



DDSN Executive Memo

**TO: EXECUTIVE DIRECTORS OF DSN BOARDS and
CEOS OF CONTRACTED SERVICE PROVIDERS OF EMPLOYMENT SERVICES –
INDIVIDUAL AND DAY DIRECTORS**

FROM: RUFUS BRITT, ASSOCIATE STATE DIRECTOR, OPERATIONS *R.B.*

DATE: AUGUST 11, 2020

SUBJECT: THERAP – EMPLOYMENT HISTORY MODULE REQUIRED ELEMENTS

This memo is sent as a reminder to Employment Service – Individual providers that require information for each individual receiving the service. Please see the attached titled, "Required Elements for Employment Individual – Individual Therap Employment History Module." Effective March 1, 2020, the required elements should be uploaded into Therap in the Employment History Module.

In-person training was provided in January and February to ensure providers were comfortable with the Therap module. The Required Elements and Instructions can be located on the Therap SC State page under Employment Services Individual.

Helpdesk@ddsn.sc.gov can be contacted if you have difficulties navigating the module.

Should you have questions, please contact Lynn Sigg, Director of Employment/Day Services (803) 898-9704 Lsigg@ddsn.sc.gov

Thank you.

Attachment

Required Elements for Employment Services – Individual Therap Employment History Module

PLEASE ENSURE YOU HAVE THE SUPER ROLES AND PRIVILEGES THAT WILL ALLOW YOU TO WORK WITHIN THE EMPLOYMENT HISTORY MODULE.

Below is the **required information** and instructions for documenting an individual receiving Employment Services – Individual in the Therap Employment History Module. **Required information** will be designated with a star “*” or **specifically listed below**. Information requested in the module that has not been identified on this summary are optional and allow for provider preference.

Effective March 1, 2020:

- All individuals currently receiving Employment Services – Individual must be entered into the Employment History Module as specified by the required elements.
- Any individual new to Employment Services – Individual must be entered into the module **and** have their Assessment(s), IPSE, VR Closure form and paycheck stub uploaded into the appropriate section of the Employment History Module instead of Document Storage.

The **EMPLOYER CONTACT INFORMATION** and the **JOB TEMPLATE** sections need to be entered from the **AGENCY** tab on the dashboard. Specific privileges must be provided to employment specialists in order to access this section.

IT IS RECOMMENDED THAT THE SECTIONS BELOW BE ENTERED FIRST FOR THOSE WHO HAVE ALREADY SECURED EMPLOYMENT

EMPLOYER INFORMATION

Employer – New

- * Organization (Employer’s name)
- * Address, City State and Zip
- * Phone number (use dashes)

Contact Person – New – (This is the contact person at the employer.)

Select the Employer you have entered

- * Under each Employer, contact information must be included.
- * First Name
- * Last Name
- * Phone Number (either Mobile or Office with extension if applicable.)

Job Template – New

Select the Employer you have entered

- * Position Title

It is not recommended that you complete all the information regarding job details on the screen.

ENTER THE FOLLOWING SECTIONS FROM THE **INDIVIDUAL** TAB ON THE DASHBOARD:

INDIVIDUAL’S INFORMATION

Employment Referral – New (initially entering information into Therap)

Select individual from Individual List

- * Referral Source: Drop-Down “Case Manager”
- * Referral Type: Drop-Down
 - No Job – Previous VR referral
 - No Job – No previous VR referral
 - With Job – VR closed successful

- With Job – Exited school / No VR
- With Job – DDSN provider assisted (another provider)
- With Job – Found own
- With Job – Other (specify in comments)
- * Referral Date: **THE FIRST/INITIAL AUTHORIZATION DATE INTO EMPLOYMENT SERVICES – INDIVIDUAL WITH YOUR AGENCY.** (This may be earlier than the date on the current authorization.)
- * Referred By: Case Management agency
- * Comments: Date documented from VR closure form indicating one of the following: No referral, no open case, no closure, closed successful
- * Attachment: Add File / Scan File: Upload VR closure form

Funding Source – New

Select individual from the Individual List

- * Funding Source: Drop Down
 - IDRD Waiver
 - Community Supports Waiver
 - HASCI Wavier
 - State Funded Community Supports
 - State Funded Follow Along
 - Private Pay
 - Other: (Note: Grant, Private Pay, Overenrolled, etc. in comments)
- * Start Date: Authorization start date
- * End Date: Authorization end date (required if funding source changes).
- * Reason for Ending Request – State reason, for example, change of funding source.
Enter a new funding source form if the funding source changes.

Assessment Score – New

Select individual from the Individual List

- * Assessment Type: Comprehensive Vocational Service Assessment from Drop Down
- * Assessment Date: Enter date of assessment
- * Attachment: Add File / Scan File: Upload Comprehensive Vocational Service Assessment.
Enter a new Assessment Score form for each additional employment assessment, i.e. Discovery, and upload each assessment.

Career Development Plan – New

- * Effective Date: Signed Partnership Agreement Date
- * Summary: Employment Goal for the individual
(Standard 19 – The Employment Goal specific to the individual, based on their interests, preferences, strengths, and experience, with the expected outcome of sustained independent employment, at or above minimum wage, in a community integrated setting among the general workforce, at a job that meets the individual’s personal and career goals.)
- * Attachment: Add File / Scan File: Individual Plan of Supports for Employment (IPSE)
If the IPSE is incomplete, missing information, requires goal clarification, it should be completed and uploaded in this section.

Benefits Counseling – New

Select individual from the Individual List

- * Date: Date Benefit Counseling was offered to individual/family
- * Reason: Drop Down
 - Individual Request
 - Job Change
 - Job Ended
 - New Job
- * Decision: Drop Down
 - Accepted

Declined
Provided
Other

- * Counseling Provided By: Name of person and agency who provided counseling (if applicable)
- * Responsibility to Report Earnings: Name of person who will be reporting earnings.
- * Comments: (As needed to explain any details regarding benefits or reporting earnings.)

AFTER ENTERING THE SECTIONS ABOVE, THE INDIVIDUAL CAN BE LINKED TO THE EMPLOYER AND JOB DETAILS CAN BE ENTERED.

CONNECTING INDIVIDUAL WITH EMPLOYER

Job Detail – New

- Select the Individual from the Individual List
- Select the Employer from the Employer List
- * Contact Person: (will provide a drop down with entered information)
- * Benefits: Drop Down
 - Dental
 - Holiday Required
 - Medical
 - Paid Sick Leave
 - Paid Vacation
 - Retirement
- * Other Benefits: add any additional information such as uniform, food allowance or N/A
- * Average Hourly Wage: Enter wage rate (use no symbols, only numbers)
- * Average Hours Week: Enter number of hours per week
- * Support Description: anticipated supports needed
- * Job Type: Drop Down
 - Competitive Paid (meets DDSN Standards)
 - ~~Enclave/Work Crew~~
 - ~~Group Supported Employment~~
 - Internship
 - Paid
 - Recreational
 - Segregated
 - Self-Employment (meets DDSN Standards)
 - Training
 - Voluntary
- * Job Status: Drop Down
 - Current
 - Previous
- * Job Start Date: Enter first day on the job
- * Job End Date: Enter last day of the job – ONLY IF APPLICABLE
- * Reason for Job Loss: Drop Down: Enter ONLY IF APPLICABLE
 - Termination – Lay Off / Reduction / Business
 - Terminated – Performance
 - Terminated – Other
 - Resigned – Medical
 - Resigned – Moved
 - Resigned – Obtained other position
 - Resigned – Seeking another position
 - Resigned – Other
 - Retired
 - Seasonal Position
 - Temporary Position
 - Other

Attachment: Add File / Scan File [Attach pay stub](#).

CURRENT EMPLOYER: UPDATE FORM as changes occur (wage/schedule change, job ends, position change, etc.)

FOR NEW EMPLOYER: Enter separate Job Detail forms for each job the person has or has had.

Additional Information:

- * Date: Date information was entered
- * Summary: Mode(s) of transportation to and from work.

Please call the Helpdesk for problems/questions regarding the module.

803-898-9767

helpdesk@ddsn.sc.gov