

Coordination of Funding for Supported Employment and/or Supported Education Services

For use with all Supported Employment/Supported Education requests for Waiver and SGF Participants

Complete the items on the first page of this document, save the document in a manner you can identify, and either email the form to DDID.SupportedEmployment@ky.gov or upload the form to the person's documents on MWMA. If you choose to upload the form you must provide notification of the person's Medicaid case number through the previously mentioned email address. **Do not send or upload a scanned copy.** This information is best collected collaboratively by the Case Manager, Employment Provider, and other members of the person's team.

Participant Name:		SSN:		DOB:		Age:	
Residential County:		Residential Zip code:		Waiver Enrolled:		Medicaid Case #:	
Case Manager:							
Employment Specialist:							

Services currently being received (check all that apply): ☐ None ☐ Supported Education

Traditional Supported Employment:

☐ Person Centered Job Selection	☐ Job Development	☐ Job Acquisition with Support and Stabilization	☐ Long-term Employment Supports
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Individual Placement and Support:

☐ Career Profile	☐ Job Development Services with Job Acquisition Report	☐ Supported Employment Services	☐ Extended Services
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A process of learning about a job seeker, so that the information may be translated into job tasks, settings, preferences, & support needs which will become the basis for creating a targeted job development list. Person Centered Job Selection concludes with the development of a Person-Centered Employment Plan (PCEP) with traditional supported employment or a career profile with IPS supported employment.

The process of creating employment opportunities and securing competitive integrated employment. This includes networking with and learning about businesses to help identify potential positions, that match what was identified in the PCEP as closely as possible, and aid in the application process. The goal is to match the skills, abilities, and interests of individuals with the work needs of the employer, either through open or negotiated positions. It includes the development of a job acquisition report with IPS supported employment.

Direct on-the-job support to help the person reach their highest level of competence at performing job tasks and successfully integrating into the workplace culture. Previously referred to as 30-, 60-, and 90-day outcomes in the OVR system.

Direct or indirect support or monitoring to help the person maintain their employment and consider opportunities for career advancement. Content of the specific long-term supports are defined in the current Long-Term Employment Support Plan or OVR Extended Service Plan if this is the first long-term support request following OVR funding. Commonly referred to as Extended Services in the OVR system.

Services the person wishes to add to their plan (check all that apply): ☐ Supported Education

Traditional Supported Employment:

☐ Person Centered Job Selection	☐ Job Development	☐ Job Acquisition with Support and Stabilization	☐ Long-term Employment Supports
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Individual Placement and Support:

☐ Career Profile	☐ Job Development Services with Job Acquisition Report	☐ Supported Employment Services	☐ Extended Services
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Please explain what the person hopes to accomplish using these services:

This request for Employment Supports involves: (Check all the elements about this request that apply)	☐	New employment with no desire to maintain an existing job.	☐	New employment with a desire to maintain an existing job while a new job is being developed.	☐	New employment added as a second job
	☐	Additional training necessary for a successful transition from OVR to waiver supports.	☐	Retraining necessary to assist with the ability to regain skills to maintain employment.	☐	Regular assistance to maintain employment.
	☐	Other (please provide details):				

If the person receives Michelle P Waiver supports, how much of the 40 hour per week service limit are available for supported employment?

	If the request includes a change of provider, what is the reason for the change?
Hours	

Approximate number of past employment attempts: Approximate year of last attempt:

Please base these responses on the person's last employment. If the information is unknown, either use the information in the employment section of the person's SIS assessment; or base it upon your knowledge of the person if they receive Michelle P, ABI, SGF or RISE supports.

On average, how many hours did/does the person work at this job each week?		What type of assistance did/does the person receive at work?	
How frequently was/is assistance needed?		On a day assistance was/is needed, how much time was/is devoted?	

Wrap-around services potentially needed (check all that apply):

☐

None

☐

Transportation

Assistance traveling to and/or from home (or other service site) to work.

☐

Behavior Supports

Assistance to help the person effectively integrate into workplace culture.

☐

Personal Assistance

Assistance with or the arrangement of, or assistance with, personal needs in the workplace.

☐

Prevocational Services

Assistance to develop general skills/knowledge needed to succeed in the workplace

☐

Other

Please provide additional information below:

☐

Assistive Technology

Assistance to obtain and/or use assistive technology.

☐

Natural Support Training

Training to assist co-workers integrate with the person in the workplace.

☐

Impact of Wages and Assets on Benefits

Assistance with the interaction of income, assets, and benefits.

The remainder of the form will be completed by staff of the Office of Vocational Rehabilitation, The Department of Behavioral Health, Developmental and Intellectual Disabilities, or The Department of Education and returned to you.

Determination of Funding Responsibility and Service Recommendations

Carefully review the information below. This data and the accompanying recommended service plan remain valid for twelve months or the end of the person's plan year, whichever occurs first. At the end of this time, or if the person's circumstances change before this term expires, a new and updated Coordination of Employment/Education Service Funding Form must be submitted. For this process, funding type is defined as either **sequential** (occurs before or after another service) or **braided** (occurs concurrently with another service).

Office of Vocational Rehabilitation Records Search:

Services funded by the Office of Vocational Rehabilitation for this request are:

☐

Available

☐

Unavailable

Office of Vocational Rehabilitation Services Recommended:

Department of Education Information:

Services funded by the Department of Education for this request are:

☐

Available

☐

Unavailable

Recommended Employment/Education Service Plan

Service	Funding Stream	Funding Type	Quantity	Approximate Duration	Condition to be Met Before Moving to Next Element

Additional Comments:

Reviewed by:

Office of Vocational
Rehabilitation

Date of
Analysis

Division of Developmental and
Intellectual Disabilities