

## Sample Service Monitoring Tool – Employment and Day Services (DSA)

<b>Name of Individual:</b>	<b>Date of Review:</b>	<b>Start and End Date of Current ISP:</b>		
<b>Provider Name(s):</b>	<b>Provider(s):</b>	<b>SC/Person Completing Review:</b>		
<b>Agency staff name and title if assisting in review:</b>	<b>Location of Review (include description and address):</b> <input type="checkbox"/> Provider Site: <input type="checkbox"/> Other location:			
<b>Name of General Community Employer (if person is working or using services for support in a community work experience):</b>	<b>Location of services (include description and address; check both if both apply):</b> <input type="checkbox"/> Provider Site: <input type="checkbox"/> Other community setting:			
<p>Note: This tool is a SAMPLE and intended to cover employment and DSA <i>service monitoring</i> related to the following requirements:</p> <ul style="list-style-type: none"> <li>i. Annual face to face contact with the person:</li> <li>ii. Quarterly contact (monthly if more significantly health and safety needs); and/or</li> <li>iii. For Employment Path Services at a provider site, there must be a review at the site every six months with the person present.</li> </ul> <p>Case managers are also required to meet employment and DSA <i>site monitoring</i> requirements that are not covered in this tool including. See Oregon Administrative Rule 411-415-0090(3).</p> <p>Also, this tool presumes you, as the SC/PA, have developed at least one outcome for each requested DSA or ODDS Employment Service.<sup>1</sup></p>				
<b>Questions for all Employment and DSA Settings/Service Types:</b> Answer “yes” only if ALL the employment/ DSA services you are monitoring with this tool meet a criterion	Y	N	Other?	Notes/Concerns/Needs  Documents Reviewed
1. Are services being provided as authorized in the ISP and CDP?				
2. Are all Employment Professionals and/or DSPs trained on the ISP, CDP, implementation strategies / action plans, and risk mitigation strategies? <sup>2</sup>				
3. Does each employment/DSA service have at least one outcome in the CDP? If no, work with the person and the team to develop at least one outcome for each service. <sup>3</sup>				
4. Has the provider developed an action plan or implementation strategy for each outcome?				
5. Is the provider updating each action plan to reflect progress or try new approaches if the existing action plan is not effective?				

6. Does the provider ensure that the SC/PA has the current action plan?				
7. Is the person making progress toward their goals/desired outcomes?				
8. Does the provider have risk mitigation strategies in place? <sup>4</sup>				
9. Are there any updates needed to the CDP or related documents? (e.g., Outcomes, action plan/implementation strategies, or risk mitigation strategies?)				
10. Are any service changes needed to better support the person to meet this goal? (e.g., <i>Alternative provider option; new / different community or work experiences; revisions to goals or implementation strategies</i> )				
<b>Job Coaching (Competitive Integrated Employment)</b> <i>As a general rule, case manager should not go into the competitive employment setting. Please consult with ODDS if you have questions or concern about a general community business setting.</i>				
1. Are the person's goals related to career advancement being supported?				
2. Does the action plan for ODDS job coaching support the person to become increasingly independent at work, or plan to fade? If no, please note when the provider will develop and implement such a plan.				
3. Is the job coach providing the person with the appropriate level of support? (i.e., are the contacts outlined in the ISP/CDP being made)? Are changes needed to the support ISP/CDP related to contact requirements?				

<sup>1</sup> An outcome is the result the person wants. Providers are responsible for developing at least one action plan (also known as implementation strategies) for each DSA and Employment Service outcome. The action plan is the “game plan” for staff delivering the service. An action plan is written so that even a new staff person would understand how to deliver the service. The action plan should change during the ISP year – either to reflect progress or to try different things if the current action plan is not supporting the person to make progress on their desired outcome. The provider is responsible for ensuring the SC/PA always has the current action plan. The SC/PA is responsible for monitoring action plans. Note, each employment outcome must be related to either exploring, obtaining or advancing in Competitive Integrated Employment (CIE). DSA outcomes are related to participating and integrating in the community.

<sup>2</sup> OAR 411-345-0160(4)

<sup>3</sup> Each employment service must have at least one outcome related to exploring, obtaining, maintaining, or advancing in Competitive Integrated Employment (CIE).

<sup>4</sup> The case manager must work with the person and ISP team to have risk mitigation strategies in place for each known relevant risk (for employment or DSA) before services begin for the ISP year. Risk mitigation strategies must be given to the person and the person's case manager before services begin. See OAR 411-345-0145(3)(b) regarding entry; see also OAR 411-345-0160(8)(b) regarding annual ISP.

4. Are there any needs not being met related to employment? (e.g., transportation, professional behavior services, benefits counseling, risk mitigation when provider is not on site, etc.)				
<b>Job Development - VR</b>	Yes	No	Other	Notes/Concerns/Needs
1. Is the person working with VR?				
2. Is a referral needed? What is the timeframe for making a referral?				
3. Is the current status of job development leading to a job? If not, what steps can be taken?				
4. Are there any steps that need to be taken now in preparation for the transfer to long-term services? (e.g., ODDS transportation exception; 2:1 or enhanced staffing review)				
5. Are there any other ODDS services needed during job development? (e.g., professional behavior services, discovery, direct nursing, etc.)				
6. Are the ISP/CDP aligned with the person's employment goals developed during VR services?				
<b>Benefits Counseling</b>	Yes	No		Notes/Concerns/Needs
1. Has the person had benefits counseling?				
2. Does the person need benefits counseling or other follow up?				
<b>Discovery</b>	Yes	No		Notes/Concerns/Needs
1. Has the referral to VR been completed?				
2. Are there any updates needed in the discovery plan?				
3. Has the discovery profile been completed, approved, and sent to others?				
4. Are there any other services needed during Discovery? (e.g., professional behavior services, benefits counseling, discovery, etc.)				
<b>Small Group</b>	Yes	No		Notes/Concerns/Needs
1. Are the person's goals or outcomes being supported?				
2. Are any updates needed to support the optimal and expected outcome of Competitive Integrated Employment?				
3. Does the person need more or less support on the job?				

4. Is the person earning competitive wages and benefits (and no less than minimum wage)?				
5. Are there opportunities to interact with customers and coworkers who do not have disabilities?				
<b>Employment Path</b>	Yes	No	Other:	Notes/Concerns/Needs
1. What type of Employment Path Services are being used? (Solo 1:1, Community, Facility)				
2. Where are Employment Path services and work experiences occurring? Please list all settings (e.g. name of business, address).				
3. Is the setting owned, operated, or controlled by a provider? (Please describe)				
4. How is Employment Path being used? Please describe. (E.g., for support during an internship, resume writing, job shadow, etc).				
5. Is progress being made toward the person's intended outcome or goal?				
6. Are the work experiences individualized and based on the person's employment goals?				
7. Are there any other services needed? (e.g., professional behavior services, benefits counseling, discovery, etc.)				
8. Do the services occur at a provider site? If yes, then review: a. Is there a community component outside of a provider business? b. What is the time limit authorized in the ISP? c. Does the person have opportunities to interact with both customers and coworkers who do not have disabilities (to the same or similar extent that a person who doesn't have a disability would interact with customers and coworkers).  Employment path facility services must be reviewed at least two times per year.				
9. Has the person been referred to VR? If no, what is the estimated timeframe for referring the person to VR?				
<b>DSA Community/Facility</b>	Yes	No		Notes/Concerns/Needs
1. Is the person making progress toward their goals related to community participation?				
2. Does the setting facilitate opportunities to participate in the broader community?				
3. Is the person interested in working?				

a. If so, have you made a referral for ODDS and/or VR employment services?				
<b>Follow-Up/Changes</b>	Yes	No	Other	Notes/Concerns/Needs
<b>Follow-up completed from last service review?</b> Consider the past monitoring visit(s) and discuss any necessary follow-up with the provider.				
<b>List Follow-Up and Date Completed:</b>				
<b>Are there any changes to services and/or supports needed or any action items needed as a result of current visit?</b> (if yes, identify follow-up necessary, responsible party and proposed timelines)				
<b>Follow-Up</b>	<b>Responsible Party</b>		<b>Timeline</b>	
<b>Additional Notes:</b>				
Records Reviewed/ Method of Review (check if appropriate): <input type="checkbox"/> Face to face with individual <input type="checkbox"/> ISP <input type="checkbox"/> Career Development Plan <input type="checkbox"/> Progress notes <input type="checkbox"/> Protocols <input type="checkbox"/> Behavior plan <input type="checkbox"/> Fire evacuation record <input type="checkbox"/> Behavior data <input type="checkbox"/> Incident reports <input type="checkbox"/> Walk through of site <input type="checkbox"/> PRMS <input type="checkbox"/> Safety Plan <input type="checkbox"/> Money Management Plan <input type="checkbox"/> Other:				

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**Signature of Services Coordinator or Personal Agent Conducting Review**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Provider or Staff Participating in the Review of Follow-up Actions**

\_\_\_\_\_  
**Date**