



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, 2018 and end by December 31, 2018. 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, 2018. 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

| Section A – General Information | |
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| 1. Member First and Last Name: | |
| 2. Member SSN: <i>Enter as xxx-xx-xxxx</i> | |
| 3. Date of Birth: <i>Month/Date/Year (MM/DD/YYYY)</i> | |
| 4. Does the member have a conservator? <i>A conservator is a person appointed by the</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| <p><i>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>If no, skip to question 5. If yes, answer 4a – 4b.</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 Conservator Agency:</p> | <p><input type="checkbox"/> Comcare <input type="checkbox"/> Michael Dunn <input type="checkbox"/> Other Please explain:</p> |
| <p>5. LTSS Program:</p> | <p>Select one:</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"/> 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. First and Last Name of Person Conducting Survey:</p> | |
| <p>8. Title of Person Conducting Survey:</p> | <p>Select one:</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>9. Organization Name: <i>If ISC Agency, answer 9a.</i></p> | <p>Select one:</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>9a. Name of ISC Agency:</p> | |
| <p>10. Number of months assigned to member:</p> | |
| <p>11. Region:</p> | <p>Select one:</p> <p><input type="checkbox"/> East <input type="checkbox"/> Middle <input type="checkbox"/> West</p> |

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| <p>12. Is someone other than the individual responding to the survey if the individual is not able to answer one or more of the questions independently?</p> <p>If no, skip to question 13. If yes, answer 12a – 12b.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>12a. If yes, what is the First and Last name of the person assisting with responses?</p> | |
| <p>12b. What is his/her relationship to the member?</p> | <p>Select one:</p> <p><input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Friend <input type="checkbox"/> Direct Service Worker <input type="checkbox"/> Voluntary Conservator <input type="checkbox"/> Paid Conservator <input type="checkbox"/> Other</p> |
| <p>For Individuals 62 + Only: 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.</p> <p><input type="checkbox"/> Are you age 62 or older?</p> <p>If no, skip to questions 13 and 14.</p> <p>If yes, answer the following question:</p> <p><input type="checkbox"/> Do you currently have 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>If yes, skip to questions 13 and 14 and complete Section B.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

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| <p><input type="checkbox"/> Are you interested in having a job in the community?</p> <p>If yes, skip to questions 13 and 14 and complete Section C.</p> <p>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.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>13. Do you currently receive Employment Services?</p> <p>If no, skip to question 14.</p> <p>If yes, answer 13a – 13e.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>13a. What Employment Services are you currently receiving?</p> | <p>DIDD WAIVER</p> <p><input type="checkbox"/> Supported Employment</p> <p>ECF CHOICES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exploration <input type="checkbox"/> Discovery <input type="checkbox"/> Situational Observation and Assessment <input type="checkbox"/> Job Development Planning <input type="checkbox"/> Self-Employment Planning <input type="checkbox"/> Job Development Start-Up <input type="checkbox"/> Self-Employment Start-Up <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 <p>OTHER</p> <p><input type="checkbox"/> Non-Medicaid Reimbursed Services</p> |
| <p>13b. Name of DIDD Waiver or ECF CHOICES Service Provider:</p> <p><i>If the Provider name does not appear on the list in</i></p> | |

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| <i>FormStack, please reach out to your Organization Contact.</i> | |
| 13c. Provider Medicaid ID #: | |
| Do you have more than one Employment Services Provider? If yes, answer 13d – 13e. If no, skip to question 14. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13d. Name of DIDD Waiver or ECF CHOICES Service Provider 2 (if applicable): <i>If the Provider name does not appear on the list in FormStack, please reach out to your Organization Contact.</i> | |
| 13e. Provider 2 Medicaid ID #: | |
| 14. Are you currently receiving Employment Services through Vocational Rehabilitation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14a. If no, have you ever received Employment Services through Vocational Rehabilitation? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know |

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.

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| <p>Do you have a job in the community?</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>If yes, complete Section B. If no, skip to Section C.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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Section B – Questions about Employment

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| <p>1. Do you make at least minimum wage?</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>2. Is your 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 do?</p> | <p><input type="checkbox"/> Arts (works in music, design, etc.)</p> <p><input type="checkbox"/> Automotive (works in auto manufacturing, sales, supplies, etc.)</p> <p><input type="checkbox"/> Clerical (works as an administrative assistant in an office, for example)</p> <p><input type="checkbox"/> Food Service (works at a restaurant, for example)</p> <p><input type="checkbox"/> Government (works for a local or state or federal entity, for example)</p> <p><input type="checkbox"/> Health Care Industry (work in a hospital, Doctor’s office or is a home health worker, for example)</p> <p><input type="checkbox"/> Hospitality Industry (works at a hotel or special events, for example)</p> <p><input type="checkbox"/> Manufacturing (works in building or assembling products)</p> <p><input type="checkbox"/> Non Profit (works at an advocacy organization, for example)</p> <p><input type="checkbox"/> Retail (works at a store, for example)</p> <p><input type="checkbox"/> Self-Employment (works for one’s self; small business owner)</p> <p><input type="checkbox"/> Transportation Industry (driver of a truck, for example)</p> <p><input type="checkbox"/> Other Please explain:</p> |
| <p>4. Where do you work?</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 work?</p> | <p><input type="checkbox"/> 0-10 hours per week</p> <p><input type="checkbox"/> 11-20 hours per week</p> <p><input type="checkbox"/> 21-32 hours per week</p> <p><input type="checkbox"/> 33-40 hours per week</p> |
| <p>6. Do you want to work more hours?</p> | <p><input type="checkbox"/> Yes</p> |

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| | <input type="checkbox"/> No |
| 6a. If no, why not? | |
| 7. Do you want to earn more money? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7a. If no, why not? | |
| 8. What kinds of supports do you use to maintain your job? | <p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not need supports to maintain my job <input type="checkbox"/> Assistive technology <input type="checkbox"/> Job coaching (a paid staff person supports you to keep the job) <input type="checkbox"/> Transportation <input type="checkbox"/> Personal Care/Personal Assistance <input type="checkbox"/> Other Please explain: |
| 9. Please tell us about the type of transportation you use to get to your job: | <p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I take public transportation <input type="checkbox"/> My transportation is provided by a service provider agency <input type="checkbox"/> My transportation is provided free of charge by a natural support (friend, neighbor, family member, co-worker) <input type="checkbox"/> I use Consumer-Directed transportation and get a monthly payment to buy my transportation <input type="checkbox"/> Other Please explain: |
| 10. Is there anything else you want to tell us about your experience working? | |

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

Section C – Questions for individuals who do NOT have a job.

1. Do you want 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.

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.

If no, skip to question 1a2.

If yes, answer question 1a1 – 1c.

- Yes
- No

1a1. If yes, you do want a job in the community but you do not have one yet, what are the barriers to employment?

Check all that apply:

- I am concerned about losing my benefits
- I am nervous about the unknown/I am not sure what I would want to do
- My family is nervous about me working
- I need transportation
- I do not want to leave my friends/change my current routine
- I do not have the support I need

If you checked “I do not have the support I need”, please describe what kind of support you need:

1b. Is anything being done to overcome barriers to employment?

- Yes
- No

1c. If yes, what is being done to overcome those barriers?

1a2. If no, you do NOT want a paying job in the community, what is the reason?

Only ask this question if the person answered NO to question 1.

Check all that apply:

- My family is nervous about me working
- I prefer to volunteer
- I am retired
- I am concerned about losing my benefits
- I am nervous about the unknown/I am not sure what I would want to do

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| | <input type="checkbox"/> I need transportation <input type="checkbox"/> I do not want to leave my friends/change my current routine <input type="checkbox"/> My health is unpredictable <input type="checkbox"/> I do not have the support I need to work |
| <p>If you checked “I do not have the support I need to work” in question 1a2, please describe what kind of support you need:</p> | |
| <p>2. What kinds of other activities are you currently engaged in while you are not employed?</p> | <p>Check all that apply:</p> <input type="checkbox"/> Not involved in other activities <input type="checkbox"/> Art <input type="checkbox"/> Advocacy <input type="checkbox"/> Career exploration <input type="checkbox"/> Gardening <input type="checkbox"/> Other type of day program <input type="checkbox"/> Social groups (neighborhood association, book club, etc.) <input type="checkbox"/> Sports/fitness <input type="checkbox"/> Volunteering <input type="checkbox"/> Other Please explain: |
| <p>3. Would you be interested in volunteering in the community to see if you like it?</p> <p>If no or already involved in volunteering, skip to question 4. If yes, answer 3a.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> Already involved in volunteering <input type="checkbox"/> No |
| <p>3a. If yes, what would you enjoy doing?</p> | <p>Check all that apply:</p> <input type="checkbox"/> Volunteering working with animals <input type="checkbox"/> Volunteering by caring for/helping others <input type="checkbox"/> Volunteering with kids <input type="checkbox"/> Volunteering doing office-type tasks <input type="checkbox"/> Volunteering doing something outside <input type="checkbox"/> Volunteering doing something with food (e.g. delivering meals on wheels; food pantry) <input type="checkbox"/> Volunteering collecting donations <input type="checkbox"/> Volunteering using technology <input type="checkbox"/> Other Please explain: |
| <p>4. Is there anything else you want to tell us about</p> | |

your interest in working?

Only required for individuals who answered Yes to question 1 – Do you want a job in the community?