



**SOUTH CAROLINA
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

INDIVIDUAL PLAN OF SUPPORTS FOR EMPLOYMENT (IPSE)

Employment Services – Individual is provided at a 1:1 staffing ratio.

Name:					
Contact Information:	Street	City	Zip	Phone	
Emergency Contact Information: (St. 23)	Name		Relationship		Phone Number
Social Security #		Check Funding Source:			
		ID/RD	<input type="checkbox"/>	CSW	<input type="checkbox"/>
			<input type="checkbox"/>	SFCS	<input type="checkbox"/>
			<input type="checkbox"/>	SFFA	<input type="checkbox"/>
Own Guardian:	Yes	No	Guardian Name/Phone :		
	<input type="checkbox"/>	<input type="checkbox"/>	(if applicable)		
Date Referral/Authorization Received From Case Management:				Month/Day/Year	

INITIAL INTERVIEW

(Interview to be administered and written notice of intent sent to the Case Manager within 15 business days of receipt of Referral /Authorization.)

Date of Initial Interview:		Interviewed by:			
Experience:					
Strengths:					
Areas of Needed Support/Supervision for Employment Setting:					
Availability:			Transportation Needs:		
Medical:					
Other:		Felony Record:	No	Yes	If Yes, Explain
			<input type="checkbox"/>	<input type="checkbox"/>	

NOTICE OF INTENT: *(This page can be photocopied and used as written notice of intent to Case Manager)*

- Accept referral for service. Admission Date: _____
- Accept referral for placement on provider's waiting list. Date added to waiting list: _____
- Reject the referral (Comments required): _____

Employment Specialist Signature: _____ **Date:** _____

COMPREHENSIVE VOCATIONAL SERVICE ASSESSMENT – (Indicator G4-01R)

A comprehensive vocational service assessment that is appropriate for the authorized service is completed within 30 calendar days of admission/enrollment in the service. This service is to be provided at a 1:1 staffing ratio.

Name of Assessment Used:		Administered Date:	
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My Employment Goal:	
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This should be a broad goal created to achieve, maintain and support competitive employment consistent with abilities, strengths, preferences and interests.

OBJECTIVES/ACTIVITIES – (Indicator G4-02 R)

An Individual Plan of Supports for Employment (IPSE) is developed within 30 calendar days of admission/enrollment. The following objectives/activities have been identified in the initial planning process with the employment goal in mind. These activities act as a starting point and may be updated or changed as needed to assist the individual in securing independent community employment. Documentation of activities, including updates, changes, additions and completed activities will be found in the Employment Activity Log.

1	
2	
3	
4	

PARTNERSHIP AGREEMENT – Terms and Conditions (Indicator G4-02R)

The record must reflect that the individual made decisions regarding his/her services as evidenced by required signatures in the Individual Plan of Supports for Employment.

I. PROVIDER RESPONSIBILITIES

This Individual Plan of Supports for Employment is an agreement between the individual and the service provider to fulfill the employment services that are defined in the employment goal and objectives/activities of this plan. The provider will insure that the individual’s abilities, interests and preferences have been taken into consideration in the development and implementation of these employment activities. This agreement is an understanding of partnership between the individual and the provider in an effort to enhance the employment opportunities of the individual.

II. INDIVIDUAL’S RIGHTS/RESPONSIBILITIES

The individual has the right to discuss with the provider any concerns, issues or changes regarding their goals, activities, preferences, abilities, employment opportunities or personal situation that may affect the ultimate outcome of the employment goal. The individual is responsible for fulfilling his/her obligation in carrying out this plan and keeping the provider informed of any changes that may affect the successful completion of this plan.

I have participated in the development of this Individual Plan of Supports for Employment (IPSE) and have made decisions regarding the proposed services. I understand and agree to this plan.

Individual’s Signature Date: _____

Service Provider’s Signature Date: _____

Parent or Guardian’s signature (if applicable) Date: _____

Service Provider’s Signature Date: _____

This agreement must be signed within 30 calendar days of the admission date.

All information in this document is confidential and may not be released without the written consent of the individual.

The individual's signature date above is the date of development and implementation of this IPSE.

SAMPLE

EMPLOYMENT ACTIVITY LOG - MONITORING AND EVALUATION - (Indicator G4-03 R)

The record will contain notations that show evidence of activities focused on securing and supporting independent, individual community employment for the individual. The Employment Activity Log serves as documentation of monitoring and evaluation of progress. Any Amendment to the IPSE will be documented in the Employment Activity Log.

Objectives/Activities:

INITIAL INTERVIEW

ASSESSMENT

PARTNERSHIP AGREEMENT (Indicator G4-02R)

COMMUNITY BASED INSTRUCTION (CBI) (if applicable) assists with career awareness. This may include activities designed to identify career options and broaden placement opportunities. CBI provides the individual the opportunity to make an informed decision as to their career choice. CBI offers the individual the opportunity to participate in situational assessments in a natural setting.

PRE-EMPLOYMENT SKILLS ACQUISITION (if applicable) are activities that provide the individual the opportunity to gain skills by participating in pre-employment activities with the goal of employment. They may include activities such as: self-advocacy, self-determination, socialization, behavior, interviewing, hygiene, proper dress, etc.

JOB DEVELOPMENT activities focus on the networking and the development of a relationship between the employer and the employment specialist. Job Development is marketing the supported employment program to the community to provide greater opportunities for the individual. This activity includes the job search, job analysis, accommodations, and job restructuring. This is a reportable activity only if it is specifically directed to this individual. The individual who is active in this process will have a greater sense of commitment and success in his career search.

TRAINING/COACHING activities are the use of instructional strategies for training individuals on supported employment job sites. Specific strategies include the use of job duty and task analyses, natural supports, natural cues, compensatory strategies, prompting procedures, re-enforcers and self-management procedures. These procedures are provided in a least intrusive method of support (*Indicator G4-04*). In some instances, the coach may use evaluations to assess progress being made toward independence. The frequencies of the evaluations are at the discretion of the job coach. Job satisfaction is necessary for both the employer and employee. The Employment Specialist/Job Coach must periodically evaluate and document the employee's job performance from the perspective of the employer. The Employment Specialist/Job Coach must periodically evaluate the employee's job satisfaction with their employment position.

FOLLOW ALONG (Indicator G4-05) Long term support plans are identified in the Individual Plan of Supports for Employment and contact with the consumer is maintained monthly at a 1:1 staffing ratio. Follow Along activities consist of observation and evaluation of the individual at the job site to test for independence and stability on the job. These activities may include but are not limited to: establishing long term supports, negotiating advancement, work schedule changes, employee/employer satisfaction, job loss and job development to secure new employment, reporting earned wages, intervention activities, employer visits, additional skills acquisition (coaching), assistive technology assessment and acquisition and transportation guidance. Job satisfaction is necessary for both the employer and employee. The Employment Specialist/Job Coach must periodically evaluate and document the employee's job performance from the perspective of the employer. The Employment Specialist/Job Coach must periodically evaluate the employee's job satisfaction with their employment position.

MICROENTERPRISE/SELF-EMPLOYMENT are activities focused on assisting the individual in developing their own business. These activities may include, but are not limited to: development of a business plan, financing solutions, PASS plan, identify supports, technical assistance and possible training needs.

TERMINATION OF SUPPORTED EMPLOYMENT SERVICE - EXIT INTERVIEW (Indicator G4-06) An exit interview is conducted when an individual no longer wants the supports, relocates, chooses another provider for supports, enrolls in a nursing home, moves into a correctional facility, or refuses to cooperate with the terms listed in the Partnership Terms and Conditions Agreement. An Exit Interview must be conducted prior to termination of Employment Services - Individual. A signature must be secured from the individual, if at all possible. If a signature is not secured, a notation as to why the signature was not secured should be made.

WAITING LIST (if applicable)

AMENDMENT

EMPLOYMENT OBJECTIVES AND ACTIVITIES

OBJECTIVES	ACTIVITIES	OBJECTIVES	ACTIVITIES
<u>Initial Interview</u>	Initial Interview	<u>Training/Coaching:</u>	
<u>Assessment</u>	Vocational Assessment		Behavior Intervention
<u>Partnership Agreement</u>	Partnership Agreement		Natural Supports
<u>Community Based Instruction:</u>			Orientation
	Assessing Aptitude/Interest		Prompting Procedures
	Job Shadowing		Self-Management Procedures
	Teaching/Training		Task Analysis
	Unpaid Work Agreement	<u>Follow Along</u>	
	Volunteer Exposure		Employee Satisfaction
<u>Pre-Employment Skills Acquisition</u>			Employer Satisfaction
	Interviewing		Employer Visit
	Personal Dress/Hygiene		Job Site Intervention
	Self-advocacy		Wage Reporting
	Social Skills		
	Transportation Training		
<u>Job Development</u>		<u>Microenterprise/ Self-Employment Plan</u>	
	Accommodations		Development of Business Plan
	Applications		Financing Solutions
	Assistive Technology		PASS Plan Developed
	Benefit Analysis		Supports Identified
	Carve/Restructure		Technical Assistance
	Employer Proposal		Termination of Position
	Home Visit		Training Needed
	Informational Interview		
	Interview	<u>Termination/Exit Interview</u>	Exit Interview
	Job Site Tour	<u>Waiting List</u>	Waiting List
	Job Trial	<u>Amendment</u>	Amendment
	Meeting	<u>Non-billable Activities</u>	
	Resume/Portfolio		Transportation – Non Billable
	Tax Credit Incentives		Documentation – Non Billable
	Wage Reporting		
			Other: Explain

INSTRUCTIONS FOR THE EXCEL VERSION OF THE EMPLOYMENT ACTIVITY LOG

The IPSE Excel Activity Log has been designed to easily document the requirement of monitoring and evaluation for the Objectives and Activities in the Individual Plan of Supports for Employment.

This excel document is a Macro Workbook so it may be necessary to click on the “Enable Macros” button that appears on the top of the opened document.

The spreadsheet allows for entering information into some cells and provides drop-downs options for other cells.

A space has been provided for keying in the individual’s “**Name.**”

The “**Date**” the Objective and Activity occurred should be entered.

The amount of time in “**Hours and Minutes**” should be entered. (The formula within the cell will add the hours and minutes together and total)

Under “**Objective**” a drop down menu has been made available with main Objectives listed.

The next column is for the specific “**Activity**” that occurred. This drop down list contains a wide variety of activities an Employment Specialist and the individual may participate in to obtain and maintain the employment goal. Activities can be mixed and matched with objectives. It should be noted that there is an “other” option, and “other” should be explained in the Comments section with a detailed description.

The column titled “**Location**” is to identify the location where the activity took place. There is a drop down provided. If the location was that of a potential employer or the work site, the name of the business and their address (the first time they are contacted) should be noted in the Comments section with any other pertinent information regarding the business. This is done to eliminate the need to create an additional log of business contacts.

The “**Contact Type**” provides a drop down menu of options that identifies the type of communication that occurred. Options available include email/text, phone call, face to face or no-contact. With the exception of “no-contact” the name(s) of the individual(s) contacted should be specified in the Comments section.

The “**Comments/Detailed Description and With Whom**” section specifies, in a narrative format, detailed information related to the Objective, Activity, Contact Type, and Location details, if needed, and with whom the contact occurred.

The “**Initials**” column allows for the individual to initial their entry. These can be entered electronically or manually.

Instructions for Tallying and Printing documentation:

A start and end date range can be entered in the top section of the spread sheet to create a monthly report. For example: start date 07/01/2016 to 07/31/2016. After entering dates, click print and the hours and minutes for July will be totaled with the corresponding Objectives and Activities entries.

Upon printing, the provider representative should sign the sheet to verify the information is correct. This spreadsheet can be forwarded to the Case Manager as requested.

Employment Activity Log – Monitoring and Evaluation (Indicator G4-03R)

The record will contain notations that show evidence of activities focused on securing and supporting independent, individual community employment for the individual. The Employment Activity Log serves as documentation of monitoring and evaluation of progress. Any Amendment to the IPSE will be documented in the Employment Activity Log.

RECORD OF EMPLOYMENT *(To be completed when employment has been secured.)*

Employer:				Job Title/Description:		
Employer Address:						
Supervisor(s):		Supervisor Contact Information:				
Start Date:	Hours per Week:	Wage: \$	Employer Benefits	Yes	No	List:
				<input type="checkbox"/>	<input type="checkbox"/>	
Schedule:						
Additional Information: (optional)						
The Employment Specialist certifies that the wages for this placement are in accordance with the Department of Labor/Wage and Hour Division regulations and the customer is receiving no less than the current minimum hourly wage.				Employment Specialist Signature		
The Employment Specialist has referred the customer to appropriate resources to determine how this placement will affect his/her benefits presently receiving. (Example: CWIC, SSA, Benefit Specialists, etc...)				Yes	No	Employment Specialist Signature
				<input type="checkbox"/>	<input type="checkbox"/>	
If No, Explain:						
Reporting Wages Explained:	Yes	No	Notes:			
	<input type="checkbox"/>	<input type="checkbox"/>				
Transportation:						

TERMINATION OF EMPLOYMENT SERVICES - INDIVIDUAL (EXIT INTERVIEW)

(Indicator G4-06)

An exit interview is conducted when a consumer no longer wants the supports, relocates, chooses another provider for supports, enrolls in a nursing home, moves into a correctional facility, or refuses to cooperate with the terms listed in the Partnership Terms and Conditions Agreement. An Exit Interview must be conducted prior to termination of Employment Services - Individual. A signature must be secured from the individual, if at all possible. If a signature is not secured, a notation as to why the signature was not secured should be made.

Exit interview notes:

Termination of Employment Services – Individual Justification:

<i>Individual's signature</i>	<i>Date</i>
<i>Parent or Guardian's signature (If applicable)</i>	<i>Date</i>
<i>Employment Specialist's Signature</i>	<i>Date</i>
<i>Service Provider Signature</i>	<i>Date</i>

(Photocopying of this page upon completion and forwarded to Case Management within 5 business days of Termination of Employment Services – Individual (Exit Interview) is sufficient notification of termination of services.)