

**DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES  
SUPPORTS WAIVER (SW)**

**Job Assessment, Job Discovery, and Job Development Completion Form**

**Instructions:** This form is to be used for all requests for Job Assessment, Job Discovery, and Job Development. The support coordinator will complete Section 1 and must submit with the ISP to the OCDD Regional Office. Section 2 will be completed by the OCDD Regional Office. When completed, OCDD Regional Office will send it to the support coordinator who will forward it to the provider. Section 3 will be completed by the enrolled service provider. If any adjustments are to be made to the services/timelines, the individual's support team members must submit the revised the ISP (i.e., objectives, time-lines), the revised ISP along with the support team signature sheet. Section 4 will be completed by the support coordinator and signed by the recipient/guardian. All documentation is to be forwarded to the OCDD Regional Office.

**All signatures are mandatory.**

**SECTION 1: MUST BE COMPLETED BY THE SUPPORT COORDINATOR**

|   |   |
|---|---|
| RECIPIENT'S NAME: _____   | MEDICAID ID #: _____                    |
| ADDRESS: _____  | DIAGNOSIS: _____                        |
| SUPPORT COORDINATION AGENCY: _____  | PHONE #: ( ) _____                      |
| ADDRESS: _____  | PROVIDER #: _____                       |
| PROVIDER OF SUPPORTED EMPLOYMENT ACTIVITIES: _____  | PHONE #: ( ) _____                      |
| ADDRESS: _____  | PROVIDER #: _____                       |
| DESCRIPTION OF REQUESTED ACTIVITIES:<br>(JOB ASSESSMENT, JOB DISCOVERY, AND/OR JOB DEVELOPMENT) _____ | DATE SERVICE REQUESTED: _____           |
|   | ANTICIPATED COMPLETION DATE: _____      |
| REQUESTED UNITS: _____  | ISP AND TIMELINE ATTACHED: Yes/No _____ |
|   | PROCEDURE CODE: _____                   |
| PROVIDER AGREEMENT SIGNATURE: _____   | DATE: _____                             |
| SUPPORT COORDINATION AGENCY AGREEMENT SIGNATURE: _____  | DATE: _____                             |
| RECIPIENT/FAMILY AGREEMENT SIGNATURE: _____   | DATE: _____                             |

**SECTION 2 – OCDD AGREEMENT DETAILS: MUST BE COMPLETED BY THE OCDD REGIONAL OFFICE**

|   |                         |
|---|-------------------------|
| APPROVED ACTIVITY:<br>(JOB ASSESSMENT, JOB DISCOVERY, AND/OR JOB DEVELOPMENT) _____   |                         |
| PROCEDURE CODE: _____   | APPROVED UNITS: _____   |
| OCDD SIGNATURE: _____   | DATE OF APPROVAL: _____ |
| APPROVAL AND SUBSEQUENT PRIOR AUTHORIZATION BY THE OCDD OFFICE DOES NOT OVERRIDE ANY LIMITS THE INDIVIDUAL HAS ALREADY MET. |                         |

**SECTION 3 – PROVIDER VERIFICATION OF COMPLETION: MUST BE COMPLETED BY ENROLLED SERVICE PROVIDER**

|   |                                |
|---|--------------------------------|
| DESCRIPTION OF ACTIVITY:<br>(JOB ASSESSMENT, JOB DISCOVERY, AND/OR JOB DEVELOPMENT) _____ |                                |
| NUMBER OF UNITS PROVIDED: _____   |                                |
| DATE ACTIVITY BEGAN: _____  | DATE ACTIVITY COMPLETED: _____ |
| PROVIDER'S SIGNATURE: _____   | DATE: _____                    |
| RECIPIENT/FAMILY SIGNATURE: _____   | DATE: _____                    |

**SECTION 4 – SUPPORT COORDINATOR'S POST AUTHORIZATION SUMMARY: MUST BE COMPLETED BY THE SUPPORT COORDINATOR**

|   |                       |
|---|-----------------------|
| DATE COMPLETED ACTIVITY VERIFIED: _____   | APPROVED UNITS: _____ |
| COMMENTS: _____   |                       |
| SUPPORT COORDINATOR'S SIGNATURE: _____  | DATE: _____           |
| RECIPIENT/FAMILY ACCEPTANCE SIGNATURE: _____                                      | DATE: _____           |
| <b>SUPPORT COORDINATION AGENCY SUBMITS TO OCDD OFFICE FOR MODIFIED PA RELEASE</b> |                       |

**Job Assessment, Job Discovery, Job Development Form**  
**Instructions**  
**SUPPORTS WAIVER (SW)**

**SECTION 1**

- a. The support coordinator will complete information in Section 1 once the participant/participant's representative has chosen a direct service provider and an approved ISP is received.
- b. The direct service provider will submit the portion of the ISP covering Job Assessment, Job Discovery and Job Development services to the support coordinator with measurable goals, objectives, and time-lines in order to receive prior-authorization. The direct service provider will ensure that the ISP is signed and dated by the participant/participant representatives and support team members indicating agreement with the goals, objectives and time lines.
- c. The support coordinator will ensure that the service provider is aware of the activities involved in Job Assessment, Job Discovery, and Job Development. The service provider will bear the burden of liability with all applicable licensing requirements in effect for the area of the state in which the activity is being conducted.

|   |  |
|---|--|
| Description of Requested Activity               | Support coordinator will enter the Procedure Name: (Job Assessment, Job Discovery, and/or Job Development)   |
| Date Service Requested                          | Support coordinator will enter the date that the service (Job Assessment, Job Discovery, and/or Job Development) was requested.  |
| Anticipated Completion Date                     | Support coordinator will enter the anticipated completion date of the activity (Job Assessment, Job Discovery, Job Development) as indicated by service provider.  |
| Requested Units                                 | Support coordinator will enter the number of units requested for the activity. (Activities will be authorized for a maximum of 120 units in a service year for individual Job Assessment, Job Discovery and Job Development, and 20 units in a service year for group Job Assessment, Job Discovery and Job Development: A standard unit of service is 6 or more hours per day.) |
| ISP and Timeline Attached                       | Notes whether or not the ISP and time line are attached  |
| Provider Agreement Signature                    | Presence of a signature of service provider indicates agreement to provide the activity and anticipated completion date.   |
| Support Coordination Agency Agreement Signature | Presence of a signature of support coordination agency representative indicates agreement with the need of the activity, number of units, and anticipated completion date.   |
| Recipient/Family Agreement Signature            | Presence of a signature indicates approval of the recipient/family, and agreement with the number of units and anticipated completion date.  |

**The support coordinator will forward the Job Assessment, Job Discovery, and Job Development Form along with the ISP to the OCDD Regional Office for review and completion of Section 2.**

**SECTION 2**

- a. The OCDD Regional Office will enter the approved activity, the procedure code of the approved activity and the number of units of the approved activity (only the amount approved shall be reimbursed).
- b. A regional office staff signature in the section labeled "OCDD Agreement" indicates authorization of the requested activity and unit amount payable to the provider for the activity.
- c. The OCDD Regional Office staff will enter the date of the approval for the activity.
- d. The approval and subsequent prior authorization by the regional office does not override any limits the individual has already met.

|                          |   |
|--------------------------|---|
| Approved Activity        | OCDD will list the type of activity approved (Job Assessment, Job Discovery and/or Job Development).  |
| Approved Units           | Number of standard service units approved (only the amount approved shall be reimbursed)  |
| Procedure Code           | Support coordinator will indicate appropriate procedure code for the activity.  |
| OCDD Agreement Signature | Indicates authorization of the requested activity and unit amount payable to the provider for the activity. (However, the approval of the OCDD Office does not override any limits the individual has already met.) |
| Date Activity Approved   | Actual date OCDD approved activities  |

**The OCDD Regional Office will send the form and ISP (and any attachments) back to the support coordinator who will forward it to the provider.**

## SECTION 3

- a. The selected service provider will complete this section of the form after the activity is completed.
- b. The service provider will then forward the form, ISP, and any additional documentation to the support coordinator.

### **Job Assessment**

To receive post-authorization for Job Assessment, one or more of the following documents must be submitted along with this form to the support coordinator:

- Completed vocational assessment
- Completed job analysis
- Notes from community-based/facility-based situational assessments
- Participant profile
- Placement plan

Approval of Job Assessment documents will be based on the following:

- The objectives and time lines outlined in the ISP were met timely.
- Identification in the document(s) of basic guidelines a job would need to meet.  
These guidelines must include but are not limited to:
  - Specific career interest(s) are identified.
  - Maximum hours per week participant will consider working.
  - Minimum rate of pay participant will accept.
  - Benefits participant receives that might impact earnings, in particular SSI and/or SSDI.
  - Times of day participant will consider working.
  - Areas of town, city or parish(s) participant will consider working.
  - Transportation currently available to participant.
  - Current work strengths/skills that will help participant obtain job of his/her choosing.
  - Current barriers to participant obtaining job of his/her choosing.
  - If group employment is the career outcome, the staff ratio needed to support the participant.

Job Assessment activities for individual/self-employment/microenterprise will be authorized for a maximum of 120 standard units in a service year (a standard unit of service is 6 or more hours per day). Job Assessment activities for group employment will be authorized for a maximum of 20 standard units in a service year. Utilization of Job Assessment units will be counted towards the total available units for Job Assessment, Discovery and Development for a service year. Therefore, if 120 (individual job/self-employment/microenterprise) or 20 (group employment) standard units are utilized in a service year, Job Discovery and Development could not begin until the next service year. If all available units in Job Assessment, Discovery and Development are used for Job Assessment for a participant in one service year, only Job Discovery and Development activities and not Job Assessment will be authorized for the next service year.

### **Job Discovery and Development**

Job Discovery and Development consists of one or more of the following activities:

- Marketing agency services to employers that match the participant's interest in order to establish business relationships that could result in job opportunities for the participant.
- Assisting the participant to make use of all available job services through One-Stop career centers.
- Contacting specific employers whose business matches the participant's career interests, or who are advertising for open positions through newspaper advertisements, websites, or word of mouth.
- Assisting the participant in creating a resume.
- Assisting the participant in preparing for a job interview.
- Transporting the participant to a job interview.
- Accompanying the participant to a job interview if requested to do so.
- Referring participant to work incentives, planning and assistance representatives when necessary, or as requested.
- Reconfiguring an existing position to fit the employer and participant's needs, also know as job restructuring.
- Consulting and/or negotiating as needed and/or requested with employer on rate of pay, benefits, and employment contracts.
- Restructuring a work site to maximize a participant's ability to perform the job, also know as job accommodations.
- Travel training to enable a participant to independently travel from his/her home to place of employment.
- Providing employee education and training as requested by employer on disability issues.
- Providing employers with information on benefits available when hiring a person with a developmental disability, such as job training (OJT) or Work Opportunities Tax Credit (WOTC).
- Assisting with personal care activities of daily living.

- The following activities are included for self-employment/microenterprise:
  - Coordinating of access to grants and other resources needed to begin and/or sustain the enterprise.
  - Identifying equipment and supplies needed.
  - Facilitating consultation with groups able to offer guidance such as SCORE and the Small Business Administration.
  - Assisting with creation of a business plan.
  - Facilitating of interactions with required legal entities such as necessary business licensing agencies, fire marshals and building inspectors.
  - Assisting with hiring, training and retaining appropriate employees.

The participant may or may not be present during Job Discovery and Development activities. If the participant is not present, a signed and dated confidentiality form must be in the participant's record in his/her native language indicating that the participant has approved contacts, meetings, education or training to occur in his/her absence.

Documentation Requirements for Job Discovery and Job Development

The following documents reflecting the participant's choice of occupation as documented on the ISP must be submitted to the participant's support coordinator for approval. These elements can be listed or contained in a narrative report.

- All objectives and time lines related to Job Discovery and Development outlined in the ISP were met timely. If changes were made, the revised ISP and the new signature page with dates must be attached.
- Date, time, names and addresses of companies contacted and method of contact (e.g., in-person, by phone, letter, e-mail or through employer's website).
- Job restructuring activities, including meetings specific to an identified job in a community business, including date, time, names, and job titles of community business staff in attendance. If meeting(s) occurred, meeting minutes must be submitted.
- Community business education and/or trainings specific to an identified job in a community business, including date, time, names and job titles of community business staff in attendance, and content of education and/or training session(s).
- Job accommodation, travel training, and any other employment related activities specific to an identified job in a community business.
- Amount of time spent in discovery and development per day.
- Confidentiality release forms in the participant's native language, if applicable, that he/she approved contacts, meetings, education or training to occur in his/her absence.

Rates for Job Discovery and Development are paid per participant, not per group. Job Discovery and Development may be provided on one staff to multiple participant ratios. Documentation of Job Discovery and Development must be specific to each participant regardless of staff to participant ratio.

(When individual Job Discovery and Development is billed on one staff to multiple participant ratio, post authorization documentation must show individual outcomes. For example, if an employment specialist bills for two participants on the same day for the same time period, post authorization documentation must show that job development efforts were made for each individual according to his/her identified specific career interests. If both participants identified career interests are restaurant work, then billing could reflect a visit to one restaurant on behalf of both participants. However, if one participant's identified career interest is restaurant work and the other participant wishes to work in a medical setting, documentation must show visits to the specific type of business for each participant.)

**NOTE:** All activities are to be performed in the year the current ISP is approved, or an ISP amendment must be completed. Specific documentation that reflects the goals, objectives and time lines on the ISP related to those activities have been met must be submitted to the participant's support coordinator for post-authorization.

If an objective or time line cannot be met timely, the provider must facilitate changes prior to the end date of the objectives and time lines on the ISP and obtain support team members' dated signatures indicating agreement with the changes. Partial completion of Job Assessment, Discovery and/or Development of ISP objectives and time lines will not qualify for post authorization of payment.

|                            |   |
|----------------------------|---|
| Description of Activity    | Description of activity provided and completed (attach appropriate documentation)                     |
| Units Provided             | Number of standard service units provided (only the amount approved shall be reimbursed)              |
| Provider's Signature       | Presence of a signature indicates the activity has been completed by service provider as agreed upon. |
| Date Activity Began        | Actual date the activities began  |
| Date Activity Completed    | Actual date of completion   |
| Recipient/Family Signature | Presence of a signature verifies that the activity was completed.                                     |

The service provider will then provide the form with the original signature(s), ISP (amended ISP if changed), and documentation to the support coordinator who will then review the activity with the family and complete Section 4. This form, ISP, and documentation can be faxed to the support coordinator and the original form mailed to expedite the process.

**SECTION 4**

- a. The support coordinator will complete this section and obtain the signature of recipient/family member indicating approval/agreement, and send a copy of the form, the ISP and necessary documentation to the OCDD Regional Office via fax or mail within ten (10) working days of the date of the actual completion of the activity.
- b. The OCDD Regional Office staff, upon receipt of required documentation, will forward the information to the state data contractor.

|                                      |   |
|--------------------------------------|---|
| Date Completed Activity was Verified | Date form (and attachments) were verified as having been completed by OCDD                    |
| Approved Units                       | Indicates number of approved units (only the amount approved shall be reimbursed)             |
| Comments                             | Documentation noting any additional comments and/or information                               |
| Support Coordinator's Signature      | Presence of a signature verifies acceptance of documentation that the activity was completed. |
| Recipient/Family Signature           | Presence of a signature verifies that the activity was completed.                             |