

VR INDIVIDUAL PLACEMENT AND SUPPORT (IPS) SUPPORTED EMPLOYMENT RESPONSIBILITY FLOW CHART (June 2021)

Career Profile Status: Application/Eligible	Career Match & Hire Status: Service	Training Once Employed Status: Service	Career Stabilization & Maintenance Status: Employed	Successful Employment Outcome Status: Employed/Closed-Rehabilitated
CRP	CRP	CRP	CRP	CRP
<ul style="list-style-type: none"> Schedule VR intake and submit Crosswalk (if required) Begin Career Profile process Refer to benefits counseling Submit Career Profile and Vendor Authorization to VRC within 10 days of VR intake 	<ul style="list-style-type: none"> Begin job development Submit Monthly Progress Reports and Job Development Contacts Reports to VRC by the 5th of each month When customer gets a job, submit Hire Report, Monthly Progress Report, wage verification, and Vendor Authorization to VRC within 10 days of job start Refer customer for benefits counseling again 	<ul style="list-style-type: none"> Provide follow-along supports Continue to submit Monthly Progress Report to VRC by the 5th of each month If customer loses job, submit Job End Report to VRC with 10 days of job end 	<ul style="list-style-type: none"> Continue to provide follow-along supports Participate in stabilization staffing with VRC and customer Submit Extended Support Plan, Monthly Progress Report, and Vendor Authorization to VRC at stabilization Submit Monthly Progress Report and Vendor Authorization to VRC at 30 and 60 days after stabilization 	<ul style="list-style-type: none"> Submit final Monthly Progress Report, wage verification from past 30 days, and Vendor Authorization to VRC at 90 days after stabilization Continue to provide follow-along supports for as long as the customer wants
VR COUNSELOR	VR COUNSELOR	VR COUNSELOR	VR COUNSELOR	VR COUNSELOR
<ul style="list-style-type: none"> Complete application for VR services with customer Determine eligibility Issue Career Profile Vendor Authorization Upon receipt of Career Profile and Vendor Authorization, process \$750 payment. Meet with ES and customer to create IPE based on Career Profile. 	<ul style="list-style-type: none"> Issue Career Match and Hire Vendor Authorization for IPS Career Match & Hire Review Monthly Progress Reports and Job Development Contacts Reports Upon receipt of Hire Report, Monthly Progress Report, wage verification, and Vendor Authorization, process \$1,500 payment and amend IPE if needed If customer is not employed after 4 months, schedule staffing with ES and customer 	<ul style="list-style-type: none"> Issue Vendor Authorization for Stabilization Continue to review Monthly Progress Reports As soon as stabilization criteria are met, schedule meeting with ES and customer Applicable when in Service or Employed - If customer loses job, review Job End Report and remain or move back to Service and go through Stabilization process. 	<ul style="list-style-type: none"> Upon receipt of Extended Support Plan, Monthly Progress Report, and Vendor Authorization, process \$1,000 payment and move to Employed Status Issue Vendor Authorizations for 30 Day and 60 Day IPS Job Stabilization and Maintenance Upon receipt of Monthly Progress Report and 30 Day Vendor Authorization, process \$500 payment Upon receipt of Monthly Progress Report and 60 Day Vendor Authorization, process \$500 payment 	<ul style="list-style-type: none"> Issue Successful Employment Outcome Vendor Authorization Upon receipt of final Monthly Progress Report, wage verification from past 30 days, and Vendor Authorization, process \$2,750 payment and move to Closed-Rehabilitated Status Close case and send closure letter to customer and CRP



TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES
Individual Placement and Support Career Profile

IPS CAREER PROFILE FACE SHEET

This face sheet is to be completed LAST and should summarize the Career Profile findings.

Client's Name:	Case Number:
Address:	Phone 1:
	Phone 2:
Social Security Number:	Email:
Date of First Meaningful Contact:	Primary MH Worker:
VR Counselor:	VR Counselor's Contact Info:

Best way to reach client:

What does the client say about work? Why does he/she want to work now?

Please include some information about the client's illness (diagnosis, symptoms). How might the client's illness and/or substance use affect a job?

What are some of the client's strengths? (Experience, training, personality, supports, etc.)

What type of job (environment, hours, etc.) would be a good match for this client?

Name of Employment Specialist

CAREER PROFILE

The Career Profile should initially be completed during the first few weeks of meeting with a client and updated frequently. Sources of information must include at least three face-to-face meetings with the client, a chart review, and a meeting with a support person (family member, friend, case manager, etc.)

Work Goal

What is your dream job? What kind of work have you always wanted to do?

What are your long-term career goals?

What type of job do you think you would like to have now?

What is it that appeals to you about that type of work?

What type of job(s) do you know that you would NOT want?

Education

What school did you attend last? What was the highest grade you completed?

How did you do in school? Were you in any special classes (honors classes or classes to help you learn better)?

What are your thoughts about returning to school or furthering your education?

Do you have any certificates or licenses related to work?

Military Experience

Have you ever been in the military?

YES

NO

If so, what did you do in the military? Did you receive any training?

What years were you in the military?

Do you remember what type of discharge you received?

Work/Volunteer Experience

Most Recent Job

Employer:	Job Title:
Job Duties:	
Start Date:	End Date:
Hours per Week:	Reason for Leaving:
What did you like?	What did you dislike?
Other Information:	

Next Most Recent Job

Employer:	Job Title:
Job Duties:	
Start Date:	End Date:
Hours per Week:	Reason for Leaving:
What did you like?	What did you dislike?
Other Information:	

Next Most Recent Job

Employer:	Job Title:
Job Duties:	
Start Date:	End Date:
Hours per Week:	Reason for Leaving:
What did you like?	What did you dislike?
Other Information:	

Next Most Recent Job

Employer:	Job Title:
Job Duties:	
Start Date:	End Date:
Hours per Week:	Reason for Leaving:
What did you like?	What did you dislike?
Other Information:	

Other skills/experience:

Behavioral Health

Tell me about your behavioral health diagnosis.

How does your mental illness affect you?

What are the first signs that you may be experiencing a symptom flare-up?

How do you cope with your symptoms?

What medicines do you take, and when do you take them? How does your medicine affect you?

When do you usually sleep?

Physical Health

How is your health? Do you have any health problems?

How does sitting or standing for long periods affect you?

How does walking or climbing affect you?

How does lifting things affect you?

Do you have any physical restrictions? What might this look like for you?

Do you have any limitations given by a doctor?

How is your endurance? How many hours could you work each day? Each week?

Other observations:

Cognitive Abilities

Tell me about your memory.

Concentration/attention:

Problem solving skills:

Psychomotor speed (i.e. throwing a ball or driving a car):

What has helped you with these things in the past?

Does the client have notable cognitive deficiencies (i.e. difficulty with reading or writing)?

Other observations:

Getting Ready for a Job

Where do you take a bath or shower?

What do you consider "good hygiene"?

Do you have the clothes you will need for a job? For interviews? Will you need help with this?

How do you make sure you wake up on time?

Do you have two valid forms of ID? Picture ID, Social Security card?

How might you get to a job? Will you need help with this?

Interpersonal Skills

How well do you get along with other people?

What would you think about a job that involved working with the public?

Where do you live and with whom do you live?

Who do you spend time with? How often do you see or talk to them?

Who might be a good person to help think about good jobs for you? Once you are employed, who would be a good person to support you?

Work Skills

How have you found jobs in the past?

What work skills have you learned from other jobs?

What hobbies or interests do you have (clubs, groups, faith communities, etc.)?

Are there places in your neighborhood that you like to go?

What type of work do you think you would be good at?

Is there anything that worries you about going back to work?

Benefits

Do you receive any of the following benefits?

- SSI SSDI Housing Subsidy/Voucher Food Stamps TANF
- Retirement from previous job VA benefits (combat related?) Spouse or dependent child benefits
- Medicaid Medicare Behavioral Health Safety Net Other benefits I'm not sure None

Do you manage your own money? If not, who does (i.e. representative payee, conservator, etc.)?

Substance Use

Do you drink alcohol? If so, when and how often?

Do you use drugs? If so, what kind and how often?

--

Have you ever used drugs in the past? If so, what kind and how often?

--

If you currently use drugs or alcohol, what triggers your use?

--

Justice Involvement

Have you ever been arrested?

--

Have you ever been convicted of a crime?

YES

NO

Type:	Year:
State:	
What were the circumstances around the charge?	

Type:	Year:
State:	
What were the circumstances around the charge?	

Type:	Year:
State:	
What were the circumstances around the charge?	

Type:	Year:
State:	
What were the circumstances around this charge?	

Do you have any legal charges pending? YES NO

--

Are you on the sex offender registry? YES NO

Are you on probation or parole? YES NO

If yes, Probation/Parole Officer Name:	Probation/Parole Officer Contact Information:
Are there any parameters around your probation or parole (i.e., curfew, location of employer, etc.)?	

References (with contact information, if applicable)

Family:

--

Friends:

--

Previous employers:

--

Others:

--

Information from Family, Previous Employers, or Others

--

Additional Forms Completed

Disclosure Worksheet

Release of Information (as applicable)

1. Referral Made to Benefits Planner:

YES

NO

If yes, date/time of referral:	Date/time of appointment:
If no, provide explanation:	

2. Referral Made to Vocational Rehabilitation:

YES

NO

If yes, date/time of referral:	Date/time of appointment:
If no, provide explanation:	

Client Signature

Staff Signature

Printed Staff Name

Career Profile Completion Date

The Career Profile is a living document. Job start forms, job end forms, and educational experience forms must be completed and added to client's chart as job experience is gained. The Career Profile should also be updated any time new, relevant information is obtained.

CAREER PROFILE ACTIVITY NOTE

The completion of the Career Profile requires at least five meaningful encounters that are documented, including at minimum three encounters of face-to-face contact with the client, one encounter with a member of the client's support system (member of the treatment team, family member, benefits counselor, friend, etc.), and one chart review.

Job Seeker's Name: _____

Date: _____ **Time Spent:** _____ **Location:** _____

Client Encounter **Chart Review** **Support System Encounter**

Discovery Activity: *(what did you do with or for the job seeker on this day to get to know him/her better)*

Results (What did you learn?): *(What did you learn about the job seeker? State what was learned, how the event or task went)*

Employment Specialist _____
Date

Date: _____ **Time Spent:** _____ **Location:** _____

Client Encounter **Chart Review** **Support System Encounter**

Discovery Activity: *(what did you do with or for the job seeker on this day to get to know him/her better)*

Results (What did you learn?): *(What did you learn about the job seeker? State what was learned, how the event or task went)*

Employment Specialist _____
Date

Date: _____ Time Spent: _____ Location: _____

Client Encounter Chart Review Support System Encounter

Discovery Activity: (what did you do with or for the job seeker on this day to get to know him/her better)

[Empty text box for Discovery Activity]

Results (What did you learn?): (What did you learn about the job seeker? State what was learned, how the event or task went)

[Empty text box for Results]

Employment Specialist Date

Date: _____ Time Spent: _____ Location: _____

Client Encounter Chart Review Support System Encounter

Discovery Activity: (what did you do with or for the job seeker on this day to get to know him/her better)

[Empty text box for Discovery Activity]

Results (What did you learn?): (What did you learn about the job seeker? State what was learned, how the event or task went)

[Empty text box for Results]

Employment Specialist Date

Date: _____ Time Spent: _____ Location: _____

Client Encounter Chart Review Support System Encounter

Discovery Activity: (what did you do with or for the job seeker on this day to get to know him/her better)

Results (What did you learn?): *(What did you learn about the job seeker? State what was learned, how the event or task went)*

Employment Specialist

Date

Date: _____

Time Spent: _____

Location: _____

Client Encounter

Chart Review

Support System Encounter

Discovery Activity: *(what did you do with or for the job seeker on this day to get to know him/her better)*

Results (What did you learn?): *(What did you learn about the job seeker? State what was learned, how the event or task went)*

Employment Specialist

Date

Date: _____

Time Spent: _____

Location: _____

Client Encounter

Chart Review

Support System Encounter

Discovery Activity: *(what did you do with or for the job seeker on this day to get to know him/her better)*

Results (What did you learn?): *(What did you learn about the job seeker? State what was learned, how the event or task went)*

Employment Specialist

Date

PLAN FOR APPROACHING EMPLOYERS

You probably have your own personal feelings about disclosure. Try working on the table below with your employment specialist.

Possible Advantages of Disclosure	Possible Disadvantages of Disclosure

--	--

When employment specialists talk to employers, it is usually possible for them to keep some things private. For example, some people don't want their employment specialist to share information like diagnosis or medications. Talk this over with your employment specialist and write down the things that you wouldn't want the specialist to share with an employer.

If you think that you might want your employment specialist to speak with employers, the two of you should discuss what he or she might say. For example, if a person thought he might be anxious at first, the employment specialist could say, "He might have a little difficulty with concentration at first because he is anxious about doing a good job. However, after a couple of weeks, I'm sure that he will be accustomed to the job and his concentration will be fine." You and your employment specialist should **stop here** and talk about some of the things that he or she might say to employers.

For now, what is your preference about approaching employers?

- I don't want my employment specialist to talk to employers.
- I am not sure right now and I would like some more time to think about this and receive some more information.
- I don't want my employment specialist to share information about me with employers. However, if my employment specialist is talking to an employer who has the type of jobs that I like and s/he hears about a good job lead, I'd like to hear about that. Maybe I'll decide to disclose for that employer.
- It's fine with me if my employment specialist talks to employers on my behalf.

Client

Date

Employment Specialist

Date

Client Review – Two Months

Date

Employment Specialist Review – Two Months

Date

Client Review – Extended Support Plan Meeting

Date

Employment Specialist Review – Extended Support Plan Meeting

Date



TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES
Individual Placement and Support Monthly Progress Report

Report for _____ (Month) _____ (Year)

VR Counselor Name: _____

Billable Non-Billable
 (If billable report, please attach applicable VPO)

Client Name: _____ SSN: _____ CRP Name: _____

Service Information

Career Profile <input type="checkbox"/> Start Date: _____ Completion Date: _____	Career Match & Hire <input type="checkbox"/> Start Date: _____ Completion Date: _____ Complete page 2 of this report.	Job Stabilization (Status 22) <input type="checkbox"/> Start Date: _____ Completion Date: _____	30 Day Stabilization & Maintenance <input type="checkbox"/> Start Date: _____ Completion Date: _____
60 Day Stabilization & Maintenance <input type="checkbox"/> Start Date: _____ Completion Date: _____	90 Day Stabilization (Status 26) <input type="checkbox"/> Completion Date: _____	Re-Engaging with Individual <input type="checkbox"/> Start Date: _____ Completion Date: _____ (should coincide with Start Date of another phase)	

Identify and explain progress, services, barriers addressed and/or ongoing issues to resolve including changing jobs, leaving or reentering program, treatment, labor market, job coaching issues, plan for fading, etc.

Hire Report Attached Other, _____

I, the IPS Employment Specialist certify that the above dates, times, and services are accurate. I personally completed, documented, and provided all services recorded and information described. I maintain credential and training requirements as described in the IPS Attachment to the Letter of Agreement (LOA).

Name of the Employment Specialist _____	Signature: _____	Date: _____
---	------------------	-------------

DHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

Distribution: VR Counselor (original) Client (copy)
 HS-3293 (01-2019)

RDA: pending
 Page 1 of 2

Report for _ _ (Month) (Year)

(Attach additional pages if necessary)
To be submitted each month until placement is secured

<u>Client Name:</u>	<u>SSN (last 4):</u>	<u>CRP Name:</u>

Job Specifications (needs, preferences):

Job Search Ideas:

Record of Job Development Contacts:

Date	Staff Initials	Business	Contact	Results/Next Steps

If no placement occurs after the client and CRP have been working together for a 4 month period, a team meeting will be held to discuss any issues and the vocational goal, and job search parameters will be reviewed for appropriateness.

DHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

Distribution: VR Counselor (original) Client (copy)
HS-3293 (01-2019)

RDA: pending
Page 2 of 2



**TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL
REHABILITATION SERVICES**

**Hire/Placement Report for: Individual Placement and Support; Supported
Employment; Customized Employment; and Job Placement**

Indicate the placement service:

Individual Placement and Support

Supported Employment

Customized Employment

Job Placement

VR Counselor Name: _____

Billable **Non-Billable**

**(If billable report, please attach Vendor
Purchase Order)**

Client's Name: _____		SSN(last 4): _____	CRP Name: _____
Employer's Name: _____		Telephone: _____	
Address: _____		Supervisor Name: _____	
Client's Job Title: _____		Start Date: _____	
Hourly Rate: _____	Average Weekly Hours: _____	No. of Days per Week: _____	
Receives Health Insurance through Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Benefits: _____	
Job Duties: (Attach Job Description, if available) _____			
Job Accommodations: _____			
If placement was Customized Employment, describe how the job was customized: <input type="checkbox"/> _____			

Competitive Integrated Employment:

1. Does the employment meet the definition of Competitive Integrated Employment:
 - a. Is the client compensated at a rate that is not less than either the legal Federal or local minimum wage or the customary rate for the same or similar work performed by employees who are not individuals with disabilities and who have similar training, experience and skills;

Yes No
 - b. Is the client eligible for the level of benefits provided to other employees who are not individuals with disabilities;

Yes No

DHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

Distribution: VR Counselor (original) Client (copy)
HS-3300 (01-2019)

RDA: 2117
Page 1 of 2

c. Does the client interact with fellow employees who are not individuals with a disability for the purpose of performing the job duties within the particular work unit and the entire work site and with other persons (customers, vendors, etc.) who are not individuals with disabilities, excluding CRP or other staff providing VR services, to the same extent as fellow employees who are not individuals with disabilities;
 Yes No

d. Does the client have the opportunity for advancement that is similar for other employees who are not individuals with disabilities and who have similar positions?
 Yes No

e. For self-employment, has income from a business that is comparable to the income of a similar business operated by an individual without a disability and who has similar training, experiences and skills.
 Yes No Not Applicable

2. If the placement is less than 15 hours per week, has written approval from the Regional Supervisor been obtained?
 Yes No Not Applicable

Disclosure: Yes—Individual has agreed to employer contact and has signed a release
 No—Individual does not want employer contact

Date the client was referred to Benefits to Work Counselor: _____

Vocational Objective:

Vocational Objective as written on the Individualized Plan for Employment (IPE): _____

Signature:

I, certify that the above dates, times, and services are accurate. I personally completed, documented, and provided all services recorded and information described. I maintain credential and training requirements as described in the Letter of Agreement.

Name/Signature of the required staff:	Date form completed:
---------------------------------------	----------------------



TENNESSEE DEPARTMENT OF HUMAN SERVICES - VOCATIONAL REHABILITATION SERVICES
Extended Support Plan – Supported Employment (SE) or Individual Placement and Support (IPS)

Once you are performing your job duties to the best of your ability, VR will monitor your employment for a period of time no less than 90 days. After 90 days, if you are doing well in your job and you agree that your employment is satisfactory; VR will close your case.

Federal regulations require extended services to help you maintain employment after VR closes your case. VR does not pay for extended services. The extended services will be provided by the CRP and may include:

- Periodic (minimum of twice monthly) monitoring of your work performance.
- Assessment of your job satisfaction.
- Assessment of your employer's satisfaction with your work.
- Regular contact with family members, residence staff, coworkers and other appropriate individuals.
- Development of supports at your place of work that will help you maintain employment.

Client's Name:		
Date of Birth:		SSN:
Employer Name and Address:		
Job Title:		
Date Started:		Hours/Week:
Hourly Wage:		Benefits: Y / N
Identified Support Need	Support Strategy (Include # of monitoring contacts needed per month)	Service Provider
1.		
2.		
3.		
4.		
5.		

6.

Extended Services Funding Sources:

Medicaid Home & Community Based Waiver _____
State Appropriated Extended Supported Employment Service Funds _____
Other State/Local Resources (describe) _____

When was disclosure last discussed with the client? _____

VR Counselor Signature/Date

Client Signature/Date

CRP Signature/Date

Family Member (if applicable) Signature/Date



TENNESSEE DEPARTMENT OF HUMAN SERVICES – VOCATIONAL REHABILITATION SERVICES
Individual Placement and Support Job End Report

Personal Information

Client: _____

VR Counselor: _____

Care Coordinator: _____

Employment Specialist: _____ Agency Name: _____

Information about the Job

Job Title: _____ Start Date: _____

Employer: _____ Job End Date: _____

Was there disclosure? _____ Benefits? _____

Date of Face to Face with Employment Specialist after job loss: _____ Rate of Pay: \$ _____

Reason for Job End

- Quit for a better job Quit- illness related Quit for another reason Terminated

Client's perspective regarding job end: _____

Staff comments regarding job end: _____

Employer comments: _____

DHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

Distribution: VR Counselor (original) Client (copy)
HS-xxxx (01-2019)

RDA: pending
Page 1 of 2

Types of supports provided:

What did the person like/dislike about the position?

Next Steps

Does the person wish to find another job? Yes No Unsure at this time

If so, what kind?

Clients preferences regarding disclosure on the next job:

Next Steps:

*Reminder: Employment Specialist should see client face-to-face within three days of job loss.

Signature of Employment Specialist

Date

DHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

Distribution: VR Counselor (original) Client (copy)
HS-xxxx (01-2019)

RDA: pending
Page 2 of 2