



TennCare

**2020 Individual Employment Data**

*TennCare wants to learn about people receiving long term services and supports who are employed or interested in becoming employed. This information will help us support people better so that they can reach their goals.*

**Instructions**

The Individual Employment Data assessment process will begin on January 1, 2020 and end by December 31, 2020. As the ISC/Case Manager/Care Coordinator/Support Coordinator, you are responsible for conducting and submitting the assessment on each individual in your caseload who receives long term services and supports through a DIDD waiver, CHOICES, or ECF CHOICES. Individuals age 62 or older who respond that they are not currently working and do not have an interest in working are not required to complete the full survey. (See instructions below). Once an individual age 62 or older has indicated they are not working and do not have an interest in working, you are no longer required to administer this survey going forward.

The assessment can be conducted as part of the individual’s annual review, quarterly or monthly visit, or as a separate face-to-face assessment as long as it is conducted before December 31, 2020. The assessment must include the individual and also may include a family member or representative, as appropriate. The individual’s input should be used first, and input from others involved may be used when the person is not able to respond to one or more of the questions independently. Service provider staff may participate as requested by the individual and his/her family member/representative.

Conducting the assessment with this Word document: If you choose to conduct the assessment using this Word document to record the individual’s responses, you still need to enter the answers into FormStack.

Entering the assessment into FormStack: A link will be provided to enter survey responses for each individual in FormStack. If you have any questions, please email: [LTSSHCBS.SettingsQuestions@tn.gov](mailto:LTSSHCBS.SettingsQuestions@tn.gov)

<b>Section A – General Information</b>		
1. Member’s name <i>First name, Last name</i>		
2. Member’s social security number <i>Numbers only. No letters or dashes.</i>		
3. Member date of birth: <i>Month/Date/Year (MM/DD/YYYY)</i>		
4. Do you (the member) have a conservator?	<input type="checkbox"/> Yes	

<p><i>A conservator is a person appointed by the probate court to oversee the personal and/or financial affairs of an adult who is determined to be incapable of managing his or her own affairs or unable to care for himself or herself.</i></p> <p><b>If no, skip to question 5. If yes, answer 4a – 4b.</b></p>	<p><input type="checkbox"/> No</p>
<p>4a. If yes, is the conservator a paid/corporate conservator (i.e. the conservator works for an agency), or an unpaid family/friend?</p>	<p><input type="checkbox"/> Paid Conservator <input type="checkbox"/> Unpaid Conservator</p>
<p>4b. If unpaid conservator, enter the name of the conservator:</p>	
<p>4.b If paid conservator, select the name of the agency providing conservatorship:</p>	<p><input type="checkbox"/> Comcare <input type="checkbox"/> Michael Dunn <input type="checkbox"/> Other:</p>
<p>5. Please indicate the LTSS program in which you (the member) are enrolled: <i>Choose one</i></p>	<p><b>Select one:</b></p> <p><input type="checkbox"/> CHOICES Group 1 <input type="checkbox"/> CHOICES Group 2 <input type="checkbox"/> CHOICES Group 3 <input type="checkbox"/> ECF CHOICES Group 4 <input type="checkbox"/> ECF CHOICES Group 5 <input type="checkbox"/> ECF CHOICES Group 6 <input type="checkbox"/> ECF CHOICES Group 7 <input type="checkbox"/> ECF CHOICES Group 8 <input type="checkbox"/> Comprehensive Aggregate Cap Waiver (CAC) <input type="checkbox"/> Statewide Waiver <input type="checkbox"/> Self-Determination Waiver</p>
<p>6. Date survey completed: <i>Day/Month/Year</i></p>	
<p>7. Reason for completing this survey</p>	<p><input type="checkbox"/> Annual <input type="checkbox"/> Change in Integrated Employment Status</p>
<p>8. Name of person conducting survey <i>First name, Last name</i></p>	
<p>8a. Title of person conducting survey</p>	<p><b>Select one:</b></p> <p><input type="checkbox"/> ISC (DIDD Waiver) <input type="checkbox"/> Case Manager (DIDD Waiver) <input type="checkbox"/> Care Coordinator (CHOICES) <input type="checkbox"/> Support Coordinator (ECF CHOICES)</p>
<p>8b. Name of organization person conducting survey represents</p>	<p><b>Select one:</b></p> <p><input type="checkbox"/> Amerigroup <input type="checkbox"/> BlueCare <input type="checkbox"/> United <input type="checkbox"/> ISC Agency <input type="checkbox"/> DIDD</p>



<p><i>settings where the majority of persons employed are not persons with disabilities, all employees earn at least minimum wage and all employees are paid directly by the employer.”</i></p> <p><b>If yes, skip to questions 13 and 14 and complete Section B.</b></p> <p><input type="checkbox"/> Are you interested in having a job in the community?</p> <p><b>If yes, skip to questions 13 and 14 and complete Section C.</b></p> <p><b>If NO to BOTH, please end the survey. Individuals 62 and older who are not currently working and are not interested in working will <u>not</u> be asked to complete the Employment Data Survey going forward.</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>13. Do you currently receive any employment related services?</p> <p><b>If no, skip to question 14.</b> <b>If yes, answer 13a – 13e.</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>13a. What employment services are you currently receiving?</p>	<p><b>DIDD WAIVER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Supported Employment</li> <li><input type="checkbox"/> Variable Job Coaching</li> <li><input type="checkbox"/> Pre-Employment Services</li> <li><input type="checkbox"/> Exploration</li> <li><input type="checkbox"/> Discovery</li> <li><input type="checkbox"/> Job Development</li> <li><input type="checkbox"/> Intermittent Employment and Community Participation Wraparound</li> <li><input type="checkbox"/> Facility-Based Day Supports</li> </ul> <p><b>ECF CHOICES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Exploration</li> <li><input type="checkbox"/> Discovery</li> <li><input type="checkbox"/> Situational Observation and Assessment</li> <li><input type="checkbox"/> Job Development Planning</li> <li><input type="checkbox"/> Self-Employment Planning</li> <li><input type="checkbox"/> Job Development Start-Up</li> <li><input type="checkbox"/> Self-Employment Start-Up</li> </ul>

	<input type="checkbox"/> Job Coaching for Individual Integrated Employment <input type="checkbox"/> Job Coaching for Self-Employment <input type="checkbox"/> Co-Worker Supports <input type="checkbox"/> Career Advancement <input type="checkbox"/> Benefits Counseling <input type="checkbox"/> Supported Employment – Small Group <input type="checkbox"/> Integrated Employment Path Services  <input type="checkbox"/> Non-Medicaid Reimbursed Services
<p>13b. If you (the member) receives DIDD Waiver or ECF CHOICES employment services, please select the name of your DIDD Waiver or ECF CHOICES service provider:</p> <p><i>If the Provider name does not appear on the list in FormStack, please reach out to the surveyor's designated organization contact.</i></p>	
<p>13c. Provider Medicaid ID #:</p>	
<p>Do you (the member) have more than one employment services provider?</p> <p><b>If yes, answer 13d – 13e.</b>  <b>If no, skip to question 14.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13d. Please select the name of the second DIDD Waiver or ECF CHOICES employment service provider (if applicable)</p> <p><i>If the provider name does not appear on the list in FormStack, please reach out to the surveyor's designated organization contact.</i></p>	
<p>13e. Second provider's Medicaid ID #</p>	
<p>14. Are you (the member) currently receiving any employment services through Vocational Rehabilitation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14a. If no, have you (the member) ever received Employment Services through Vocational Rehabilitation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
<p>15. Do you currently have an employment goal in your PCSP/ISP?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**A Job in the Community**

Please utilize the following definition when answering questions regarding a job in the community:

***“A Job in the Community” refers to jobs held by people with disabilities in typical workplace settings where the majority of persons employed are not persons with disabilities, all employees earn at least minimum wage and all employees are paid directly by the employer.***

<p><b>Do you have a job in the community?</b></p> <p><i>Note: A job in a facility-based day program is not considered a job in the community. A job in a small group of people with disabilities (work crew or enclave) that does not pay at least minimum wage and/or does not involve co-workers without disabilities (excluding paid staff) is also not considered a job in the community.</i></p> <p><b><i>If yes, complete Section B. If no, skip to Section C.</i></b></p>	<p><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p>
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<b>Section B – Questions about Employment</b>	
<p>1. Do you (the member) earn minimum wage or higher?</p> <p><i>Current minimum wage is \$7.25 per/hour.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>1a. What is your (the member's) current hourly wage?</p> <p><i>Type \$0.00 per hour</i></p>	
<p>2. Is your (the member's) job integrated in the community?</p> <p><i>Do you work alongside people without disabilities? Do not answer Yes if you work in a facility-based workshop or in a small group of people who are only people with disabilities and paid staff.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>3. What type of work do you (the member) do?</p>	<p><input type="checkbox"/> Arts</p> <p><input type="checkbox"/> Automotive</p> <p><input type="checkbox"/> Office</p> <p><input type="checkbox"/> Food services</p> <p><input type="checkbox"/> Retail</p> <p><input type="checkbox"/> Hospitality</p> <p><input type="checkbox"/> Agriculture</p> <p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Healthcare</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Other:</p>
<p>4. What is the name of your (the member's) employer?</p> <p><i>Please indicate the name, such as "St. Thomas Hospital" or "Walgreens".</i></p>	
<p>5. On average, how many hours per week do you (the member) work?</p>	
<p>6. Do you (the member) want to work more hours?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>6a. If no, why not?</p>	
<p>7. Do you (the member) want to earn more money?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>7a. If no, why not?</p>	

<p>8. Have you (the member) received benefits counseling to understand your wages?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. What supports help you (the member) be successful on your job?</p>	<p><b>Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I do not need supports to maintain my job</li> <li><input type="checkbox"/> Assistive technology</li> <li><input type="checkbox"/> Job coaching (a paid staff person supports you to keep the job)</li> <li><input type="checkbox"/> Co-worker supports (a co-worker supports you to keep the job)</li> <li><input type="checkbox"/> Transportation</li> <li><input type="checkbox"/> Personal Care/Personal Assistance</li> <li><input type="checkbox"/> Other:</li> </ul>
<p>10. Please tell us how you (the member) get to and from your job:</p>	<p><b>Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I drive myself</li> <li><input type="checkbox"/> I take public transportation</li> <li><input type="checkbox"/> My transportation is provided by a service provider agency</li> <li><input type="checkbox"/> My transportation is provided by a natural support (friend, neighbor, family member, co-worker)</li> <li><input type="checkbox"/> I use Consumer-Directed transportation and get a monthly payment to buy my transportation</li> <li><input type="checkbox"/> Other:</li> </ul>
<p>11. Is there anything related to employment you (the member) want to share?</p>	

**Please STOP here if the individual is currently in integrated, competitive employment.**



<b>Section C – Questions for members who do NOT have a job.</b>	
<p>1. Do you (the member) want a job in the community?</p> <p><i>“A Job in the Community” refers to jobs held by people with disabilities in typical workplace settings where the majority of persons employed are not persons with disabilities, all employees earn at least minimum wage and all employees are paid directly by the employer.</i></p> <p><i>Note: A job in a facility-based day program is not considered a job in the community. A job in a small group of people with disabilities (work crew or enclave) that does not pay at least minimum wage and/or does not involve co-workers without disabilities (excluding paid staff) is also not considered a job in the community.</i></p> <p><b>If yes, answer question 1a. If no, answer question 2.</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>1a. If <u>yes</u>, what are the barriers to employment that you (the member) have experienced?</p>	<p><b>Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am concerned about losing my benefits</li> <li><input type="checkbox"/> I am nervous about the unknown</li> <li><input type="checkbox"/> I am not sure what I would want to do</li> <li><input type="checkbox"/> My family is concerned about me working</li> <li><input type="checkbox"/> I need transportation</li> <li><input type="checkbox"/> I do not want to leave my friends</li> <li><input type="checkbox"/> I do not want to change my current routine</li> <li><input type="checkbox"/> Medical related reasons</li> <li><input type="checkbox"/> Behavioral related reasons</li> <li><input type="checkbox"/> Job market related issues</li> <li><input type="checkbox"/> I do not have the support that I need.</li> <li><input type="checkbox"/> Other:</li> </ul>
<p>1a2. If you (the member) checked “I do not have the support I need”, please describe the support you (the member) need.</p>	
<p>1b. Are supports/services helping you (the member) to overcome barriers to employment?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>1b1.If yes, what services/supports are helping you to overcome barriers to employment?</p>	
<p>1b2. If no, what would be helpful in overcoming those barriers?</p>	

<p>2. If you (the member) do NOT want a paying job in the community, what is the reason?</p> <p><i>Only ask this question if the person answered NO to question 1.</i></p>	<p><b>Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My family is nervous about me working</li> <li><input type="checkbox"/> I prefer to volunteer</li> <li><input type="checkbox"/> I am retired</li> <li><input type="checkbox"/> I am concerned about losing my benefits</li> <li><input type="checkbox"/> I am nervous about the unknown</li> <li><input type="checkbox"/> I am not sure what I would want to do</li> <li><input type="checkbox"/> I need transportation</li> <li><input type="checkbox"/> I do not want to leave my friends</li> <li><input type="checkbox"/> I do not want to change my current routine</li> <li><input type="checkbox"/> Health issues (such as chronic illness, medical fragility)</li> <li><input type="checkbox"/> I do not have the support I need to work</li> </ul>
<p>2a. If you (the member) checked “I do not have the support I need to work” in question 2, please describe what kind of support you need:</p>	
<p>2b. What kinds of activities are you (the member) involved in your community during typical work hours?</p>	<p><b>Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not involved in other activities</li> <li><input type="checkbox"/> Creative outlets (such as art, music, drama)</li> <li><input type="checkbox"/> Advocacy</li> <li><input type="checkbox"/> Career exploration</li> <li><input type="checkbox"/> Outdoor activities</li> <li><input type="checkbox"/> Other type of day program</li> <li><input type="checkbox"/> Social groups (such as neighborhood association, book club, etc.)</li> <li><input type="checkbox"/> Health related activities (such as sports or fitness)</li> <li><input type="checkbox"/> Volunteering</li> <li><input type="checkbox"/> Other:</li> </ul>
<p>3. Would you (the member) be interested in volunteering in the community?</p> <p><b>If no or already involved in volunteering, skip to question 4.</b> <b>If yes, answer 3a.</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> Already involved in volunteering</li> <li><input type="checkbox"/> No</li> </ul>
<p>3a. If yes, what would you (the member) enjoy doing as a volunteer activity?</p>	<p><b>Check all that apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Working with animals</li> <li><input type="checkbox"/> Caring for/helping others</li> <li><input type="checkbox"/> Volunteering with children</li> <li><input type="checkbox"/> Completing office-type tasks</li> <li><input type="checkbox"/> Enjoying the outdoors</li> <li><input type="checkbox"/> Helping with food (such as food pantry, meals on wheels; food pantry)</li> </ul>

	<ul style="list-style-type: none"><li><input type="checkbox"/> Collecting donations</li><li><input type="checkbox"/> Using technology</li><li><input type="checkbox"/> Other:</li></ul>
4. Is there anything else you want to tell us about your (the member's) interest in volunteering?	