the past six (6) months': _____

Number of service hours requested: _____

Reason for Request (Summary of current situation): _____

1. If the consumer received Re-Stabilization or Re-Placement in the past explain the outcome: _____
2. Is the consumer still employed at this job? Yes No
3. Have there been any disability/medical related changes that impact their employability? Yes No
If yes, explain: _____
4. Identify and explain why the consumer wants/needs to find a new job:
 - a. Self-terminated (consumer quit)
 - b. Employer terminated
 - c. Plans to resign? Yes No (check all that apply)

(If a., b., or c. check all that apply)

- Performance – Explain: _____
- Disability/Medical – Explain: _____
- New management – Explain: _____
- Business closing – Explain: _____
- Hours reduced/hours close to on-call status – Explain: _____
- Employee relocated – Explain: _____

- Position eliminated – Explain: _____
- Transportation no longer feasible – Explain: _____
- Relocated – Explain: _____
- Career pathway – Explain: _____
- Other - Explain: _____

5. What negotiations/interventions have been explored with management to help them with job satisfaction in current job?

- a. Transfer to another employer location – Explain: _____
- b. Add additional employer location – Explain: _____
- c. Advancement at current or another employer location – Explain: _____
- d. Additional hours at current employer – Explain: _____
- e. Additional duties/tasks at current employer – Explain: _____
- f. Other: _____ – Explain: _____

Additional Comments: _____

6. If the consumer wants/needs new employment, what type of work or career pathway are they interested in pursuing? _____

7. Is the new employment sought in alignment with the vocational goal on their IPE? Yes No

If no, explain transferrable skills: _____

8. If consumer resigned or plans to resign from their position, was/will adequate notice provided/be provided to the employer as per employer's policy? Yes No

If no, explain: _____

9. If consumer has lost/left their position, has there been attempt to back-fill? Yes No

If no, explain: _____

REG RS/RP Voucher



STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)				DOCUMENT				BATCH				ACTG. PER.	FY
				TC	AGY	NUMBER		TC	AGY	NUMBER			
A1 062		PP START		SCHED PAY		CHK CAT	OFF LIAB	F A	RF TY	CK FL	(A) VENDOR ID NUMBER		
PO#	PV DATE			MO	DY	YR	MO	DY	YR		Y	VIN #	

CONTRACT NO.	AGENCY REF	BUYER	(B) TERMS	PAYEE:	SEE INSTRUCTIONS FOR COMPLETEING ITEMS (A) THROUGH (G)	(C) TOTAL AMOUNT
2020- (Contract #)						\$ -

(D) PAYEE NAME AND ADDRESS VENDOR NAME & ADDRESS	(E) SEND COMPLETED FORM TO: Assigned PPDS 1 John Fitch Way P.O. Box 398 Trenton, NJ 08625-0398
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(F) PAYEE DECLARATIONS

I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.

X _____ CFO SIGNATURE
PAYEE SIGNATURE

PAYEE TITLE

BILLING DATE

LINE NO	CD	AGY	REFERENCE NUMBER	LINE	(G) PAYEE REFERENCE
1	RA	062	4535RE20LTF	01	LTFA - (Month Here) Restabilization/Replacement
2					
3					

FUND	AGY	ORG CODE	SUB ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB OBJ	REV SRCE	SUB REV	PROJECT/JOB NO
100	062	4535		108	N653	6150				
2										
3										

RPT CT	BSACT	DT	DESCRIPTION	QUANTITY	AMOUNT	ID	PF	TX
1								
2								
3								

ITEM NO.	COMMODITY CODE/DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	Re-Stabilization/Re-Placement Long-Term Follow-Along Contract Period 7/1/19-6/30/20				
	For month of: _____	0	REG	Hours	\$53.00
	# clients served this billing cycle _____				\$0.00
	Mark next to name RS for restabilization or RP for replacement.				
	List Client Names Here:				
	1				
	2				
	3				
	4				

TOTAL	\$0.00
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CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as state herein.

Signature _____
PPDS
Title _____ Date _____

CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.

Authorized Signature _____
Chief CRP Unit
Title _____ Date _____

Restabilization (RS) **Funding for Long-Term-Follow-Along Monthly Report**
Replacement (RP) - REG

Last Name	First Name	RS or RP	Participant ID	Date Started	Primary Diagnosis	Secondary Diagnosis	Employer-Location	Hourly Pay	Weekly Hours Worked	LTFA Hours
							New Consumer(s) Added			0.00
							Consumers Served this Billing Cycle			0.00
							Consumers Not Served this Billing			0.00
							Total Roster Count			0.00
							Total Hours Billed			0.00
							Amount Billed			\$0.00
Comments:										
							Signature of Person Verifying Data	Month	Year	

ASL RS/RP Voucher



STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)		DOCUMENT						BATCH						ACTG. PER.	FY
		TC	AGY	NUMBER				TC	AGY	NUMBER					
		A1 062											20		
PO#	PV DATE		MO	DY	YR	PP START	SCHED PAY		CHK CAT	OFF LIAB	F A	RF TY	CK FL	(A) VENDOR ID NUMBER	
												Y		VIN #	
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2020- (Contract #)												\$ -			
(D) PAYEE NAME AND ADDRESS						(E) SEND COMPLETED FORM TO:									
VENDOR NAME & ADDRESS						Assigned PPDS 1 John Fitch Way P.O. Box 398 Trenton, NJ 08625-0398									

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CFO SIGNATURE
 PAYEE SIGNATURE _____
 PAYEE TITLE _____ BILLING DATE _____

LINE NO	CD	AGY	REFERENCE NUMBER	LINE	(G) PAYEE REFERENCE
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RPT CT	BSACT	DT	DESCRIPTION	QUANTITY	AMOUNT	ID	PF	TX
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2								
3								

ITEM NO.	COMMODITY CODE/DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
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TOTAL	\$0.00
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CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as state herein.

Signature _____
 Title **PPDS** Date _____

CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.

Authorized Signature _____
 Title **Chief CRP Unit** Date _____



Guidelines when working with Consumers, no longer eligible for LTFA funding under DDD

As a part of the DDD shift toward Medicaid eligibility some community rehabilitation programs are finding that the consumers on their DDD/LTFA (Long-Term Follow-Along) roles are no longer eligible for that service funded by DDD. They are referring consumers to DVRS because they are not eligible for DDD LTFA funds. Counselors will receive a completed DDD LTFA transfer referral form (see document, that includes instructions) from providers to *expedite* case management and the transfer to DVRS LTFA.

DVRS Counselor Roles and Responsibilities:

- Identify consumers that are in need of DVRS LTFA as a result of losing or not eligible for DDD LTFA.
- Complete Survey Interview
- Determine Eligibility in an expedited manner
- PRE-IPE Meeting (Client Choice of Approved and Contracted DVRS LTFA provider located on INFORM under Vocational Rehabilitation, Directory of Community Rehabilitation Programs).
- Develop IPE
- Generate authorizations for Supported Employment Intensive Job Coaching units. **Consumers who are with the same provider as a general rule should require 3 hours of Intensive Job Coaching Authorization.** Pre-Placement should be utilized for former DDD LTFA consumers **that have a NEW provider**, for the Intake to be followed by Intensive Job Coaching. As a general rule this should be for a total of 5 hours of combined Pre-Placement (Intake) and Job Coaching. However, all cases should be assessed on a case by case basis as to a rationale for authorizing additional hours. Upon completion of Intensive Job Coaching units of service and confirmation of job stabilization, consumers are then transitioned into DVRS LTFA utilizing the **DDD LTFA Transfer Referral Form** along with the **Verification of Transition to Extended SE Services & the Need for DVRS Long-Term Follow-Along Funding.**



DDD LTFA Transfer Referral Form for Providers & DVRS Counselors

1. LTFA Provider:
2. Client name:
Address:
Phone number(s):
3. Disability (list all):
4. Employer:
Address:
Phone number:
5. Job Title / Job Duties:

6. Rate of Pay: Average weekly work hours:
7. Summary of Job Performance:

8. Problem area(s):

9. Current number LTFA hours:
10. Justification for need:

11. Interventions utilized:

Form completed by:

Date:

****Pertinent reports and documents should accompany this completed form.***

**Instructions on Completing the DDD LTFA Transfer
Referral Form for Providers and DVRS Counselors**

Question # 1: Identify which agency has been the provider of LTFA services to the consumer.

Question # 2: Client identification information including name, address and phone numbers.

Question # 3: Identify and list client's disabilities.

Question # 4: Employer information including name, address and phone number.

Question # 5 - 6: Job information including title, duties, pay rate and hours worked per week.

Question # 7: Indicate if client is completing job duties and responsibilities to employer's satisfaction.

Question # 8: list any job duties and responsibilities that client is having difficulty with.

Question # 9: Indicate how many LTFA hours the consumer has been receiving per month.

Question # 10: Describe the discrepancy between the consumer's ability to perform required job duties and employer's expectations.

Question # 11: Describe what strategies will be utilized to assist consumer and learn required job duties.

Vendor Application & Approval Process

The CRP Unit is responsible for approving new vendors interested in providing employment services to DVRS consumers as well as current vendors seeking to expand services. This review ensures that the services being provided by the vendor complies with the New Jersey Administrative Code or N.J.A.C. (*Procedure for Program Approval 12:51-11 and Standards to Vend Supported Employment Services, 12:51-20*), and standard agency policies and procedures.

Listed below are services provided by traditional Community Rehabilitation Programs.

- Extended Employment (EE)
- Pre-Vocational and Diagnostic Vocational Evaluations, Short-Term Vocational Evaluations (PVE/DVE)
- Work Adjustment Training (WAT)
- Trial Work Experiences (TWE)
- Community Based Work Evaluations (CBWE)
- Internship Development and Support (IDS)
- Skills Training Programs (i.e. Janitorial Skills, Culinary Skills Training Program)
- Pre-placement (job development, discovery) (PP)
- Time-Limited Job Coaching (TLJC)
- Supported Employment including (SE, Long-Term Follow-Along or LTFA)
- Customized Employment (CE)

Vendors can provide services in the following circumstances:

- Vendor has been approved to provide the service(s)
- Vendor is approved for the county(ies) in which the services are provided

Current Vendors interested in expanding their geographical area and/or adding additional services (i.e. TWE, CBWE, CE and IDS) are to contact the CRP Unit for guidance and assistance.

Process to Apply to Vend / Expand Services

1. Contact CRP Unit staff in Central Office designated as the Point of Contact for Vendor Applications using the following email address: DVRCRPVendorApp@dol.nj.gov

2. Complete the Vendor On-Line Application:

http://careerconnections.nj.gov/careerconnections/hire/hiring/disable/dvrs_vendor_information.shtml

3. Provide a Letter of Intent that contains all information outlined below and supporting documentation.

- Basic Vendor Information
 - Address, physical location
 - Phone number
 - Name and email of contact person
- Rationale for application request to vend services to include but not limited to meet the demand of the local VR offices' needs for specialized SE services
- Report interest to increase service options for specific populations (i.e. MH, ASD, TBI, SCI, ID etc.)
- Provide necessary information regarding vendor's ability to manage the addition of new services and/or expansion of existing services into additional counties
- Counties the vendor currently serves (if applicable)
- Counties the vendor intends to serve
- Number and names of job coaches available for each county
- Summary of qualifications of key staff, with resumes outlining education and related experience, including ASL and other spoken languages, and copies of certificates of trainings completed
 - SE – Associates in VR or related, or High School Diploma/Equivalent plus three years' related experience
 - Specialized SE Services – Bachelor's in VR or related plus two years' experience with one as a job coach (i.e. psychology, social work, education with special education certification, counseling, and human/social services), and copies of DVRS specialized training certificates. Any questions concerning staff credentials will be considered upon review of resume and transcripts
- Proof of current national accreditation (CARF or comparable in the provision of employment services) to include but not limited to:
 - Include copy of report for established vendors
 - New vendors receiving approval will note in writing their intent to arrange for accreditation within three years' said approval
- Vendor's statistics for the past three-year time period. This information should include:
 - Number of referrals
 - Number of placements
 - Number of LTFA consumers
 - Number of consumers graduated from LTFA
- For TWE/CBWE/CE/IDS/JS/SA -
 - The vendor is responsible to carry current liability coverage for participating consumers and job coaches while on location at a particular assessment site.
 - List of partnering businesses with available job titles and duties

4. CRP Unit staff will contact the Local Office Manager to determine the need for such service. In cases where it's an approved vendor, the CRP Unit will contact the Local Office to solicit feedback on current performance. The Local Office Manager will provide the CRP Unit in writing (i.e. email) their recommendations on the approval determination.
5. The vendor applicant will be vetted by Central Office. If approved, an Administrative Memo is issued and sent out to the DVRS Local Offices and the vendor's information is uploaded into the Aware system.
6. Complaints regarding CRP vendors, including a lack of compliance with DVRS policies and procedures should be sent directly to the CRP Chief in Central Office via the Local Office Manager or Field Chief.

Pre-Employment Transition Services (Pre-ETS) [\(Return/skip to SE monitor section\)](#)

Provision of, or application for this service is separate and distinct from the above-mentioned services. See the request for a letter of intent to provide Pre-ETS located on the DVRS webpage. For further information go to:

https://careerconnections.nj.gov/careerconnections/document/plan/pre-ets_vendor_letter.pdf

Selected Topics

Description of Fee for Service

The majority of DVRS Supported Employment /Job Coaching services are based on the Fee-For-Service (FFS) / billable hour model, paying a set hourly fee to vendors for the provision of pre-approved activities. These activities are paid based on delivery time and not the specifics of the activity itself. For example, the activity of meeting with an employer facilitating natural supports or providing the consumer with the direct training on how to perform their job duties, are all very different activities but paid at the same hourly rate.

A job coach engages in a wide range of activities during their workday, some of which are billable to DVRS and some that are not. In order to avoid any misunderstandings or billing errors, it is important for all parties involved, the vendor and DVRS staff, to understand this model and to know what billable and non-billable activities are. An activity may be directly related to providing a consumer with job coaching services but not be billable (e.g. report writing and job coach travel).

At the present time, the standard rate DVRS provides to general job coaching vendors for all approved job coaching activities is \$53 per hour, ***billable in quarter-hour (15-minute) increments (.25, .50, .75, 1.0)***. A portion of this fee was calculated to capture some non-billable activity costs, such as report writing and job coach travel. [\[Back to top\]](#)

The Exceptions to the Standard Rate of \$53 an Hour are the Following:

American Sign Language (ASL) services for Pre-Placement, Time-Limited Job Coaching (TLJC), (SE) Intensive Job Coaching, and Long-Term Follow-Along (LTFA) are all set at the rate of \$68 per hour. The fee for Trial Work Experience (TWE) is set at the rate of \$60 per hour. TWE with ASL is set at the rate of \$75.

The FFS / billable hour model, which is process and time oriented, is most often contrasted with the milestone or benchmark model. This latter model is based on the vendor receiving a set fee for the achievement of specific outcomes with the consumer. Job coaching vendors may be paid set amounts for the completion of the intake process, job placement, and job retention for 30 days, 90 days, etc., regardless of the service hours provided.

The rates for the services of Community Based Work Evaluations, Customized Employment (Discovery) and Internship Development & Supports are based on a benchmark model. The fee structure of these services is described earlier in this manual under the subsections for these service categories.

Timed, Purposeful, & Well Described Activities

The billable hour model is used in many professions. Regular daily note taking provides a solid, trustworthy foundation for later, periodic and more formal reporting. Given the operational requirements of the FFS / billable hour model, it is incumbent on the job coach to track, time and document their activities on an ongoing basis.

Job coaches must be aware when they are and are not engaged in billable activities. They should record the billable time used as soon as practicable, preferably soon after they occur. Job coaches must not make guesses as to the time used or rely on memory a day or more after the activity. Any activity, either personal or business, not related to the specific consumer is not billable. Job coaching logs and reports must provide sufficient detail to accurately describe the specific activities performed and services rendered to justify the billable hours charged.

Staff Requirements

Job Coaching

The entire service delivery system of pre-placement and supported employment job coaching is based on a thorough understanding of the definition of the “place and train model” an “evidenced based practice”. All staff should meet core competencies in human services and business and industry needs.

According to the New Jersey Administrative Code (N.J.A.C. 12:51) - Personnel Administration and Staff Development - Providers of supported employment and job coaching services are required to implement policies to reflect the agency's commitment to recruit, manage, develop, train and retain appropriate personnel to meet the needs of the people served and contribute to the accomplishment of the organization's mission in conformance with CARF, Section I, Article E. Professional job coaches shall have an AA degree in Human Services or the rehabilitation related field from an accredited college, or three years of related experience.

Job coaches are encouraged to participate in trainings such as The Elizabeth M. Boggs Center and The Integrated Employment Institute trainings in supported employment. In addition, The Program Planning and Development Specialists (PPDS) of the Community Rehabilitation Programs Unit (CRP) conduct regularly scheduled trainings on Supported Employment, Long-Term Follow-Along and Specialized Services.

American Sign Language (ASL)

Job coaches who are fluent in ASL must be evaluated and approved by the NJ DVRS State Coordinator of the Deaf and Hard of Hearing. The job coach is required to pass the NJ DVRS Sign Language Communication Evaluation (SLCE) in order to provide job coaching services in ASL. A score will be given for three services which includes job development, job coaching, and job interviewing. A job coach may receive a partial pass depending on their skill level. A partial pass may allow the job coach to provide job development but not job interviewing. Only a job coach who passes the NJDVRS SLCE may charge the current billing rate for ASL. Those who do not pass, are not to provide job coaching services in ASL, regardless of the rate.

Interpreter

Types of assistive technology includes, but is not limited to, interpreter services for the deaf, note taking services, native language interpreters, and other reasonable communication accommodations needed to participate.

Vocational Rehabilitation Counselor (VRC)

By Federal mandate VRCs are required to have a minimum of a Bachelor's degree and competency in rehabilitation counseling or related field with several years of practical experience at hire. VRCs are encouraged to complete supported employment training to augment competencies. The PPDS's of the CRP Unit provides ongoing trainings on SE/LTFA, Specialized Services, and other related topics to approved community partners and DVRS field offices. *Careers in Rehabilitation: Rehabilitation Job Development and Placement* <https://www2.ed.gov/students/college/aid/rehab/carjdjp.html>.

Job Coach and VRC Training

Job coaching is a professional discipline that requires training to know, understand and implement appropriate job development and coaching activities. A well-trained job coach will be able to initiate and engage in activities within this service model that meet the consumer's employment needs and that are billable.

Conversely, the service delivery limitations of an untrained job coach will result in questionable activities. A job coach who does not know appropriate job preparation, development, coaching methods, and goals may resort to repetitive, limited and unproductive activities.

Additionally, the VRC requires training to understand the concept of job coaching, including the differentiation between time-limited and supported employment services. The VRC must provide the consumer with informed choice about the nature of these services, make appropriate referrals for job coaching, participate in and monitor the process, verify the appropriateness of the billing and reporting, and sign off on the payment voucher.

As stated in previous sections, The PPDS's of the CRP Unit conduct regularly scheduled trainings on Supported Employment, Long-Term Follow-Along and Specialized Services.

Benefits Counseling

Consumers who are recipients of SSDI/SSI benefits may be referred for benefits counseling for the purpose of formulating Impairment Related Work Expense (IRWE), Plans for Achieving Self-Support (PASS), and Medicaid Workability with Social Security Administration (SSA). <https://www.ssa.gov/disabilityresearch/wi/pass.htm> or <https://www.ssa.gov/> or <https://www.ssa.gov/disabilityresearch/wi/medicaid.htm>

Additionally, the VRC can refer to NJ Department of Human Services Division of Disability Services at <https://www.state.nj.us/humanservices/dds/services/workability/>, or Work Incentive Planning and Assistance counseling (WIPA) programs to determine how working may affect their benefits. Benefits counseling can be provided through a WIPA counseling program approved to vend to the DVR office in each county.

Post-Employment Services

Post-employment services are intended to ensure that the employment outcome remains consistent and are provided subsequent to the achievement of an employment outcome that are necessary for an individual to maintain, regain, or advance in employment, consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and interests.

These services are available to meet rehabilitation needs that do not require a complex and comprehensive provision of services and, thus, should be limited in scope and

duration. If services that are more comprehensive are required, then a new rehabilitation effort should be considered.

Post-employment services are to be provided under an amended individualized plan for employment; thus, a re-determination of eligibility is not required. The provision of post-employment services is subject to the same requirements in this part as the provision of any other vocational rehabilitation service.

Transition: School to Career – Pre-Employment Transition Services (Pre-ETS)

W.I.O.A. has introduced the term “Pre-Employment Transition Services” in order to address the prevocational services that may be needed for transition students with significant disabilities.

Pre-ETS Overview

These services are an early start at job exploration that:

Must be made available Statewide to all students with disabilities in need of such services, regardless of whether a student has applied for VR services;

May begin once a student requests or is recommended for one or more pre-employment transition services and documentation of a disability is provided to the VR agency;

Assist students with identifying career interests to be further explored through additional VR services, including transition services;

Must be provided or arranged in collaboration with Local Education Agencies (LEAs)

The five required PRE-ETS services include:

1. Job Exploration Counseling
2. Work-based learning experiences
3. Counseling on opportunities for enrollment in transition or post-secondary programs
4. Workplace readiness training
5. Instruction in self-advocacy, including peer-mentoring

PRE-ETS and transition services can be both vocational services under the VR program and special education and related services under IDEA.

PRE-ETS services may be provided by approved DVRS vendors who may or may not be a supported employment vendor. PRE-ETS does not include Time-Limited or SE Intensive Job Coaching.

Transition services could include job coaching and has typically been funded by the school district as part of a structured learning experience. ~R.S.A. *Regional Training Series*

Out-of-School Employment Services (OSYES) Overview

- The Workforce Innovation and Opportunity Act (W.I.O.A.) makes provision for out-of-school youth aged 16-24, with one or more barriers to employment, to receive a comprehensive array of services and are for youth with and without a high school diploma or equivalency. These introductory services for the out-of-school youth are called **Out-of-School Youth Employment Services (OSYES)**. The services are similar to Pre-Employment Transition Services (Pre-ETS) regarding service delivery and goals.

The services are aimed to assist out-of-school youth prepare for:

- post-secondary education
- employment opportunities
- skills/training credentials
- career/promotional opportunities

Services are based off of the five core Pre-ETS services:

1. Job Exploration Counseling
2. Work-based learning experiences, which may include in-school, after school, or Community-based opportunities
3. Counseling on opportunities for enrollment in comprehensive transition or postsecondary education programs at IHEs (Institutions of Higher Education)
4. Workplace readiness training to develop social skills and independent living
5. Introduction in self-advocacy, including peer mentoring

OSYES focuses strongly on providing paid and unpaid work experiences for out-of-school youth. Services under OSYES can be both vocational services under the VR program and special education and related to services under IDEA. This is a no cost service. OSYES does not include Time-Limited or SE Intensive Job Coaching.

NOTE: The consumer will need to open a case under VR, be determined eligible and the IPE be developed. **These services will be authorized under Fund 01.**

Referrals for Pre-ETS and OSYES can only be made to vendors previously approved to provide Pre-ETS as the curriculum has been vetted and approved. (Click [vend pre-ets](#) to return to section on vending Pre-ETS services)

Supported Employment Monitoring (SE Monitoring)

The DVRS CRP unit is responsible for monitoring the services of supported employment providers. Such monitoring starts with the approval or vetting process of new vendors as well as that of existing vendors wanting to expand the scope of their service delivery.

Monitoring is an on-going process to ensure compliance with the New Jersey Administrative Code (N.J.A.C.)-12:51, DVRS policy and other applicable laws and best practices. Accountability, responsibility, efficiency and effectiveness are key components of successful service delivery.

Monitoring benefits all partners including DVRS staff, providers, employers, and consumers. The CRP Unit will arrange site visits with SE vendors to focus on procedures, policy and effective provision of SE services and specialized services. In addition, DVRS local office staff will provide input by completing the field office assessment form. The SE monitoring process will assist in continued efforts to provide the highest level of service to our consumers.

The CRP unit is using the SE Vendor Review and SE Vendor Field Office Review form's along with a Risk Assessment form when conducting their SE monitoring. The SE monitoring process consists of interviews and dialogue with SE staff, visiting site(s) of specialized service(s), and reviewing administrative and case files.

The goal as a standard practice is ideally for each vendor to be reviewed once every two-years and/or more often when needed. The SE monitoring report will include any findings and potential recommendations/suggestions and will be sent to the local field office manager and provider.

SE Monitoring Forms

1. SE Vendor Program Review – SE/TLJC Form
2. SE Field Assessment Program Review – SE/TLJC Form
3. SE Vendor Risk Assessment Form

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DVRS VENDOR PROGRAM REVIEW – SE/TLJC

Date: _____

DVRS Reviewer(s): _____

Vendor: _____

Counties Served:

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Bergen | <input type="checkbox"/> Burlington |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Cape May | <input type="checkbox"/> Cumberland |
| <input type="checkbox"/> Essex | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Hudson |
| <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Mercer | <input type="checkbox"/> Middlesex |
| <input type="checkbox"/> Monmouth | <input type="checkbox"/> Morris | <input type="checkbox"/> Ocean |
| <input type="checkbox"/> Passaic | <input type="checkbox"/> Salem | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Sussex | <input type="checkbox"/> Union | <input type="checkbox"/> Warren |

Services Offered:

- | | | |
|--|--|--|
| <input type="checkbox"/> Pre-Placement | <input type="checkbox"/> TWE | <input type="checkbox"/> PVE/DVE |
| <input type="checkbox"/> SE | <input type="checkbox"/> CBWE | <input type="checkbox"/> 5-day Short-Term Evals |
| <input type="checkbox"/> LTFA | <input type="checkbox"/> CE | <input type="checkbox"/> 5-day Short-Term Mobile Evals |
| <input type="checkbox"/> TLJC | <input type="checkbox"/> Internship Development & Supports | <input type="checkbox"/> WAT |
| <input type="checkbox"/> Pre-ETS | <input type="checkbox"/> Extended Employment (EE) | <input type="checkbox"/> Other: (describe) _____ |

ADMINISTRATION

- Is the Organizational Chart current? Yes No _____
 Are the lines of responsibility clear? Yes No _____
- Has a 3-year CARF accreditation, or any comparable accreditation been maintained?
 Yes No
 If yes, dates of current accreditation period _____ - _____; and list areas of accreditation: _____ (Provide a copy of the Accreditation report to the reviewer)
 If No, explain reason: _____
 Is there a Quality Improvement Plan (QIP)? Yes No
 If yes, provide a copy to the reviewer.
- How many full time equivalent (FTE) SE staff work for this agency? _____
- How many FTE SE direct supervisors work for this agency? _____

5. Does the agency report a shortage of Job Coaching staff? Yes No
If yes, describe the plan to address this shortage. _____
6. What is the employment status, education and experience qualifications of each staff?
(provide name, FT/PT/Per diem, title, credentials, trainings attended, and resumes of
all program staff)

7. List program staff who have attended SE training through the DVRS:
- a. SE _____
 - b. CBWE _____
 - c. TWE _____
 - d. Internship Development and Support _____
 - e. CE _____
8. List program staff who have attended Boggs Job Coaching Series:
- a. Assessment & Discovery _____
 - b. Job Development _____
 - c. Job Coaching _____
 - d. LTFA _____
 - e. Other Supplemental _____
9. Has the agency allowed opportunity for additional staff trainings? Yes No
a. What type(s)?

10. Are professional organizations memberships maintained by staff? Yes No
a. Type(s) of membership(s)?

11. DDD provider? Yes No
a. If yes, for what service(s)?

12. Are there customer satisfaction surveys conducted? Yes No
a. If yes, who is surveyed?
 Client Parent/Guardian Employer Other: _____
Provide a copy of survey(s) and report(s) of findings to the reviewer.
13. Is there a database containing consumers referred and result of referrals?
 Yes No _____
14. Is the CRP unit notified of staffing changes at direct service, management level, and
above? Yes No _____

15. Is the CRP unit and the local offices being notified of site changes for specialized services?

Yes No _____

16. Is there evidence of a good working relationship with local DVRS office(s)?

Yes No _____

17. Is there a business outreach representative and/or designated staff to develop new employers?

Yes No _____

18. Is there an information management tool to maintain business/employer contacts in the community? Yes No _____

19. Are quarterly board meetings occurring? Yes No N/A

If yes, provide a copy of most recent to reviewer.

20. Are annual financial audits completed? Yes No

If yes, provide copy to reviewer.

Pre-Placement and Job Coaching

Does the job coach have a minimum of an Associate's degree in vocational rehabilitation or a related field, or a High School Diploma or Equivalent with three years related experience?

Yes No _____

Did individual complete the DVRS CRP Unit CBWE training?

Yes No _____

1. The case file includes the following information on the referral or cover letter.
Check all that apply.

- Emergency contact information
- Legal background information
- Education
- Work history
- An assessment of consumer's aptitudes
- Vocational interests
- Vocational strengths
- Work limitations
- Transportation
- Other: _____

2. The following items are attached to the referral/cover letter.
Check all that apply.

- DVRS Payment Voucher
- Individualized Plan for Employment (IPE)
- Releases for stakeholders and other treatment providers
- Adequate disability/medical documentation
- DVR Certificate of Eligibility
- Resume
- Other: _____

3. Is there evidence TWE plan is signed by the VRC and consumer?

Yes No _____

4. Was a provider intake completed and does it include content of DVRS referral information? Yes No _____

5. Is it documented that the intake was completed and information obtained shared with the DVRS counselor? Yes No _____

6. Did the provider develop the Individual Supported Employment Plan that addresses consumer's barriers to employment including case management needs?

Yes No _____

7. Is the job coach searching for jobs that match the Vocational goal? Yes No _____
8. Are there completed pre-placement report and activity logs in the case file?
 Yes No _____
9. If receiving job coaching, is there a job coaching progress report and service log that addresses the consumer's expected job performance, employee performance, and interventions? Yes No _____
10. If the IPE was not provided at referral, was it sent at job placement? Yes No _____
11. Do the activity notes include:
- a. Face-to-face contact with the consumer? Yes No _____
 - b. Evidence job (site/task) analysis was conducted? Yes No _____
 - c. Correspondence with the DVR counselor?
 During Pre-Placement Yes No _____
 During Job Coaching Yes No _____
 - d. Correspondence with the employer? Yes No _____
 - e. Performance of consumer on the job? Yes No _____
 - f. Confirmation that Natural supports were developed? (supervisor/co-worker, family, other individuals) Yes No _____
12. Does the case record provide verification of billable activities? Yes No _____
13. Are there continuous units of service authorized so there is not a lapse in service delivery?
 Yes No _____

Long-Term Follow-Along

1. Is there documentation that all parties, employer, client, job coach, and VRC agree that job stabilization occurred and the consumer is ready to move to LTFA?
 Yes No _____
2. If the consumer is receiving DVR LTFA is there a LTFA Verification Form with the counselor signature? Yes No N/A _____
3. If the consumer is receiving DDD LTFA was a F3 completed and filed in the case?
 Yes No N/A _____
4. Does the case record have an LTFA Intervention Plan and Service Log that clearly identifies expected job performance, employee performance, and interventions?
 Yes No _____
5. Does the case record document at least 2 face-to-face visits per month, preferably on the job site? Yes No _____
6. Does the case record document accurate billing consistent with the SE Manual / LTFA Reference Guidelines?
 Yes No _____
7. Is there documented evidence that the consumer is satisfied with his / her job?
 Yes No _____
8. Is there documentation that the employer expresses satisfaction with the consumer's job performance? Yes No _____
9. Is there evidence that Natural supports have been developed and are being utilized?
 Yes No _____
10. If community resources were needed for job retention, was this provided through case management services? Yes No N/A _____
11. Is there documentation that justifies the continued need for LTFA services?
 Yes No _____

Re-stabilization / Re-placement: (If this service did not occur check here)

1. Did the provider submit a completed request using the Re-stabilization or Re-placement form? Yes No _____
2. Was Re-stabilization / Re-placement pre-approved by the assigned LTFA program manager? Yes No _____
3. Is the Re-placement goal consistent with the Vocational goal on the IPE?
 Yes No _____
4. Does the record indicate that the requested service was to avert job loss, retrain on previously learned job skills, train new job skills, or replace job? Yes No _____

Specialized Services

Community Based Work Evaluation

Does the job coach have a minimum of a Bachelor's degree in Vocational rehabilitation or a related field, and have two or more years of experience in a related field to include one year as a job coach? Yes No _____

Did individual complete the DVRS CRP Unit CBWE training? Yes No _____

First Phase:

Referral

1. The case file includes the following information on the referral or cover letter.

Check all that apply

- Emergency contact information
- Legal background information
- Education
- Work history
- An assessment of consumer's aptitudes
- Vocational interests
- Vocational strengths
- Work limitations
- Transportation
- Other: _____

2. The following items are attached to the referral/cover letter.

Check all that apply

- DVRS Payment Voucher
- Individualized Plan for Employment (IPE) (as applicable)
- Releases for stakeholders and other treatment providers
- Adequate disability/medical documentation
- DVR Certificate of Eligibility
- Resume
- Other: _____

Orientation/Intake

1. Did a team meeting occur between the consumer, counselor and job coach to discuss the purpose and rules of a CBWE prior to agreeing to participate?
 Yes No _____
2. Was the consumer's strengths, limitations, and career interests discussed?
 Yes No _____
3. Was Vocational testing completed and documented?
 Yes No _____

4. Were appropriate job sites determined based on skill level, goals, and interests of the consumer?
 Yes No _____
5. Were all the questions on the Community Based Work Evaluation Intake form answered with appropriate details?
 Yes No _____
6. Was the Community Based Work Evaluation Plan completed?
 Yes No _____

Second Phase:

1. Did the consumer participate in three community sites, two-days each site, five-hours per day on the job?
 Yes No _____
2. Was the participant assessment form completed after each community based work evaluation site?
 Yes No _____
3. Was the employer assessment form completed after each community based work evaluation site?
 Yes No _____
4. Were all three evaluation sites completed within a three-week period following completion of intake/orientation phase?
 Yes No _____
5. Was the observational tracking form completed and include a Narrative summarizing observations, feedback and recommendations?
 Yes No _____
6. Was the final report sent to the VRC within one week following completion of the 3rd site?
 Yes No _____
7. Did the summary and recommendations incorporate all findings?
 Yes No _____

Internship Development and Supports

Does the job coach have a minimum of a Bachelor's degree in vocational rehabilitation or a related field, and have two or more years of experience in a related field to include one year as a job coach? Yes No _____

Did individual complete the DVRS CRP Unit Internship Development and Supports training?
 Yes No _____

1. The case file includes the following information on the referral or cover letter.

Check all that apply

- Emergency contact information
- Legal background information
- Education
- Work history

- An assessment of consumer's aptitudes
- Vocational interests
- Vocational strengths
- Work limitations
- Financial information
- Transportation
- Other: _____

2. The following items are attached to the referral/cover letter.

Check all that apply

- DVRS Payment Voucher
- Completed Career Pathways Road Map
- Individualized Plan for Employment (IPE)
- Releases for stakeholders and other treatment providers
- Adequate disability/medical documentation
- DVR Certificate of Eligibility
- Resume (Optional)
- Other: _____

1. Were Phase #1 activities completed? Yes No _____

- Pre-Internship Preparation Activities:

- Intake meeting completed
- Resume, cover letter, thank you letter
- Interview preparation
- Internship applications and assessments
- Transportation needs
- Other service linkage needs for success

- Internship Development Activities/Forms:

- Internship Agreement (Employer)
- Letter of Agreement (College)
- Internship Learning Contract (Agency, Job Supervisor, Faculty, Student)
- Internship site developed to match vocational goal/career area of interest
- Internship site in integrated setting
- Internship paid or unpaid
- If unpaid, does internship meet the "primary beneficiary test" (USDOL WHD January 2018)? Yes No N/A
- If college student, internship was for credit or no credit
- Phase #1 benchmark payment (\$1,000) voucher submitted with all required documentation

2. Were Phase #2 activities completed? Yes No _____

- Job coach monitoring interns progress on/off site
- Job coach communicates with supervisor and intern

- Accommodations requested on work site if needed
- Service logs completed regularly
- Employer Evaluation (initial)
- Intern Self-Evaluation (initial)

Was Phase #2 benchmark payment (\$1,500) voucher submitted with all required documentation? Yes No _____

3. Were Phase #3 activities completed? Yes No _____

- Internship completed within 6 to 10 weeks? Yes No _____
 - Employer Evaluation completed and received (final)
 - Intern Evaluation completed and received (final)
 - Final Intern Assessment (job coach)

Was Phase #3 benchmark payment (\$1,500) voucher submitted with all required documentation? Yes No _____

Customized Employment

Does the job coach have a minimum of a Bachelor's degree in vocational rehabilitation or a related field, and have two or more years of experience in a related field to include one year as a job coach? Yes No _____

Did individual complete the DVRS CRP Unit CE training? Yes No _____

Does the job coach have a customized employment certification from a recognized entity such as: The Association of Community Rehabilitation Educators (ACRE), Griffin-Hammis Associates, or Marc Gold & Associates? Yes No _____

1. The case file includes the following information on the referral or cover letter.

Check all that apply

- Emergency contact information
- Legal background information
- Education
- Work history
- An assessment of consumer's aptitudes
- Vocational interests
- Vocational strengths
- Work limitations
- Financial information
- Transportation
- Other: _____

2. The following items are attached to the referral/cover letter.

Check all that apply

- DVRS Payment Voucher
- Completed Career Pathways Road Map
- Individualized Plan for Employment (IPE)
- Releases for stakeholders and other treatment providers
- Adequate disability/medical documentation
- DVR Certificate of Eligibility
- Resume (Optional)
- Other: _____

Discovery

First Benchmark:

1. Was the discovery intake report completed? Yes No _____
2. Was the discovery assessment profile completed by the SE provider and was it completed in four to six weeks? Yes No _____
3. Was the Customized Employment/Discovery-Community Based Work Assessment Observational Tracking Form completed? Yes No _____
4. Were all reports written and signed by the ES who directly provided the service?
 Yes No _____
5. Did a service team meeting occur with the VRC, consumer, and job coach after the completion of the above services? Yes No _____

Second Benchmark:

1. Was the business network contract report and informational interview report completed by the job coach and approved by the VRC? Yes No _____
2. Did a service meeting occur with the consumer, DVR counselor, and job coach?
 Yes No _____

Third Benchmark:

1. Was a minimum of two job shadow/sample experiences, maximum three related to the Vocational interests? Yes No _____
2. Was an IPE developed with a primary Vocational interest identified through the Discovery assessment process and agreed upon by the consumer?
 Yes No _____
3. Did the consumer's IPE include all negotiable and non-negotiable employment conditions? Yes No _____
4. Did the IPE include a list of specific employment support needs that have been identified because of the Discovery process, including: Natural supports, assistive technology, job accommodations, and training needs at the employment site?
 Yes No _____

Job Negotiation:

1. Did the ES, consumer, and employer negotiate the customized job, supports, training, accommodations, and terms of employment? Yes No _____

Job Placement:

1. Was the job match as close as possible to the customized Vocational goal in the IPE?
 Yes No _____
2. Did the job match meet all non-negotiable conditions and at least 50 percent or more of negotiable conditions to be considered an acceptable job placement?
 Yes No _____

First Benchmark:

1. Were pages one to nine completed on customized employment placement report and support strategy form upon initial placement and consumer's completion of first day of employment? Yes No _____

Second Benchmark:

1. Did the consumer complete a week or five complete calendar days of documented employment? Yes No _____
2. Were the first two pages of the customized employment placement report and support strategy completed and sent to the VRC? Yes No _____
3. Was the copy of the pay stub sent to the VRC? Yes No _____

Third Benchmark:

1. Did the consumer complete four weeks or 20 calendar days of documented employment? Yes No _____
2. Were the first two pages of the customized employment placement report and support strategy completed and sent to the VRC? Yes No _____
3. Was the copy of the pay stub sent to the VRC? Yes No _____

Fourth Benchmark:

1. Did the consumer complete 90 days or longer of documented employment?
 Yes No _____
2. Was the copy of the pay stub sent to the VRC? Yes No _____
3. Were pages nine to twelve of the Customized Employment Placement Report & Support Strategy (Final Report-Consumer Employed 90 Days) completed and sent to the VRC? Yes No _____

TWE

1. Does the job coach have a Bachelor's degree in vocational rehabilitation or a related field, and have two or more years of experience in a related field to include one year as a job coach? Yes No _____
2. Did individual complete the DVRS CRP Unit TWE training? Yes No _____
3. The case file includes the following information on the referral or cover letter.

Check all that apply

- Emergency contact information
- Legal background information

- Education
- Work history
- An assessment of consumer's aptitudes
- Vocational interests
- Vocational strengths
- Work limitations
- Financial information
- Transportation
- Other: _____

4. The following items are attached to the referral/cover letter.

Check all that apply

- DVRS Payment Voucher
- TWE Plan
- Releases for stakeholders and other treatment providers
- Adequate disability/medical documentation
- DVR Certificate of Eligibility (as applicable)
- Resume
- Other: _____

1. Is there evidence TWE plan is signed by the VRC and consumer?
 Yes No _____
2. Do the provider intake notes indicate the consumer understood the intent of the TWE and was involved in the planning? Yes No _____
3. Were enough sites used to determine if the consumer can benefit from VR services, or, clear and convincing evidence that the consumer will not benefit from DVR services?
 Yes No _____
4. Was there documentation of correspondence with the VRC? Yes No _____
5. Was the observational tracking form completed? Yes No _____
6. Did the job coach answer all the questions noted on the TWE plan?
 Yes No _____

FINAL Comments:



DVRS FIELD ASSESSMENT VENDOR PROGRAM REVIEW – SE/TLJC

Date: _____

DVRS Reviewer(s): _____

Vendor: _____

Counties Served:

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Bergen | <input type="checkbox"/> Burlington |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Cape May | <input type="checkbox"/> Cumberland |
| <input type="checkbox"/> Essex | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Hudson |
| <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Mercer | <input type="checkbox"/> Middlesex |
| <input type="checkbox"/> Monmouth | <input type="checkbox"/> Morris | <input type="checkbox"/> Ocean |
| <input type="checkbox"/> Passaic | <input type="checkbox"/> Salem | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Sussex | <input type="checkbox"/> Union | <input type="checkbox"/> Warren |

Services Offered:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Pre-Placement | <input type="checkbox"/> TWE | <input type="checkbox"/> PVE/DVE |
| <input type="checkbox"/> SE | <input type="checkbox"/> CBWE | <input type="checkbox"/> 5-day Short-Term Evals |
| <input type="checkbox"/> LTFA | <input type="checkbox"/> CE | <input type="checkbox"/> 5-day Short-Term Mobile Evals |
| <input type="checkbox"/> TLJC | <input type="checkbox"/> Internship | <input type="checkbox"/> WAT |
| <input type="checkbox"/> Pre-ETS | Development & | <input type="checkbox"/> Other: (describe) _____ |
| <input type="checkbox"/> Extended Employment (EE) | Supports | |

FIELD OFFICE ASSESSMENT

DVRS Office(s):

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Bridgeton | <input type="checkbox"/> Cherry Hill | <input type="checkbox"/> Elizabeth |
| <input type="checkbox"/> Hackensack | <input type="checkbox"/> Jersey City | <input type="checkbox"/> Neptune |
| <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Newark | <input type="checkbox"/> Paterson |
| <input type="checkbox"/> Phillipsburg | <input type="checkbox"/> Pleasantville | <input type="checkbox"/> Randolph |
| <input type="checkbox"/> Somerville | <input type="checkbox"/> Thorofare | <input type="checkbox"/> Toms River |
| <input type="checkbox"/> Trenton | <input type="checkbox"/> Westampton | <input type="checkbox"/> Wildwood |

- Majority of intakes are completed within 2-weeks of referral? Yes No

- Majority of reports & invoicing comply with the SE Manual? Yes No _____
- Rate overall vendor performance:
 Poor Satisfactory Above Satisfactory Excellent
- Describe vendor's strengths:

- Describe areas of needed improvement:

- Frequency of use over the past year:
 Never Occasionally Frequently Primarily
- Frequency that job coaching staff meet with DVRS staff:
 Weekly Monthly Several times per year Once a year Never
- Phone call and emails returned promptly the majority of the time? Yes No

- Are you using this vendor for Specialized SE Services? Yes No
 If yes, check and offer specific comments on all that apply:
 TWE – Comments
 CBWE – Comments
 CE – Comments
 Internship Development & Supports – Comments
- Do you plan on continuing to use this vendor? Yes No Explain your answer:
- Additional Comments:

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New Jersey Division of Vocational Rehabilitation
Services Supported Employment Existing Vendor Risk Assessment Matrix

Vendor Name: Insert Vendor Name _____

Instructions: The DVRS representative performing the risk assessment will review each section and select the option that appropriately describes the vendor’s conformance to the standard. If none of the options listed are appropriate, the DVRS representative will enter their observation in the “Custom” box and assign a number between 1 and 4, with 1 below the lowest risk and 4 being the highest risk.

STAFFING

Management Staff:

1	The majority of management staff have held their positions for two or more years; no management staff position vacancies exist.
2	The majority of management staff have held their positions for two or more years; management staff position vacancies exist.
3	The majority of management staff have held their positions for less than two years; no management staff position vacancies exist.
4	The majority of management staff have held their positions for less than two years; management staff position vacancies exist.
2	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

Direct Employment Staff:

1	The majority of direct employment staff held their positions for one or more years; no direct employment staff position vacancies exist.
2	The majority of direct employment staff have held their positions for one or more years; direct employment staff position vacancies exist.
3	The majority of direct employment staff have held their positions for less than one year; no direct employment vacancies exist.
4	The majority of direct employment staff have held their positions for less than one year; direct employment staff position vacancies exist.
1	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

Organizational Structure:

New Jersey Division of Vocational Rehabilitation
Services Supported Employment Existing Vendor Risk Assessment Matrix

1	Organizational chart is current; lines of responsibility are clearly defined.
2	Organizational chart is current; lines of responsibility are not clearly defined.
3	Organizational chart is not current; lines of responsibility are clearly defined.
4	Organizational chart is not current; lines of responsibility are not clearly defined.
1	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

Staff Training:

1	The majority of staff receive training, both internal and external (DVRS/CRP, Boggs, APSE, etc.), on an ongoing basis.
2	The majority of the staff receive external training only (DVRS/CRP, Boggs, APSE, etc.), on an ongoing basis.
3	The majority of the staff receive internal training only, on an ongoing basis.
4	The majority of staff do not receive training, neither internal or external (DVRS/CRP, Boggs, APSE, etc.) on an ongoing basis.
1	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

Staffing Change Notification:

1	The vendor notifies both the Chief of the DVRS Community Rehabilitation Program Unit and the Manager of the local DVRS office(s) of management staffing changes within one week of the change in most or all cases.
2	The vendor notifies the Chief of the DVRS Community Rehabilitation Program Unit or the Manager of the local DVRS offices(s) of management staffing changes within one week of the change in most or all cases.
3	The vendor notifies the Chief of the DVRS Community Rehabilitation Program Unit and/or the Manager of the local DVRS office(s) of management staffing changes one week or more after the change in most or all cases.

New Jersey Division of Vocational Rehabilitation
Services Supported Employment Existing Vendor Risk Assessment Matrix

4	The vendor does not consistently notify the Chief of the DVRS Community Rehabilitation Program Unit and/or the Manager of the local DVRS offices(s) of management staffing changes on a regular basis; the vendor does not notify the Chief of the DVRS Community Rehabilitation Program Unit and/or the Manager of the local DVRS office(s) of management staffing changes.
4	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

REPORTING & DELIVERABLES

Employment Plans:

1	A sampling of case files demonstrates employment plans and related services are consistently in line with the goal established in the IPE.
2	A sampling of case files demonstrates employment plans and related services are in line with the goal established in the IPE on most occasions.
3	A sampling of case files demonstrates employment plans and related services are not in line with the goal established in the IPE in many cases.
4	A sampling of case files demonstrates employment plans and related services are not in line with the goal established in the IPE in most cases;
2	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

Case Files:

1	A sampling of the case files demonstrates consistency in the inclusion of required documentation, timeliness of service delivery and evidence of ongoing services to the individual.
2	A sampling of the case files demonstrates the inclusion of required documentation, timeliness of service delivery and evidence of ongoing services to the individual most cases, information sources are fragmented or not easily accessible.

New Jersey Division of Vocational Rehabilitation
Services Supported Employment Existing Vendor Risk Assessment Matrix

3	A sampling of the case files demonstrates the absence of required documentation, lack of timeliness of service delivery or evidence of ongoing services to the individual in most cases.
4	A sampling of the case files demonstrates the absence of required documentation and evidence of ongoing services to the individuals, inconsistencies in services have been identified.
2	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

Report Timeliness:

1	The vendor regularly submits reports to their local office and central office within the timeframe parameters requested.
2	The vendor usually submits reports to their local office and central office within the timeframe parameters requested, and notifies the office of a delay
3	The vendor frequently submits reports to their local office and central office after the timeframe parameters requested on a regular basis.
4	The vendor submits reports to their local office and central office after the timeframe parameters requested on a regular basis following multiple
4	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

Report/Billing Quality:

1	Reporting is accurate and generally exceeds requirements on most occasions; services rendered continually align with DVRS Billable Hours Policy.
2	Reporting is accurate and generally meets requirements on most occasions; services rendered align with DVRS Billable Hours Policy in most cases.
3	Reporting is sometimes not accurate, requires follow up or amendments to meet requirements on some occasions; services rendered align with DVRS Billable Hours Policy on most occasions once amended.
4	Reporting is often inaccurate, requires follow up or amendments on most occasions; services rendered do not regularly align with DVRS Billable Hours Policy and are found ineligible for reimbursement.

New Jersey Division of Vocational Rehabilitation
Services Supported Employment Existing Vendor Risk Assessment Matrix

	Custom: Reporting is generally accurate and meets requirements on most occasions; services rendered
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Annual Projections:

1	The vendor has met their annual projections for the past two years.
2	The vendor has not met their annual projections in prior years but has met their annual projections for the past year.
3	The vendor has not met their annual projections for the past year, made central office aware of projection variance prior to inquiry by the PPDS.
4	The vendor has not met their annual projections for the past year, did not make central office aware of projection variance until inquiry was made by PPDS.
	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

FINANCIALS

Audited Financials:

1	The vendor presented internal audit report, no financial concerns found. Provider verified financial stability of program and agency.
2	The vendor presented internal audit report, minimal financial concerns identified. Provider acknowledged internal audit findings, verified interventions are in place to ensure financial stability of program and agency.
3	The vendor presented internal audit report, financial concerns are identified, verified interventions are in place to ensure financial stability of the program and agency.

New Jersey Division of Vocational Rehabilitation
Services Supported Employment Existing Vendor Risk Assessment Matrix

4	The vendor did not present internal audit report financial concerns unknown; intervention plans or need thereof is unknown.
	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

DEVELOPMENT

DVRS Local Office Relationships:

1	The vendor has a positive working relationship with local DVRS office(s), feedback from local DVRS office(s) supports continuous quality of service delivery to individuals and conformance with reporting requirements and timelines.
2	The vendor has a positive working relationship with the local DVRS office(s), feedback from local office supports quality in of service delivery to individuals and conformance with reporting requirements and timelines in most cases, minimal exceptions.
3	The vendor has a varied working relationship with the local DVRS office(s), feedback from local DVRS office(s) indicates numerous issues with service delivery to individuals, conformance issues in reporting requirements and timelines.
4	The vendor has a poor working relationship with the local DVRS office(s), feedback from local DVRS office(s) indicates repeated ongoing issues with service delivery to individuals, conformance issues in reporting requirements and timelines.
	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

Business Relationships:

1	The vendor has an expansive active pool of business contacts, individuals are placed in a variety of employment settings; dedicated staff assigned to maintaining and expanding business contacts; a positive relationship with business contacts is evidenced by repeated hiring, high ratings in satisfaction survey, etc.
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New Jersey Division of Vocational Rehabilitation
Services Supported Employment Existing Vendor Risk Assessment Matrix

2	The vendor has an active pool of business contacts, individuals are regularly placed in employment settings; a positive relationship with business contacts is evidenced by repeated hiring, high ratings in satisfaction survey, etc.
3	The vendor has a pool of business contacts, not all of which are active, relationships with business contacts is varied as evidenced by hiring status, ratings in satisfaction survey, etc.
4	The vendor has limited business contacts, relationships with business contacts is unknown or poor.
	Custom: If the above options do not apply, enter evaluator comments here and assign score in box to left.

Totals: Enter cumulative total of all points

Rating Tool:

13 - 24 - Low Risk

25 - 38 - Medium Risk

39 - 52 - High Risk

17

General comments:

Enter evaluator comments here.

Assessor Name and Title (Print): Insert Name and Title

Assessor Signature: _____

Date: Insert Date

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Supported Employment and Specialized Services Trainings

The DVRS CRP Unit provides trainings several times during the year to both approved providers and DVRS staff on a variety of supported employment service topics including specialized services. Content will consist of policies and procedures for all DVRS services including information on vocational assessment(s), job preparation, development, placement, and coaching activities.

Notification of Staffing and Programmatic Changes

Vendors are required to contact the CRP Unit to report changes for the following reasons:

- Mergers or change in ownership
- Changes in service program location
- Changes in accreditation status
- Relevant changes in executive management, program management, new hires and point(s) of contact

Vendors are required to provide the CRP unit with copies of resumes and training certificates for new staff hired to provide specialized services. This includes updates of current staff credentials and/or degrees.

Wage and Hour Regulations

There is no employment relationship between participants and the businesses who host, community-based work assessments or experiences that are part of services such as TWE, Job Sampling, CBWE, CE, and IDS. This is because these services meet all of the criteria for individuals enrolled in Individual Rehabilitation Programs as defined by US DOL WHD Field Operations Handbook Chapter 64, Section 64c08:

1. Participants are individuals with physical and/or mental disabilities for whom competitive employment at or above the minimum wage level is not immediately obtainable and who, because of their disability, will need intensive ongoing support to perform in a work setting.
2. Participation is for vocational exploration, assessment or training in a community-based work site under the general supervision of rehabilitation organization personnel, or in the case of a student with a disability, public school personnel.
3. Community-based placements must be clearly defined components of individual rehabilitation programs developed and designed for the benefit of each individual.

4. Participants are enrolled in the community-based placement program, enrollment is voluntary and there is no expectation of remuneration.
5. The activities of the participants at the community-based placement site do not result in an immediate advantage to the business.
6. While the existence of an employment relationship will not be determined exclusively on the basis of the number of hours spent in each activity, as a general rule, an employment relationship is presumed not to exist when each of the three components does not exceed the following limitations:
 - Vocational explorations - Five hours per job experience
 - Vocational assessment - 90 hours per job experience
 - Vocational training - 120 hours per job experience
7. Participants are not entitled to employment at the business at the conclusion of the experience.

The consumer will not be required to work a full shift of a regular employee. The consumer also understands that they are not entitled to a job at the conclusion of the service/assessment experience.

NEW JERSEY’S MINIMUM WAGE

Date	Most Employers	Seasonal & Small Employers (fewer than 6)	Agricultural Employers	*Cash Wage for Tipped Workers
January 1, 2019	\$8.85	\$8.85	\$8.85	\$2.13
July 1, 2019	\$10.00	NO CHANGE	NO CHANGE	\$2.63
January 1, 2020	\$11.00	\$10.30	\$10.30	\$3.13
January 1, 2021	\$12.00	\$11.10	NO CHANGE	\$4.13
January 1, 2022	\$13.00	\$11.90	\$10.90	\$5.13
January 1, 2023	\$14.00	\$12.70	\$11.70	NO CHANGE
January 1, 2024	\$15.00	\$13.50	\$12.50	NO CHANGE
January 1, 2025	TBD	\$14.30	\$13.40	TBD
January 1, 2026	TBD	\$15.00	\$14.20	TBD
January 1, 2027	TBD	TBD	\$15.00	TBD

* Cash wage plus tips must equal the minimum wage.

NJ Commission for the Blind and Visually Impaired (CBVI)

Vocational Rehabilitation

Vocational Rehabilitation (VR) services through CBVI are designed to assist persons who are blind, visually impaired, or deaf-blind in the development, acquisition or updating of skills that will enable them to secure or maintain employment. This may include working in the labor force, operating a small business, employment in the community with supports, or managing one's own home.

Services include:

Vocational evaluation, counseling and guidance that assists in getting or keeping a job, career exploration, training, job placement, supported employment services, post-employment services, high school transitional services, college counseling/support, assistive technology services, computer training, Business Enterprise Programs, marketing of home-crafted products, and training at the Joseph Kohn Training Center in New Brunswick.

CBVI is named in the MOU with the DDD that indicates the CBVI counselor will verify LTFA via an F3 Form, or have a copy of the signed *Verification of Transition to Extended SE Services & the Need for DVRS Long-Term Follow-Along Funding (LTFA) Form* sent to the provider with a copy sent to the assigned DDD Support Coordinator or the assigned DVRS PPDS/LTFA Program Manager respectively.

If you have additional questions or would like to apply for CBVI VR services, please contact the CBVI Coordinator of Vocational Rehabilitation and Transition Services.

More information can be found by visiting:

<https://www.state.nj.us/humanservices/cbvi/services/vocation/index.html> or calling 973-648-2111.

NJ Division of Developmental Disabilities (DDD)

The Division of Developmental Disabilities provides public funding for services that assist eligible New Jersey adults with intellectual and developmental disabilities, age 21 and older, to live as independently as possible. Services are available in the community and in five state-run developmental centers.

Home and Community Based Services (HCBS)

The Division of Developmental Disabilities administers two Medicaid HCBS waiver programs - the *Supports Program* and *Community Care Program* - through which eligible individuals can access a variety of home and community based services.

Employment Services and Supports

Employment is an important option for individuals with intellectual and developmental disabilities (I/DD) who are **able to and interested** in working independently or with

supports. New Jersey is an *Employment First* state, and competitive integrated employment should be openly discussed with every individual receiving services through the Division of Developmental Disabilities.

DDD promotes a person-centered planning process for individuals with I/DD to explore their interests, skills, dreams and goals, including employment goals. Working with their Support Coordinator and other members of their service planning team, individuals can identify services and service providers to assist them in working toward their goals.

For more information, contact DDD at <https://www.nj.gov/humanservices/ddd/home/>, or Phone: 609-633-1482 | Toll-free: 800-832-9173

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Available Resources

NJ DVRS: New Jersey Division of Vocational Rehabilitation Services

https://careerconnections.nj.gov/careerconnections/plan/foryou/disable/vocational_rehabilitation_services.shtml

NJ DOL: New Jersey Department of Labor

<https://nj.gov/nj/gov/deptserv/>

NJ DDD: New Jersey Division of Developmental Disabilities

<https://www.nj.gov/humanservices/ddd/home/index.html>

NJ CBVI: New Jersey Commission for the Blind and Visually Impaired

<https://www.nj.gov/humanservices/cbvi/home/index.html>

NJ Statewide Independent Living Council

www.njsilc.org

SSA: Social Security Administration

<https://www.ssa.gov/>

SSA Red Book

<https://www.ssa.gov/redbook/>

SSA Publications: How Work Affects Your Benefit – Ticket to Work – Working While Disabled – SSI in NJ

<https://www.ssa.gov/pubs/>

RSA: Rehabilitation Services Administration

<https://rsa.ed.gov>

HIPAA: Health Information Portability & Accountability Act

<https://www.hhs.gov/hipaa/index.html>

CHLP: Community Health Law Project

<http://chlp.org/>

DRNJ: Disability Rights NJ

www.drnj.org

JAN: Job Accommodation Network

www.askjan.org

WINTAC: Workforce Innovation Technical Assistance Center

www.wintac.org

WINTAC: Resources for Distance Service Delivery

<http://www.wintac.org/content/resources-distance-service-delivery>

APSE: Association of People Supporting Employment

<https://apse.org/>

Boggs Center

<http://rwjms.rutgers.edu/boggscenter/>

NJCAN: New Jersey Career Assistance Navigator

<https://portal.njcis.intocareers.org/>

My Next Move: Career Planning Geared Toward Youth

www.mynextmove.org

NCWD/Youth: Information about Employment & Youth with Disabilities

www.ncwd-Youth.info

ODEP: Office of Disability Employment Policy: US Dept. of Labor

www.dol.gov/odep

ODEP “Soft Skills to Pay the Bills” (PDF format)

www.dol.gov/odep/topics/youth/softskills

SPAN: Statewide Parent Advocacy Network

www.spanadvocacy.org

FSCNJ: Transition Matters: Family Support Center of NJ

www.fscnj.org/transition-matters

Transition/Autism

www.thespectrumcareers.com

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NJ DVRS Deaf & Hard of Hearing Services

New Jersey State Coordinator of the Deaf and Hard of Hearing

Department of Labor & Workforce Development

Division of Vocational Rehabilitation Services

PO Box 398

Trenton NJ 08625-398

Voice-609-292-3616

Website:

https://careerconnections.nj.gov/careerconnections/plan/foryou/disable/hearing_and_visual_services.shtml

NJ DVRS Business Outreach Team

Department of Labor & Workforce Development

Division of Vocational Rehabilitation Services

PO Box 398

Trenton NJ 08625-398

Voice-609-292-5987

The main focus of the Business Outreach Team (BOT) is to assist you, our business partners, in improving your business and enhancing career opportunities for our consumers.

Services Available to Businesses:

- Information on Assistive Technology
- Disability etiquette training
- Consultation on ADA
- Consultations with businesses to determine staffing and training needs
- On-the-job training contracts and other hiring incentives
- Access to a new talent pool of qualified candidates
- Prescreening of employment and internship candidates
- Exclusive hiring events
- Customized training information and planning
- Job analysis
- Introduction to the National Employment Team
- Apprenticeships
- NJ Career Connections resources

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DVRS FIELD OFFICE CONTACT LIST

<p>TRENTON (Central) John Fitch Plaza – 12th Floor P.O. Box 398, 08625-0398</p> <p>609-292-7318, 609-292-8347/FAX 609-292-2919/TTY, 609-498-6221/VP dvradmin@dol.nj.gov http://lwd.dol.state.nj.us/labor/dvrsDVRIndex.html</p>	<p>NEW BRUNSWICK (Middlesex/31) 550 Jersey Avenue, P.O. Box 2672, 08901</p> <p>732-937-6300, 732-937-6358/FAX 732-393-8056/VP DVR.NewBrunswick@dol.nj.gov</p>	<p>THOROFARE (Gloucester/52) Gloucester Regional Service Ctr. 215 Crown Point Rd., Suite 200, 08086-2153</p> <p>856-384-3730, 856-384-3777/FAX 856-342-0342/VP DVR.Thorofare@dol.nj.gov</p>
<p>BRIDGETON (Cumberland, Salem/62) 40 E. Broad Street, Suite 204, 08302-2881</p> <p>856-453-3888, 856-453-3909/FAX 856-497-0075/VP DVR.Bridgeton@dol.nj.gov</p>	<p>NEWARK (Essex/21) 990 Broad Street, 2nd Floor, 07102</p> <p>973-648-3494, 973-648-3902/FAX 862-772-7166/VP DVR.Newark@dol.nj.gov</p>	<p>TOMS RIVER (Ocean/43) 1027 Hooper Ave., Bldg. 6, 3rd Floor Suite 1, 08753-2225</p> <p>732-505-2310, 732-505-2317/FAX 732-606-4961/VP DVR.TomsRiver@dol.nj.gov</p>
<p>CHERRY HILL (Camden/51) 101 Woodcrest Road, Suite 127, 08003-3620</p> <p>856-549-0500, 856-795-4782/FAX 856-831-7599/VP DVR.Camden@dol.nj.gov</p>	<p>PATERSON (Passaic/01) 200 Memorial Drive, 1st Floor, 07505</p> <p>973-742-9226/Option 3 or 973-340-3400, 973-279-5895/FAX 973-968-6556/VP DVR.Paterson@dol.nj.gov</p>	<p>TRENTON (Mercer/41) Labor Station Plaza, P.O. Box 959 28 Yard Avenue, 08625-0959</p> <p>609-292-2940, 609-984-3553/FAX 609-498-7011/VP DVR.Trenton@dol.nj.gov</p>
<p>ELIZABETH (Union/32) 921 Elizabeth Ave., 3rd Floor, 07201</p> <p>908-965-3940, 908-965-2976/FAX 908-242-3563/VP DVR.Elizabeth@dol.nj.gov</p>	<p>PHILLIPSBURG (Sussex, Warren/04) 445 Marshall Street 08865</p> <p>908-329-9190 (Option 2) Fax: 908-454-8334 908-645-0616/VP DVR.Phillipsburg@dol.nj.gov</p>	<p>WESTAMPTON (Burlington/53) 795 Woodlane Road, 2nd Floor, 08060</p> <p>609-518-3948, 609-518-3956/FAX DVR.Westampton@dol.nj.gov</p>
<p>HACKENSACK (Bergen/11) 60 State Street, 2nd Floor, 07601-5471</p> <p>201-996-8970, 201-996-8880/FAX DVR.Hackensack@dol.nj.gov</p>	<p>PLEASANTVILLE (Atlantic/61) 2 South Main St., 1st Fl. Suite 2, 08232</p> <p>609-813-3933, 609-813-3959/FAX 608-813-3958/TTY, 609-224-1218/VP DVR.Pleasantville@dol.nj.gov</p>	<p>WILDWOOD (Cape May/63) 3810 New Jersey Avenue, 08260</p> <p>609-523-0330, 609-523-0212/FAX 609-224-1218/VP DVR.Wildwood@dol.nj.gov</p>
<p>JERSEY CITY (Hudson/12) 438 Summit Avenue, 6th Floor, 07306-3187</p> <p>201-217-7180, 201-217-7287/FAX 201-616-0447/VP DVR.JerseyCity@dol.nj.gov</p>	<p>RANDOLPH (Morris/02) 13 Emery Avenue, 2nd Floor, 07869</p> <p>862-397-5600 (Option 4), 973-895-6420/FAX 973-607-2034/VP DVR.Randolph@dol.nj.gov</p>	
<p>NEPTUNE (Monmouth/42) 60 Taylor Avenue, 07753-4844</p> <p>732-775-1799, 732-775-1666/FAX 732-606-4961/VP DVR.Neptune@dol.nj.gov</p>	<p>SOMERVILLE (Somerset, Hunterdon/33) 75 Veterans Memorial Drive East, Suite 101 08876-2952</p> <p>908-704-3030, 908-704-3476/FAX 732-393-8056/VP DVR.Somerville@dol.nj.gov</p>	

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GLOSSARY

AICPA	American Institute of Certified Public Accountants
ADA	Americans with Disabilities Act
A&I	Authorization & Input
ACRE	Association of Community Rehabilitation Educators
AJC	American Job Center
ASD	Autism Spectrum Disorder
ASL	American Sign Language
AT	Assistive Technology
CARF	Commission on the Accreditation of Rehabilitation Facilities
CBVI	Commission for the Blind and Visually Impaired
CBWA	Community Based Work Assessment
CBWE	Community Based Work Evaluation
CE	Customized Employment
CFR	Code of Federal Regulations
CIE	Competitive Integrated Employment
CIL	Center(s) for Independent Living
COA	Council on Accreditation
COE	Certificate of Eligibility
CQL	Council on Quality and Leadership
CRP	Community Rehabilitation Program(s)
CRCC	Commission on Rehabilitation Counselor Certification
DD	Developmental Disability
DDD	Division of Developmental Disabilities
DOL	Department of Labor
DSU	Designated State Unit
DVE	Diagnostic Vocational Evaluation
DVRS	Division of Vocational Rehabilitation Services
EE	Extended Employment
ES	Employment Specialist
FAQ	Frequently Asked Questions
FFS	Fee-For-Service
FLSA	Fair Labor Standards Act
HIPAA	Health Insurance Portability and Accountability Act
ID	Intellectual Disability
IDEA	Individuals with Disabilities Education Act
IDS	Internship Development & Supports
IPE	Individualized Plan for Employment
IRWE	Impairment Related Work Experience
JA	Job Analysis
JS	Job Sampling
LEA	Lead Education Agency
LTFA	Long-Term Follow-Along
MH	Mental Health

MOU	Memorandum of Understanding
NACE	National Association of Colleges and Employers
N.J.A.C.	New Jersey Administrative Code
NJDVRS	New Jersey Division of Vocational Rehabilitation Services
NJWINS	New Jersey Work Incentives Network Support
NRA	National Rehabilitation Association
NJRA	New Jersey Rehabilitation Association
OMB	Office of Management and Budget
OSYES	Out-of-School Youth Employment Services
PP	Pre-Placement
Pre-ETS	Pre-Employment Transition Services
PVE	Pre-Vocational Evaluation
PPDS	Program Planning and Development Specialist
R/P	Re-Placement
R/S	Re-Stabilization
RSA	Rehabilitation Services Administration
SCI	Spinal Cord Injury
SA	Site Analysis
SE	Supported Employment
SLCE	Sign Language Communication Evaluation
SLD	Specific Learning Disability
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SVRC	Supervising Vocational Rehabilitation Counselor
TBI	Traumatic Brain Injury
TLJC	Time-Limited Job Coaching
TWE	Trial Work Experience
TWER	Trial Work Experience Report
USDOL	United States Department of Labor
VR	Vocational Rehabilitation
VRC	Vocational Rehabilitation Counselor
WAT	Work Adjustment Training
WHD	Wage & Hour Division
WIA	Workforce Investment Act
W.I.O.A.	Workforce Innovation and Opportunity Act
WIPA	Work Incentive Planning and Assistance
14(c)	Section 14(c) of the Fair Labor Standards Act authorizes employers, after receiving a certificate from the Wage and Hour Division, to pay special minimum wages — wages less than the Federal minimum wage — to workers who have disabilities for the work being performed

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APPENDIX

NOTE:

This section includes forms that are referenced throughout this manual. Vendors are encouraged to utilize all pre-placement, time-limited and intensive job coaching, and LTFA reporting forms created by the DVRS CRP Unit. The CRP Unit recognizes that some vendors have purchased their own electronic case management system that incorporates vendor specific reporting forms. In these circumstances, DVRS allows for the use of these forms as long as the content produced matches the content requested on the DVRS created forms.

Forms for specialized SE services (TWE, CBWE, CE, IDS) cannot be substituted for vendor specific reporting forms.

Appendix A – TWE

- A-1: TWE Flow Chart**
- A-2: TWE FAQ**
- A-3: Checklist for TWE Services**

Appendix B – CBWE

- B-1: CBWE Flow Chart**
- B-2: CBWE FAQ**
- B-3: Checklist for CBWE Services**

Appendix C – CE

- C-1: CE Flow Chart**
- C-2: CE FAQ**
- C-3: Checklist for CE Services**

Appendix D – IDS

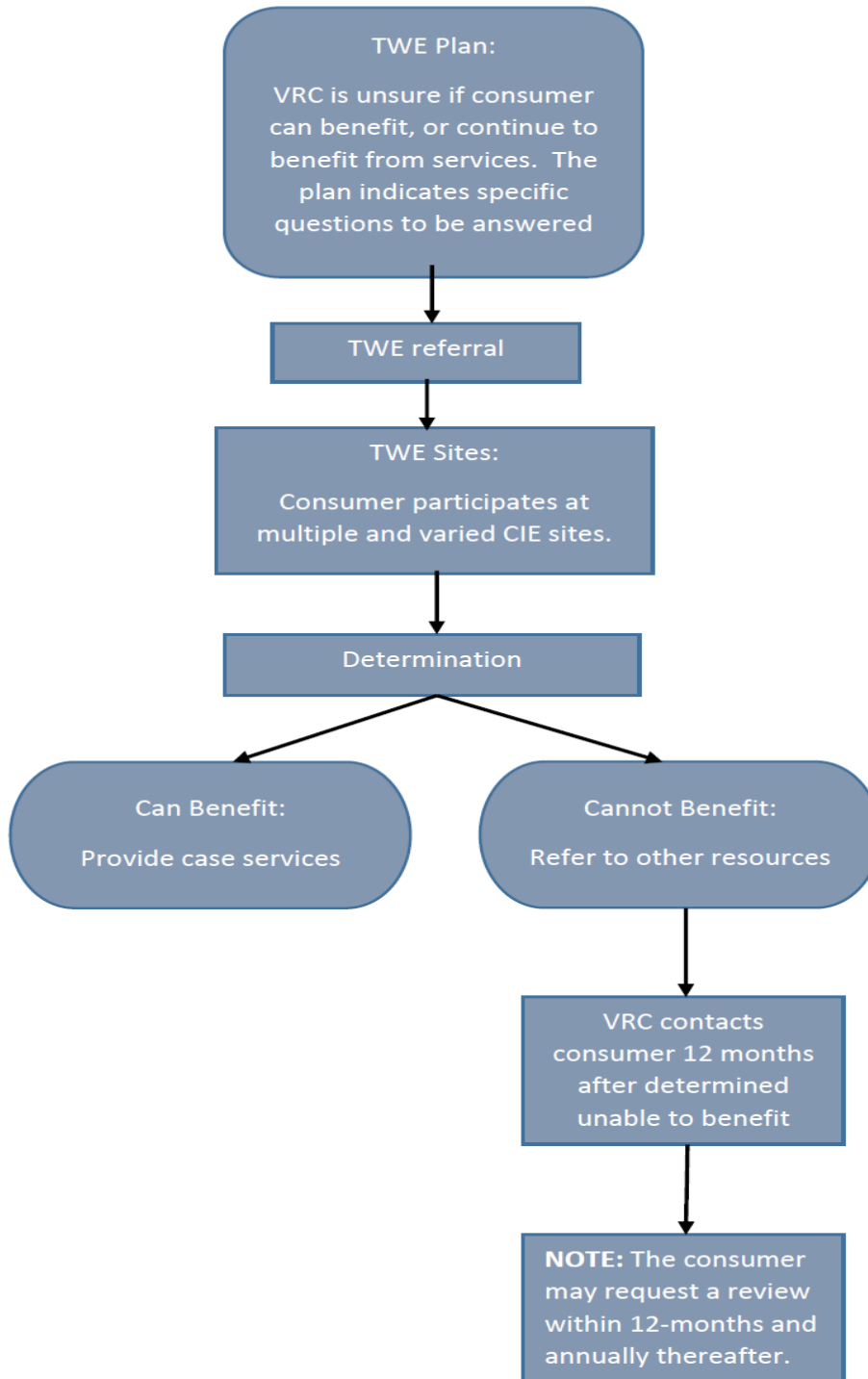
- D-1: IDS Flow Chart**
- D-2: IDS FAQ**
- D-3: Checklist for IDS Services**

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Appendix A – TWE

A-1: TWE Flow Chart

Trial Work Experience Basic Flow Chart



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Appendix A – TWE

A-2: TWE FAQ

TWE FREQUENTLY ASKED QUESTIONS (FAQ)

QUESTIONS	ANSWERS
Who should be referred for TWE?	Consumers with a documented disability, in which the nature and severity of their disability causes the VRC to question the consumer’s ability to benefit from services in terms of an employment outcome.
Is the consumer paid for a TWE?	No, TWE falls under the Fair Labor Standards Act and the seven criteria established by the United States Department of Labor Wage & Hour Division Field Operations Handbook, Section 64c08.
Is assistive technology available?	Yes, assistive technology can be considered at any time during the TWE process. A VRC will refer for an AT evaluation if needed.
How is assistive technology equipment/training obtained in a TWE?	Assistive technology/training should be obtained using comparable benefits such as lending libraries or state grants. When no comparable benefits are available, DVRS may purchase the equipment.
Does DVRS pay for equipment/training required for assistive technology during a TWE?	Yes, if the equipment/training is needed to participate in this service.
Do the same financial guidelines (DVR17) apply when purchasing and providing equipment/training for assistive technology during a TWE?	No, because the TWE is considered an evaluative service and the equipment/training would be needed to participate. Therefore, during TWE financial income is not considered.
Who owns AT equipment used in a TWE?	DVRS owns any equipment that is purchased. A “Title to Equipment”-Form (DVR-222) is signed acknowledging that all equipment is the property of DVRS.
What happens to the equipment after the service is completed?	A decision will be made by the VRC based on the outcome of the TWE.

<p>Is there a limit to number of hours authorized for TWE?</p>	<p>No. It is the VRC's decision how many hours to authorize. If the VRC determines the hours are not being used efficiently to collect evidence towards a determination, this needs to be addressed by the VRC.</p>
<p>Is there a minimum or maximum number of hours/weeks for TWE?</p>	<p>The services should be provided weekly for consistency.</p>
<p>Is there a minimum or maximum number of months for TWE?</p>	<p>There is no minimum. VRC determines this on a case by case basis, not to exceed 18 months except in a specialized case.</p>
<p>How many varied work settings are needed?</p>	<p>There needs to be a minimum of two varied settings to determine if the consumer can benefit from VR services. There needs to be a minimum of three varied settings to determine if the consumer cannot benefit from VR services. The number of settings is determined by the variety necessary to establish if the consumer can benefit from VR services.</p>
<p>What type of supervision is provided during the TWE?</p>	<p>A TWE is performed one-on-one at all times.</p>
<p>What is needed to determine if consumer cannot benefit from VR services?</p>	<p>Clear and convincing evidence is needed. It is defined as a means that the <i>evidence gathered through community-based work assessments</i> is highly and substantially more likely to be true than untrue that the consumer cannot benefit from services. Evidence is gathered and documented by the job coach and reported to the VRC.</p>
<p>What occurs if clear and convincing evidence indicates the consumer cannot benefit from VR services?</p>	<p>A service team meeting must occur between the consumer, job coach, VRC, family/guardian and all stakeholders. The evaluation and case closure will be discussed. Referrals will be offered to other services as needed.</p>

If the consumer cannot benefit from VR services as a result of the TWE, how is the case closed?	Disability Too Significant to benefit from services.
If the case is closed status <i>Disability Too Significant to benefit from services</i>, how does the consumer appeal the decision?	Appeals follow the standard DVRS appeal process as noted in the Consumer Handbook.
What occurs if consumer can benefit from VR services?	A service team meeting must occur between the consumer, job coach, VRC, family/guardian and all stakeholders to determine the next steps.
How does the VRC know what vendors are available in their region and what sites they have available for TWE?	The VRC will refer to vendor database on <i>Inform</i> for information on vendors and sites.
What are the required qualifications of the job coach?	<ul style="list-style-type: none"> • Minimum of a Bachelor’s degree in vocational rehabilitation or related field • Have one-year of job coach experience and a minimum of two-years combined in a related experience • Have successfully completed DVRS TWE training
What forms are required?	<p>There are three forms:</p> <ul style="list-style-type: none"> • TWE Plan • Trial Work Experience Report (TWER) • Job Coaching Progress Report & Service Log • All Forms will be completed and sent to the VRC upon completion of authorized hours
What about missed appointments?	For missed appointments: Consult with the VRC for case management and billing purposes.

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Appendix A – TWE

A-3: Checklist for TWE Services

New Jersey Division of Vocational Rehabilitation Services

Checklist for Trial Work Experience Services

Introduction

The Trial Work Experience (TWE) is a community-based one-on-one evaluation that takes place in an integrated setting that is used by DVRS to determine if a consumer can benefit from services with regards to an employment outcome. **The TWE is not to be used to determine a specific job goal.** This checklist is designed to assist the Vocational Rehabilitation Counselor (VRC) formulate appropriate steps and services for the TWE.

NOTE: The DVRS Supported Employment and Specialized Services Manual should be consulted for complete and detailed TWE process and procedures. This checklist serves as a tool to assist the VRC with tracking service delivery. Fees are included at the end of this checklist for reference.

Date: _____

VRC: _____

Consumer: _____

Vendor: _____

Regular: ASL:

Referral Process:

Reviewed criteria for appropriateness of consumer for TWE services

Consumer selected TWE vendor through Informed Choice

TWE Initial Service Team Meeting

Date of meeting: _____

List of participants in attendance: _____

Consumer/family/guardian supports were advised of purpose, scope and possible duration of TWE

Complete Referral packet & voucher mailed (VEN# _____) Number of hours *initially* authorized: _____

TWE Plan – Items for Consideration

- Purpose & rationale for service
- Consumer’s vocational interests
- Suggestions for work-sites
- Specific services to be provided
- Specific questions that VRC needs answered during TWE
- Plan signed by client or appropriate legal representative
- Assessed possible Assistive Technology (AT) needs with consumer
 - Refer for AT evaluation
 - Consumer not referred for AT evaluation at this time

NOTE: Regarding Assistive Technology: An AT evaluation can be requested at any time during the TWE process. AT needs may not be evident until consumer is on-site(s). If assistive technology is required for the consumer to participate in the TWE, DVRS will pay for the AT (regardless of income eligibility). The consumer and family/guardian will be advised that the equipment is on-loan for the purpose of the evaluation and is property of DVRS. DVRS will utilize lending sources for AT for the purpose of this evaluation whenever possible.

If AT is added to the TWE plan (at TWE plan development or at a later time) the consumer (or appropriate legal representative) must sign a DVRS Title of Equipment Form (DVR-222).

Transportation:

Consumer has own transportation:

- Yes

Primary Mode: _____

Back-up: _____

- No

If no, explain: _____

Plan for transportation for TWE

- Consumer referred to Access Link
- VRC has approved job coach to transport
- Consumer referred for travel training
- TWE will be temporarily put on-hold until consumer has viable option(s)
- N/A as consumer has reliable transportation

Other Services Considered (Check all that Apply)

- | | |
|---|---|
| <input type="checkbox"/> Vocational Counseling and guidance | <input type="checkbox"/> Personal Assistant Services |
| <input type="checkbox"/> Physical Restoration | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Mental Restoration | <input type="checkbox"/> Maintenance Funds |
| <input type="checkbox"/> Dependent Care | <input type="checkbox"/> Work Adjustment Training (WAT) |
| <input type="checkbox"/> Interpreter Services - specify type(s) | |
| <input type="checkbox"/> Deaf/Hard of Hearing Interpreters | |
| <input type="checkbox"/> Native Language Interpreters | |
| <input type="checkbox"/> Other (please specify): _____ | |

Service(s) needed can be provided on "off-days" of TWE

- Yes
 No

If no, does TWE need to be put on hold until service(s) is/are completed?

- Yes
 No

If yes, please describe plan and time-frame for service(s) to be completed:

Other Referrals Given (check all that apply):

- Division of Developmental Disabilities (DDD)
- Center for Independent Living (CIL)
- Social Security (SSI or SSDI)
- Benefits Counseling
- Psychological Evaluation
- Psychiatric Evaluation
- General Basic Medical Exam (GBM)
- Functional Capacity Evaluation (FCE)
- Other; please specify: _____

Outcome Determination

TWE stopped on this date: _____

Reason TWE stopped: _____

- Consumer able to benefit from further VR services
 - Service team meeting to review TWE (date: _____)
 - Status of AT equipment discussed
 - Returned – not needed to move forward with case
 - Consumer retained equipment at this time for use with next services
 - N/A (no AT was provided during TWE)
 - Close TWE service and proceed with appropriate services/plan
- Consumer not able to benefit from further VR services
 - Service team meeting to review TWE (date: _____)
 - Discussed clear and convincing evidence regarding determination
 - Discussed case closure and follow-up (12 month) process
 - Consumer returned AT equipment
 - N/A (no AT was provided during TWE)
 - Provided referral services & next steps for consumer to gain skills/build independence
 - Advised regarding future DVRS referral process

Review/Processing Vouchers

Payment to be approved by VRC after review/acceptance of the appropriate reports and service logs from vendor that pertain to current voucher.

Trial Work Experience (TWE) Fees	
<u>Type of Service</u>	<u>Rate per Hour</u>
Regular	\$60.00
ASL	\$75.00

Miscellaneous Notes:

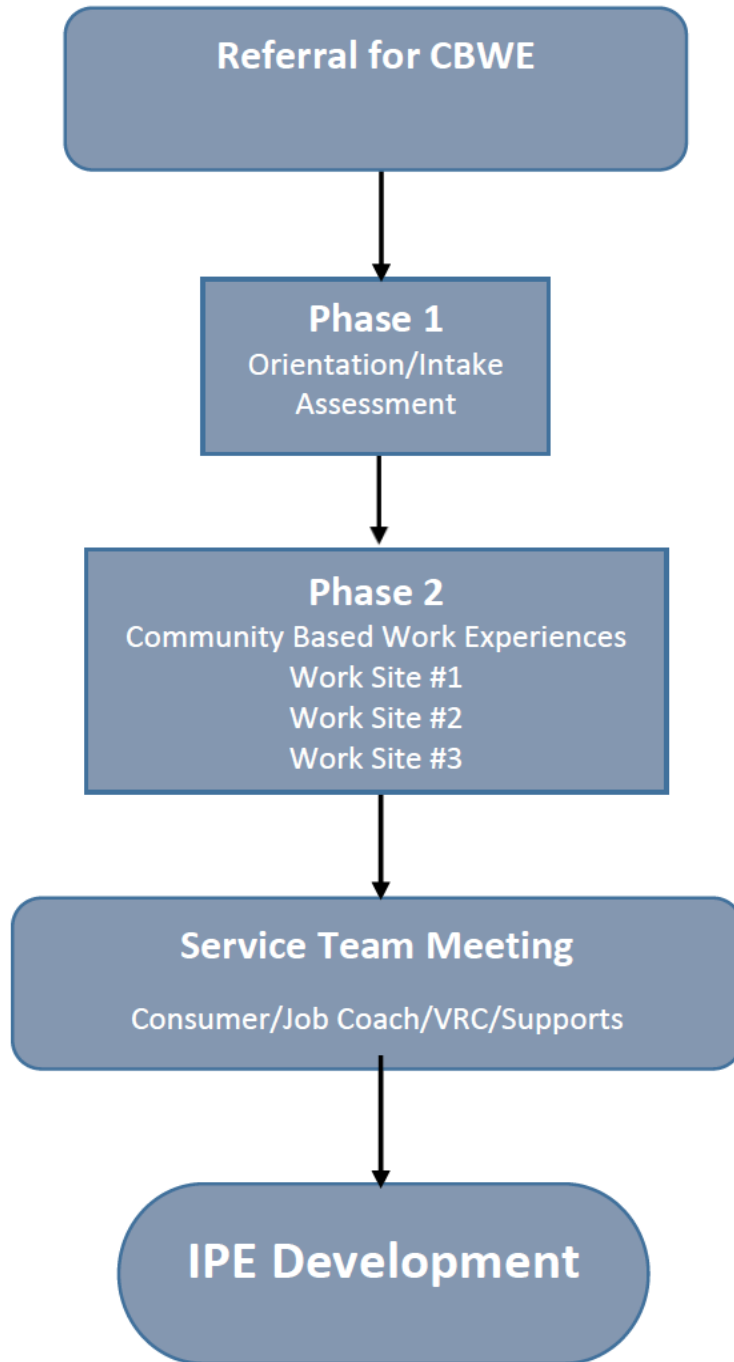
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Appendix B – CBWE

B-1: CBWE Flow Chart

Community Based Work Evaluation

Basic Flow Chart



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Appendix B – CBWE

B-2: CBWE FAQ

CBWE FREQUENTLY ASKED QUESTIONS (FAQ)

QUESTIONS	ANSWERS
What is a CBWE?	CBWE is an evaluation to determine a consumer’s skill level, behaviors, interests, abilities, strengths, barriers, aptitudes, the level of support needed in a competitive integrated work setting, and is a tool to assist in identifying vocational goals.
Who should be referred for CBWE?	CBWE is valuable for consumers with a documented disability(ies) who: <ul style="list-style-type: none"> • has limited and/or intermittent work experience • never worked outside a sheltered environment
Is this service only for consumers with a specific type of disability?	No, CBWE can be used for all types of disabilities.
Where does a CBWE occur?	CBWE will only occur at integrated employment sites individually developed to match the consumer’s needs/interests. It cannot be conducted in a 14(c) setting. CBWE provides the opportunity to experience real work in a real work environment.
Is the individual paid for the CBWE?	No, it is a time limited evaluative service.
Why is a CBWE utilized?	A CBWE will help the consumer and the VRC learn how one performs on job sites and increase the knowledge of what services might be best to ensure the consumer’s success over time in competitive integrated employment.
What does the CBWE entail?	CBWE consists of two phases: <ul style="list-style-type: none"> • Phase 1 - Orientation/Intake This consists of one to four days of intake, educating on the service, review of job sites, rules, initial three-way meeting,

	<p>possible vocational testing and discussing goals.</p> <ul style="list-style-type: none"> • Phase 2 - Community Based Work Experience This consists of three varied community job sites at two days of participation at each site for five hours/day (includes a 30-minute lunch/break and 30-minutes to process with job coach). Total of six days. <p>The entire CBWE is done in the community.</p>
Is there time frame for completion of CBWE?	Yes, the CBWE should not exceed six weeks.
What type of supervision is provided during the CBWE?	A CBWE is performed one-on-one at all times.
Is assistive technology available?	Yes, assistive technology can be considered at any time during the CBWE process. A VRC will refer for an AT evaluation.
How is assistive technology equipment/training obtained in a CBWE?	Assistive technology/training should be obtained using comparable benefits such as lending libraries or state grants. When no comparable benefits are available, DVRS may purchase the equipment.
Does DVRS pay for equipment/training required for assistive technology during a CBWE?	Yes, if the equipment/training is needed to participate in this service.
Do the same financial guidelines (DVR-17) apply when purchasing and providing equipment/training for assistive technology during a CBWE?	No, financial income is not considered because the CBWE is an evaluative service and the equipment/training would be needed to participate.
Who owns AT equipment used in a CBWE?	DVRS owns any equipment that is purchased. A "Title to Equipment" Form (DVR-222) is signed acknowledging that all equipment is the property of DVRS.
What happens to the equipment after the service is completed?	A decision will be made by the VRC based on the outcome of the CBWE.

<p>What is the difference between a DVE/PVE and a CBWE?</p>	<p>Historically, DVE/PVE occur in a Community Rehabilitation Program, pays a subminimum wage and is generally performed in a segregated setting. A CBWE is performed in the most integrated community setting and the individual is not paid.</p>
<p>What is the goal/result of a CBWE?</p>	<p>The CBWE can result in the development of the vocational goal, Individual Plan of Employment, movement towards competitive integrated employment and a description of services and supports that are required for such a placement.</p>
<p>How do I know what vendors are available in my region and what sites they have available for CBWE?</p>	<p>Refer to the vendor database for this information.</p>
<p>What are the required qualifications of the job coach?</p>	<ul style="list-style-type: none"> • Minimum of a Bachelor's degree in vocational rehabilitation or related field. • Have one-year of job coach experience and a minimum of two-years combined in a related experience. • Have successfully completed DVRS CBWE training
<p>What forms are required?</p>	<p>There are seven forms:</p> <ul style="list-style-type: none"> • Intake Form • Community Based Work Evaluation Plan • Employer Assessment Form • Participant Assessment Form • Observational Tracking Form (CBWE Report) • CBWE Service Log • Checklist for CBWE Services. <p>All Forms will be completed and sent to the VRC upon completion of the CBWE. The report should be completed no later than one week after the completion of the CBWE.</p>

What about missed appointments?	For missed appointments: Consult with the VRC for case management and billing purposes.
What about transportation?	The intent is that the consumer can travel to the community sites independently. If not, VRC is encouraged to work with the vendor and participant to assist in this area.

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Appendix B – CBWE

B-3: Checklist for CBWE Services

New Jersey Division of Vocational Rehabilitation Services

Checklist for Community Based Work Evaluation

Introduction

A Community Based Work Evaluation (CBWE) is a short-term, one-on-one assessment conducted at actual work sites with the highest level of integration possible. The CBWE can be utilized to determine a consumer's skill level, work performance, interests, abilities, strengths, barriers, and aptitudes in relation to employment. The job sites for a CBWE are customized to a consumer's needs and interests. A ***CBWE is not to be used to determine eligibility for VR services*** but can be used to help formulate a job goal for the consumer's Individualized Plan for Employment (IPE).

NOTE: The DVRS Supported Employment and Specialized Services Manual should be consulted for complete and detailed CBWE process and procedures. This checklist serves as a tool to assist the VRC with tracking service delivery. A fee schedule is included at the end of this checklist for reference.

Date: _____

VRC: _____

Consumer: _____

Vendor: _____

Regular: ASL:

Referral Process:

- Reviewed criteria for appropriateness of consumer for CBWE services
- Consumer selected CBWE vendor through Informed Choice
- Consumer/family/guardian supports were advised of purpose, scope and possible duration of CBWE
- Standard Referral Form sent to vendor or detailed letter including all pertinent referral information – includes:
 - Disability/Medical documentation
 - Release form(s)

Voucher for **Phase 1** Benchmark payment – Intake/Orientation

Regular: \$150 per day – Four (4) day max. (\$600)

ASL: \$200 per day – Four (4) day max. (\$800)

VEN # _____

Voucher for **Phase 2** Benchmark payment – CBWE Work Sites

VEN # _____ ***(see Phase 2 Benchmark Payment grid at end)**

Intake meetings scheduled (dates: _____, _____, _____, _____)

Held (dates: _____, _____, _____, _____)

Staffing with VRC, job coach, client and other stakeholders to discuss intake/assessment phase. Date scheduled: (_____) Date held: (_____)

Assessed possible Assistive Technology (AT) needs with consumer

Refer for AT evaluation Consumer not referred for AT evaluation at this time

NOTE: regarding Assistive Technology: An AT evaluation can be requested at any time during the CBWE process. AT needs may not be evident until consumer is on-site(s). If assistive technology is required for the consumer to participate in the CBWE, DVRS will pay for the AT (regardless of income eligibility). The consumer and family/guardian will be advised that the equipment is on-loan for the purpose of the evaluation and is property of DVRS. Agency will utilize lending sources for AT for the purpose of CBWE whenever possible.

If AT is added to the consumer's IPE, the consumer (or appropriate legal representative) must sign a DVRS Title of Equipment Form.

Transportation:

Consumer has own transportation:

Yes - Primary Mode: _____

Back up: _____

No - If no, explain: _____

Plan for transportation for CBWE

Consumer referred to Access Link

- VRC has approved job coach to transport
- Consumer referred for travel training
- CBWE will be temporarily put on-hold until consumer has viable option(s)
- N/A as consumer has reliable transportation

Phase 1. Orientation/Intake & Assessment (should be completed in weeks 1-2 of service delivery)

- Reviewed required invoice documentation and attachments for *Orientation/Intake & Assessment* – check all that apply
 - Intake Form completed
 - Consumer educated on CBWE process
 - Documentation/back-up of administered vocational testing
 - Job exploration concerns
 - Interpretation of administered vocational testing results
 - Staffing held to address results of intake/assessment phase
 - Review of job sites/rules
 - CBWE Plan Form completed by job coach
- Signed invoices (date: _____) for this service for payment processing (VEN # _____) (VEN # _____)

*****End of Phase 1*****

Phase 2. Community Based Work Experiences - Work Sites (should be completed in weeks 3-5 of service delivery)

- Voucher for **Phase 2** Benchmark payment sent to vendor (VEN # _____)
- Reviewed required invoice documentation and attachments for *Community Based Work Sites Evaluations* – check all that apply
 - Consumer participated in a minimum of two days at three job sites
 - Job sites were integrated (no14(c) certificate site/s)

- Less days or sites were utilized as per referral
- Additional day(s) were approved by SVRC at local office
- Employer Assessment Forms – completed for each site
- Participant Assessment Forms – completed for each site
- CBWE Service Log completed
- Observational Tracking Form completed (Final Report)
 - Recommendations provided by job coach based on CBWE performance
- Staffing held to address results of CBWE and to update IPE and services (date scheduled: (_____) Date held: (_____))
- Status of AT equipment discussed
 - Returned – not needed to move forward with case
 - Consumer retained equipment at this time for use with next services (if cost eligible)
 - N/A (AT was not provided during TWE)
- Signed invoice (date: _____) for this service for payment processing (VEN # _____)

*****End of Phase 2*****

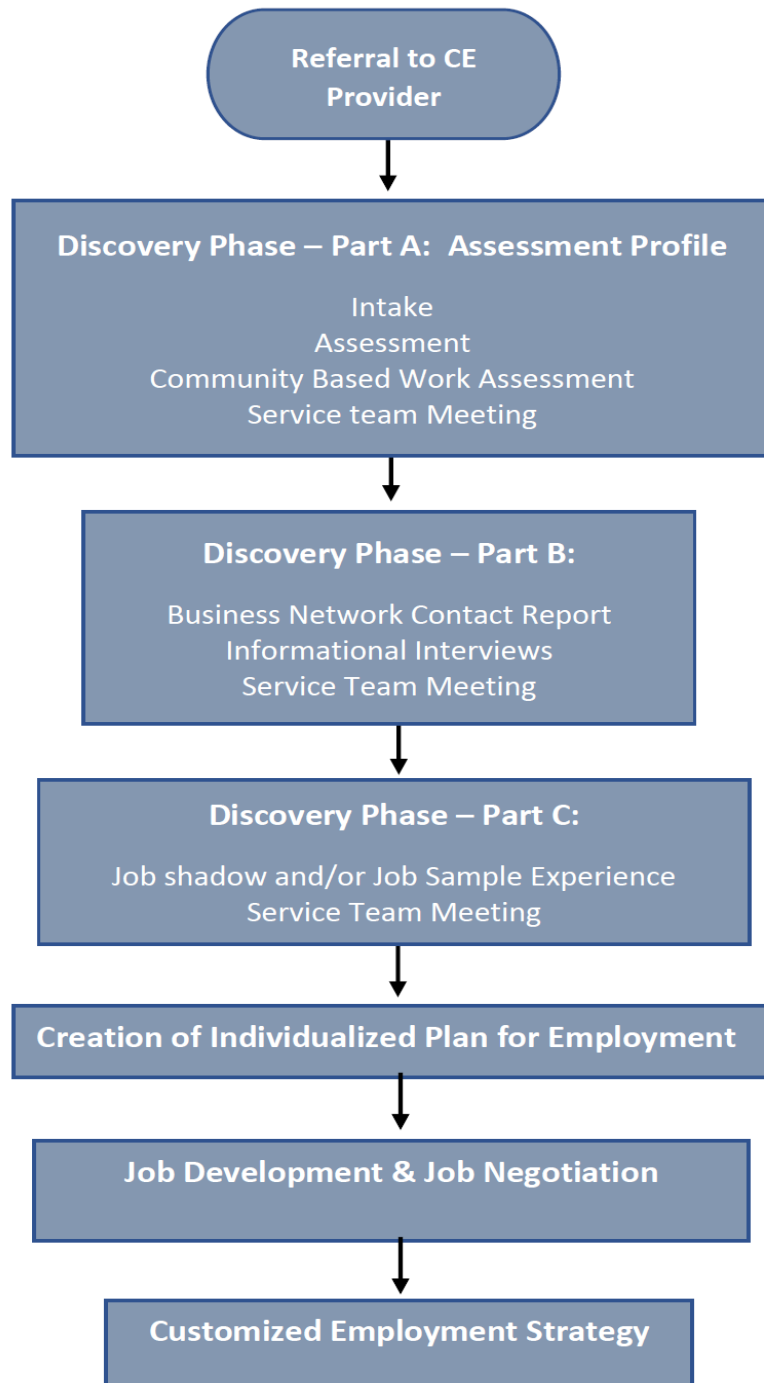
* CBWE Phase 2 Benchmark Payments – Work Sites				
Days (2)	Regular		ASL	
	Three (3) Sites	Four (4) Sites	Three (3) Sites	Four (4) Sites
	\$1,800	\$2,200	\$2,100	\$2,800
<i>Fees based on \$300 per day (Regular) or \$350 per day (ASL)</i>				
<i>Two (2) days per site on a minimum of three (3) job sites, maximum of four (4) sites (with SVRC approval only)</i>				
<i>This service should ideally be completed in 3-weeks.</i>				

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Appendix C – CE

C-1: CE Flow Chart

Customized Employment Basic Flow Chart



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Appendix C – CE

C-2: CE FAQ

CE FREQUENTLY ASKED QUESTIONS (FAQ)

QUESTIONS	ANSWERS
<p>What is CE?</p>	<p>CE is a multi-phase employment strategy that individualizes the employment relationship between the consumer and an employer to meet the needs and interests of both. This process leads to a customized outcome or a job that is carved, modified, reassigned, or created. It can also be self-employment. The consumer does not compete for a specific job, but rather offers his/her skills, abilities, and talents to meet the identified and unmet work needs of the employer.</p>
<p>What are the phases of CE?</p>	<p>The phases of CE are:</p> <ul style="list-style-type: none"> • Discovery <ul style="list-style-type: none"> ➤ Assessment Profile <ul style="list-style-type: none"> ✓ Intake ✓ Assessment ✓ Community Based Work Assessment (CBWA) ✓ Service Team Meeting ➤ Business Network Contact Report, Informational Interview Report, and Service Team Meeting ➤ Job Sample/Job Shadow Experience Report and Service Team Meeting • Job Development & Job Negotiations • Customized Employment Support Strategy
<p>Where do services occur?</p>	<p>Services occur in the consumer’s home, in the community and in competitive-integrated employment settings. CE cannot be conducted in a 14(c) setting.</p>

<p>Who should be referred for CE?</p>	<p>Consumers with significant disabilities and complex barriers to employment who:</p> <ul style="list-style-type: none"> • Can demonstrate their skills, abilities and/or talents better than they can articulate them • May not present the “whole employment package” of job requirements to potential employers who are looking to fill a position through traditional competitive labor market process (application, meeting the list of job requirements, interview etc.) • Rely on a negotiated approach for employment success • Do not fit the traditional “place and train” model
<p>Is this service only for consumers with Intellectual or Developmental Disabilities?</p>	<p>No, CE is for any consumer who has a significant disability and complex barrier to employment and is determined that they would not benefit from traditional SE due to their disability, barriers to employment and the above stated description.</p>
<p>Is there a minimum or maximum time frame to complete the Discovery Intake & Assessment process?</p>	<p>No, the average amount of time to complete Discovery is estimated at 20-30 hours. Some consumers may require less time or more time to coordinate home visits, family/guardian meetings etc. in order to complete the entire “Discovery” Assessment process with report.</p>
<p>Is there a minimum or maximum timeframe to complete all CE Services until placement?</p>	<p>Discovery/CE is based on milestone payments. Each service’s milestone is reached in its own timeframe which may differ from consumer to consumer.</p>
<p>What if specific Discovery/CE services want to be authorized or purchased as consumer services?</p>	<p>Each CE service must be provided and completed before advancing to the next service. CE is both process and employment strategy that requires all the components for maximum success.</p>

<p>What are the employment setting requirements for community-based evaluations and job sample/job shadow experiences?</p>	<p>Community based work evaluations and job sample/job shadow experiences must include a minimum of two different settings, experiences in the most competitive integrated setting available. Cannot be conducted in a 14(c) setting.</p>
<p>What are negotiable and non-negotiable job conditions? When should this information be identified?</p>	<p><i>Negotiables</i> are job conditions that the consumer does not specifically require for success and could be flexible when seeking or negotiating placement.</p> <p><i>Non-negotiables</i> are job conditions that the consumer requires to be successful and cannot be flexible on these items when job seeking or negotiating placement. (Ex: personal care, coach etc.)</p> <p>This information should be identified by the completion of the Discovery process. It will be critical to the development of the IPE, the planning of job sample/shadow experiences, placement activities and job negotiations with employers.</p>
<p>Are staffing/service team meetings mandatory and who is required to attend?</p>	<p>Yes, staffing/service team meetings are mandatory at the completion of each service phase of CE. Consumer, VRC and vendor are required to attend to discuss the outcome of the service and next steps.</p>
<p>Is assistive technology available for CE?</p>	<p>Yes, assistive technology can be considered at any time during the CE process. The VRC will refer for an AT evaluation if needed. There is no cost to the consumer for the evaluation.</p>
<p>How is assistive technology equipment/training obtained in CE?</p>	<p>Assistive Technology/training could be obtained using comparable benefits (lending libraries or state grants), employer, consumer, DDD or DVRS. During the community-based work assessment or job sample/shadow experience phases the evaluator will maintain possession of the equipment</p>

	and bring it to the site for the consumer's use.
Does DVRS pay for equipment/training required for assistive technology during CE?	Yes, if the equipment/training is needed to participate in the Discovery phase.
Do the same financial guidelines (DVR-17) apply when purchasing and providing equipment/training for assistive technology during CE?	No for the Discovery phase. Yes, for the Job Development & Job Negotiation Phase, and the Customized Employment Support Strategy DVRS financial guidelines apply.
Who owns AT equipment used in CE when purchased by DVRS?	DVRS owns any equipment that is purchased. A "Title to Equipment" Form (DVR-222) is signed acknowledging that all equipment is the property of DVRS.
What happens to the equipment DVRS purchased after the service is completed?	A decision will be made by the VRC based on the outcome of the CE.
What are the required qualifications of the job coach?	<ul style="list-style-type: none"> • Minimum of a Bachelor's degree in vocational rehabilitation or related field. In addition, two years combined experience to include one year of job coaching • Have successfully completed DVRS Internship Development and Supports training
What are the required forms?	<p>There are nine forms to include:</p> <ul style="list-style-type: none"> • NJ DVRS Customized Employment Discovery Intake Report • NJ DVRS Customized Employment Discovery Assessment Profile Report • NJ DVRS Customized Employment Business Contact Report • NJ DVRS Customized Employment Informational Interview Report • NJ DVRS Customized Employment Job Shadow/Job Sample Report Form

	<ul style="list-style-type: none"> • NJ DVRS Customized Employment Placement Report & Support Strategy • NJ DVRS Customized Employment-Placement Report & Support Strategy – Job Analysis • NJ DVRS Customized Employment Final Report- Consumer Employed 90-Days • Checklist for Customized Employment Services
What is the payment process for the CE service?	Benchmark payments. Payments to be made when the vendor completes each Phase of the CE process and the VRC receives the required forms and reports. The VRC will create a separate voucher for each benchmark.
How does the VRC know what vendors are available in their region and what sites they have available for CE?	Refer to vendor database on Inform for information on vendors and sites.
What about missed appointments?	For missed appointments: Consult with the VRC for case management and billing purposes.
What about transportation?	The intent is that the consumer can travel to the community sites independently. If not, VRC is encouraged to work with the vendor and participant to assist in this area.

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Appendix C – CE

C-3: Checklist for CE Services

New Jersey Division of Vocational Rehabilitation Services
Checklist for Customized Employment Services

Introduction

Customized Employment (CE) is a multi-phase, employment strategy process service. This checklist is designed to assist the Vocational Rehabilitation Counselor (VRC) to track the consumer's progress and to ensure that the vendor is delivering services timely and in process order.

NOTE: The DVRS Supported Employment and Specialized Services Manual should be consulted for complete and detailed CE process and procedures. This checklist serves as a tool to assist the VRC with tracking service delivery. A comprehensive fee schedule is included at the end of the checklist for reference.

Date: _____

VRC: _____

Consumer: _____

Vendor: _____

Regular: ASL:

Referral Process:

Reviewed criteria for appropriateness of consumer for CE services

Consumer selected CE vendor through informed choice

Voucher for Discovery intake (\$1,600 Regular or \$1,800 ASL)

Community-Based Work Assessments (CBWA) **select one**

Voucher for Two (2) days at two (2) work sites \$300 per day = \$1,200 MAX
(Regular) \$350 per day = \$1400 MAX (ASL)

Voucher for Two (2) days at three (3) work sites \$300 per day = \$1,800 MAX
(Regular) \$350 per day = \$2,100 MAX (ASL)

Standard Referral Form sent to vendor or detailed letter including all pertinent referral information – includes:

Disability documentation

Release form(s)

Voucher for Discovery Assessment Profile/Report Fee (includes Intake)

VEN # _____

Voucher for Community-Based Work Assessments (CBWA)

VEN # _____

Discovery Assessment Profile – Part I – Phase A (Discovery):

Received Discovery Assessment Profile back from vendor

Report included all required elements:

Discovery Intake Report

Discovery Assessment Profile Report

Customized Employment Community-Based Work Assessment
Observational Tracking Form

Reviewed report(s) for timeliness/accuracy/required criteria

Service Team Meeting I:

Scheduled (Date: _____)

Conducted (Date: _____)

Payments and invoice approvals due upon completion of *first* service team meeting:

Sign and Process for payment - Voucher for Discovery Assessment Profile/Report
Fee (includes Intake) VEN # _____

Sign and Process for payment - Voucher for Community-Based Work Assessments
(CBWA) VEN # _____

End of Discovery Process Part I - Phase A

Discovery – Part I - Phase B

(Business Network Contacts & Informational Interviews):

Send Vouchers for Informational Interviews (includes activities on the Business
Network Contact Report & Service Team Meeting in this category)

Informational Interviews (**note that rates are same for Regular and ASL**)

Vocational Interest Area #1 (mandatory)

\$250 for three (3) interviews – MIN of six (6) = \$500

\$250 for three (3) interviews – MAX of nine (9) = \$750

VEN # _____

Vocational Interest Area #2 (mandatory)

\$250 for three (3) interviews – MIN of six (6) = \$500

\$250 for three (3) interviews – MAX of nine (9) = \$750

VEN # _____

Vocational Interest Area #3 (optional)

\$250 for three (3) interviews – MIN of six (6) = \$500

\$250 for three (3) interviews – MAX of nine (9) = \$750

VEN # _____

Received & reviewed Business Network Contact Report

Received & reviewed Informational Interview Report

Service Team Meeting II:

Scheduled (Date: _____)

Conducted (Date: _____)

Payment and invoice approvals due upon completion of *second* service team meeting:

Sign and Process for payment - Vouchers for Informational Interviews (includes activities on the Business Network Contact Report & Service Team Meeting in this category) VEN # _____ VEN # _____ VEN # _____

End of Discovery Process Part I - Phase B

Discovery – Part I - Phase C (Job Shadow and/or Job Sample Experience) & Creation of Individualized Plan of Employment)

Send Voucher for Job Shadow/Job Sample Experiences (includes activities on the Job Shadow/Job Sample Experiences & Service Team Meeting in this category)

Job Shadow/Job Sample Experiences (**NOTE: the rates are the same for Regular and ASL**)

Vocational Interest Area #1 (mandatory)

- \$250 for each job site – MIN of two (2) = \$500
- \$250 for each job site – MAX of three (3) = \$750

VEN # _____

Vocational Interest Area #2 (mandatory)

- \$250 for each job site – MIN of two (2) = \$500
- \$250 for each job site – MAX of three (3) = \$750

VEN # _____

Vocational Interest Area #3 (optional)

- \$250 for each job site – MIN of two (2) = \$500
- \$250 for each job site – MAX of three (3) = \$750

VEN # _____

- Received & reviewed Job Shadow/Job Sample Experiences Report

Service Team Meeting III (Wrap-up of Discovery Phases & Creation of IPE):

- Scheduled (Date: _____)
- Conducted (Date: _____)
- IPE goal matches consumer primary vocational area of interest
- IPE signed by consumer (or legal authorized representative)
- IPE addresses non-negotiable employment conditions
- IPE addresses specific employment support needs – If N/A
- Assistive Technology evaluation needed – if N/A

Payment and invoice approval due upon completion of *third* service team meeting:

- Sign and Process for payment - Voucher for Job Shadow/Job Sample Experiences
VEN # _____

End of Discovery Process Part I - Phase C and Discovery Phase

Job Development & Job Negotiation Phase – Part II - Phase A (Job Negotiation) AND Job Development & Job Negotiation - Part II - Phase B (Job Placement)

Benchmark Payment #1 - \$750 (same fee for Regular & ASL)

- Send *Benchmark #1* Voucher for Job Development & Job Negotiation and Services
VEN # _____
- Received & reviewed CE Placement Report & Summary

Report included all required elements:

- Complete Employer Contact Information
- Complete Employment Description and Information
- Accommodations Needed
- Supports at Job Site – Strategies for on-going Supports
- Strategies for Addressing Initial and Future Training Needs

Payment and invoice approval for *Benchmark #1* due after consumer works first full day of employment in IPE job goal:

- Sign and Process for payment - Voucher for *Benchmark #1* VEN # _____

*** Benchmark #1 service is complete***

Customized Employment Strategy – Part III

Benchmark Payment #2 - \$750 (same fee for Regular & ASL)

- Send *Benchmark # 2* Voucher for Customized Employment Services
VEN # _____
- VRC assessed anticipated job supports/services
 - Consumer to utilize natural/on-site supports
 - Consumer requires job coaching (TLJC or Intensive) voucher to be issued to provider VEN # _____
- Received & reviewed CE Employment Placement Report & Support Strategy

Report packet included all required elements:

- Proof of consumer's continued employment
- Additional strategies identified or supports needed
- Report is signed by the vendor

Payment and invoice approval for *Benchmark #2* due after consumer completes five (5) calendar days of employment:

- Sign and Process for payment - Voucher for *Benchmark #2* VEN # _____

Benchmark #2 service complete

Benchmark Payment #3 - \$750 (same fee for Regular & ASL)

- Send *Benchmark #3* Voucher for Customized Employment Services
VEN # _____
- Received & reviewed the CE Employment Placement Report & Support Strategy – Job Analysis

Report packet included all required elements:

- Proof of consumer's continued employment
- Additional strategies identified or supports needed
- Report is signed by the vendor

Payment and invoice approval for *Benchmark #3* due after consumer completes four (4) weeks or 20 calendar days of employment:

- Sign and Process for payment - Voucher for *Benchmark #3* VEN # _____

Benchmark #3 service complete

Benchmark Payment #4 - \$1,300 (same fee for Regular and ASL)

- Send *Benchmark #4* Voucher for Customized Employment Services
VEN # _____
- Received & reviewed the CE Final Report – Consumer Employed 90 Days

Report packet included all required elements - documentation that consumer has:

- maintained employment for 90 days or longer from time of hire
- is working in a competitive, integrated employment setting

- is being compensated at an appropriate wage
- consumer continues to perform expected job duties
- meets all non-negotiable employment conditions
- meets 50% or more of negotiable employment conditions
- supervisor reports satisfaction with consumer's job performance
- modifications and/or accommodations made at worksite – If N/A
- consumer has reliable transportation to/from work
(and a back-up plan)
- extended services are in place – If N/A
- all other supports specified from IPE are in place - If N/A
- Report is signed by the consumer (or legal authorized representative)
and the vendor

Payment and invoice approval for *Benchmark #4* due after consumer completes at least 90 calendar days of employment:

Sign and Process for payment - Voucher for *Benchmark #4* VEN # _____

****Benchmark #4* service and CE service overall complete***

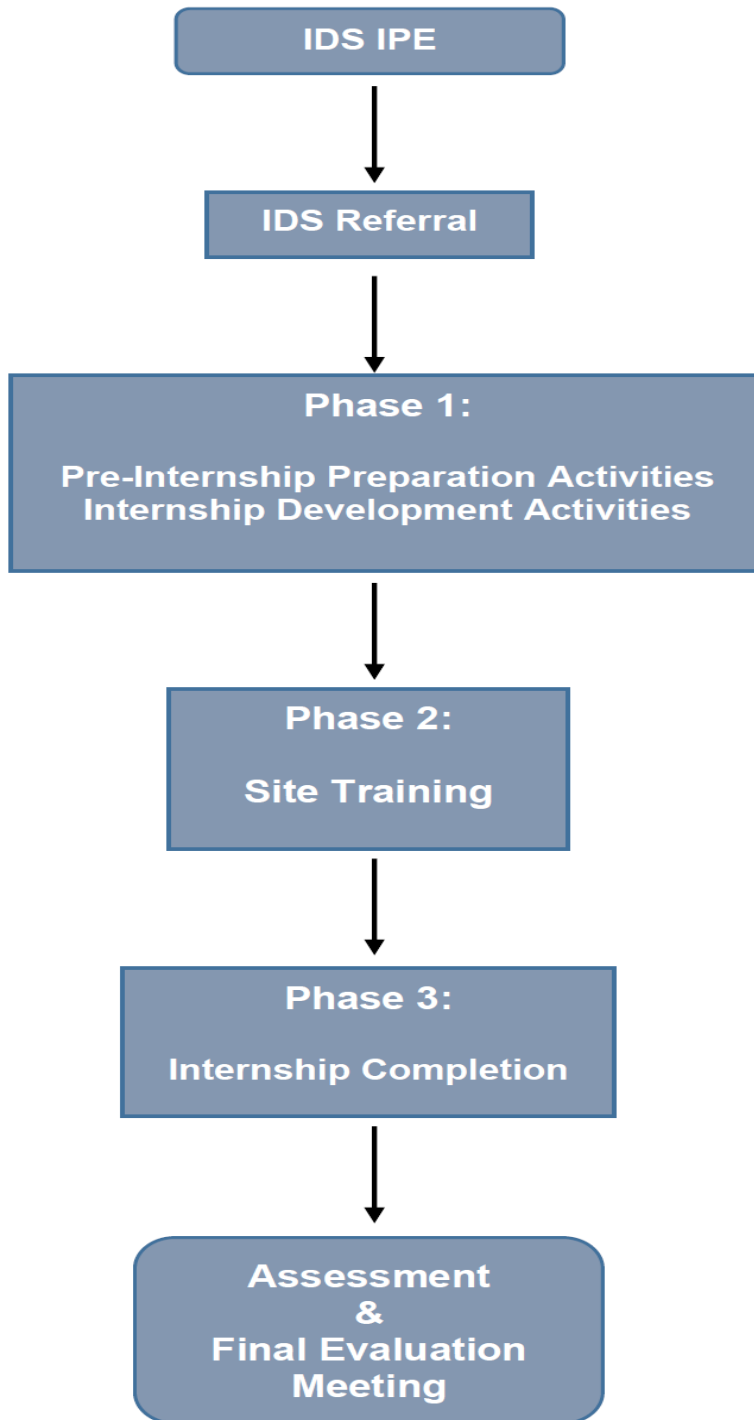
Date of overall completion: _____

Miscellaneous Notes:

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Internship Development & Supports

Basic Flow Chart



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Appendix D – IDS
 D-2: IDS FAQ

IDS Frequently Asked Questions (FAQ)

QUESTIONS	ANSWERS
What is an Internship?	An Internship is a temporary position in an integrated community based/employer setting with an emphasis on providing a work experience.
Who should be referred for Internships?	Individuals with a documented disability(ies) who have exited secondary school and may or may not be attending post-secondary school or vocational/technical skills training programs.
Can a consumer be paid during an internship?	Internships can be paid or unpaid.
Can a consumer receive academic credit for an internship?	Academic credit may or may not be available for those enrolled in a post-secondary academic training program.
How long is the Internship experience?	Minimum six weeks, typically for an eight-week duration.
Is this service only for individuals with a specific type of disability?	No, Internship Development and Supports may be used for all types of disabilities.
Is assistive technology available?	Yes, assistive technology can be considered at any time during the IDS process. The VRC will refer for an AT evaluation if needed. There is no cost to the consumer for the evaluation.
How is assistive technology equipment/training obtained in IDS?	Assistive Technology/training could be obtained using comparable benefits (lending libraries or state grants), consumer, DDD or DVRS.
Does DVRS pay for equipment/training required for assistive technology during IDS?	The payee for the equipment/training depends on the consumer's financial status.
Do the same financial guidelines (DVR-17) apply when purchasing and providing equipment/training for assistive technology during IDS?	Yes, IDS is a service that is based on financial need.

Who owns AT equipment used in IDS when purchased by DVRS?	DVRS owns any equipment that is purchased. A “Title to Equipment” Form (DVR-222) is signed acknowledging that all equipment is the property of DVRS.
What happens to the equipment DVRS purchased after the service is completed?	A decision will be made by the VRC based on the outcome of the IDS.
What does the Internship structure look like?	The internship is a 3-phase process: 1) Pre-Internship Preparation and Internship Development Activities 2) Internship Site Participation and Intensive Training 3) Internship Completion
How often is the job coach at the Internship site?	Varies – depending on support needs.
What are the benefits of an Internship?	Internships assist with transitioning from school and/or work, allows for experience in a career field of interest, enhances marketability, increases professional network, links individuals to employers, and gain career-related information.
What are the required qualifications of the job coach?	<ul style="list-style-type: none"> • Minimum of a Bachelor’s degree in vocational rehabilitation or related field. In addition, two years combined experience to include one year of job coaching • Have successfully completed DVRS Internship Development and Supports training
What are the required forms and who completes them?	There are nine forms to include: <ul style="list-style-type: none"> • Internship Career Pathway Road Map (VRC) • Internship Agreement (Employer) • Letter of Agreement (Job coach and current post-secondary school) • Internship Learning Contract (Job coach, Internship Supervisor, current post-

	<p>secondary faculty advisor, and student)</p> <ul style="list-style-type: none"> • Service Logs (Job Coach) • Employer Evaluation (Employer) • Intern Evaluation (Intern) • Intern Final Assessment (Job coach) • Checklist for Internship Development and Support Services
What is the payment process for the IDS service?	Benchmark payments. Payments to be made when the vendor completes each Phase of the Internship process and the VRC receives the required forms and reports. The VRC will create a separate voucher for each benchmark.
How does the VRC know what vendors are available in their region and what sites they have available for IDS?	Refer to vendor database on Inform for information on vendors and sites.
What about missed appointments?	For missed appointments: Consult with VRC for case management and billing purposes.
What about transportation?	The intent is that the consumer can travel to the community sites independently. If not, VRC is encouraged to work with the vendor and participant to assist in this area.

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Appendix D – IDS

D-3: Checklist for IDS Services

New Jersey Division of Vocational Rehabilitation Services

Checklist for Internship Development & Supports Services

Introduction

Internship Development & Supports (IDS) is a temporary, three phase service that allows consumers who have exited secondary school an opportunity to obtain real work experiences in a community integrated setting. Internships can be **paid or unpaid**, may offer academic credits and are usually six (6) to eight (8) weeks in duration. This checklist serves as a tool to assist the VRC with tracking service delivery.

NOTE: The DVRS Supported Employment and Specialized Services Manual should be consulted for complete and detailed IDS processes and procedures. Also, the term *intern* used throughout this form can represent a work intern and/or student intern. The fees are same for Regular and ASL interns. A fee schedule is included at the end of this checklist for reference.

Date: _____

VRC: _____

Consumer: _____

Vendor: _____

Regular: ASL:

Referral Process:

- Reviewed criteria for appropriateness of consumer for IDS services
- Consumer selected IDS vendor through Informed Choice
- VRC completed Career Pathway Road Map for Interns with consumer
- Assessed possible Assistive Technology (AT) needs with consumer
 - Refer for AT evaluation
 - Consumer not referred for AT evaluation at this time

Requires other assistive needs (interpreters, note-taker, etc.)

Yes

No

If Yes, please explain: _____

NOTE: Regarding Assistive Technology: An AT evaluation can be requested at any time during the IDS process. AT needs may not be evident until the consumer is on-site. If assistive technology is required for the consumer to participate in the IDS, DVRS will pay for the AT (regardless of income eligibility). The consumer and family will be advised that the equipment is on-loan for the purpose of the internship, is property of DVRS and will be returned to DVRS upon completion of the internship. DVRS will utilize lending sources for AT whenever possible.

If AT is added to the IDS plan (at IDS plan development or at a later time) the consumer (or appropriate legal representative) must sign a DVRS Title of Equipment Form.

Standard Referral Form sent to vendor or detailed letter including all pertinent referral information – includes:

Disability/ Medical documentation

Release form(s)

Completed Career Pathway Road Map for Interns

Voucher(s) for ***Phase 1*** Benchmark payments (***not to exceed \$1,000***)

Pre-Internship Preparation Activities (***max. \$500***): VEN # _____

Internship Development Activities (***max. \$500***): VEN # _____

Intake meeting scheduled (date: _____) Held (date: _____)

Case Activities and Considerations

Individualized Plan for Employment (IPE) Considerations

A statement in the IPE for the consumer participating in internship programs under the Fair Labor Standards Act (FLSA) for *unpaid* and *paid* interns/students **must**

include, *The Intern/Student has been advised of the "PRIMARY BENEFICIARY TEST" through vocational counseling and guidance and informed choice.*

Phase 1. Pre-Internship Preparation Activities & Internship Development Activities

- Reviewed required invoice documentation and attachments for *Pre-Internship Preparation Activities* – check all that apply
 - Resume assistance
 - Cover Letter assistance
 - Thank you letter assistance
 - Interview preparation
 - Internship application & assessments
 - Transportation needs
 - Other service linkage (if needed) If checked, explain: _____
 - N/A
- Signed invoice (date: _____) for this service for payment processing (VEN # _____)
- Reviewed required invoice documentation and attachments for *Internship Development Activities* – check all that apply
 - Development of internship site
 - Letter of Agreement (Post-secondary/college)
 - Internship Agreement (Employer)
 - Interview Learning Contract (Vendor Agency, Job Site Supervisor, Faculty (if Post-secondary student))
- Signed invoice (date: _____) for this service for payment processing (VEN # _____)

Internship Placement

Employer/Institution: _____

Position/Department(s): _____

Proposed Length of Internship: _____ weeks

Proposed Start Date: _____ Proposed End Date: _____

*****End of Phase 1*****

Phase 2. Internship Site Participation and Intensive Training

- Voucher for **Phase 2** Benchmark payment sent to vendor (*max. \$1500*)
VEN # _____
- Reviewed required invoice documentation and attachments for *Internship Site Participation & Intensive Training* – check all that apply
 - On/off site training/job coaching
 - On-going and consistent communication with supervisors and intern to monitor progress
 - Assess and recommend accommodation needs
 - Service Logs
 - Employer Evaluation (Initial)
 - Intern Self-Evaluation (initial)
- Signed invoice (date: _____) for this service for payment processing
(VEN # _____)

*****End of Phase 2*****

Phase 3. Internship Completion

- Voucher for **Phase 3** Benchmark payment sent to vendor (*max. \$1500*)
VEN # _____
- Reviewed required invoice documentation and attachments for *Internship Completion* – check all that apply
 - Employer Evaluation (final)
 - Intern Self-Evaluation (final)
 - Final Intern Assessment (job coach)
- Signed invoice (date: _____) for this service for payment processing
(VEN # _____)

*****End of Phase 3*****

Final Internship Team Meeting & Wrap-up

Date scheduled: _____

Date Held: _____

Assistive tools/technology returned N/A

Internship Development & Supports (IDS) Benchmark Payments	
Benchmark Payment #1 Preparation Activities	\$500 (for Regular & ASL)
Benchmark Payment #1 Internship Development	\$500 (for Regular & ASL)
Benchmark Payment #2 Site Participation/Training	\$1,500 (for Regular & ASL)
Benchmark Payment #3 Internship Completion	\$1,500 (for Regular & ASL)
<i>Maximum for IDS service as a whole \$4,000 Services are to be provided in order as listed above</i>	

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