

## Overview

*The Employment Stability Plan (ESP)*, also known as the Individualized Plan for Employment (IPE), is an individual's plan to achieve and maintain stable employment. A Supported Employment Provider facilitates the development of the ESP for clients enrolled in the iBudget waiver or CDC+ programs.

## Purpose

**The ESP is developed to help the client reach the employment-related goal(s) on the support plan.** A *support plan* is an individualized, person-centered plan to address the client's needs and goals. The support planning process occurs annually and is used to help the client:

- Identify their needs, abilities, and preferences
- Visualize their future and what they want in their life
- Access both services and resources so that they can achieve their goals and live the best life possible in the community

For clients with employment goals, the ESP becomes a part of the overall support plan. The ESP provides detailed information on the supports, services, and steps that will be taken to achieve the client's employment goal(s) during the support plan year.

## Required Information

The ESP must include the following information:

- Client demographic information
- Current job information
- An onsite contact person at the job location
- The level of employment support needed
- A plan for fading the level of support, as appropriate
- Periodic performance review information
- Identification of natural supports being used
- Career interests of the individual for future planning
- Social Security benefits information and work incentives being used

## Documentation Requirements

The ESP is also used to provide ongoing documentation of the following:

- The Supported Employment Provider’s attempts to develop natural supports in the workplace
- The reduction (or fading) of Supported Employment services
- The client’s employment outcome
- Notes on the reporting of wages and work incentives to the Social Security Administration on a monthly and quarterly basis
- The utilization of Social Security work incentives
- The number of units of Supported Employment services provided per month

## About the ESP Template

APD’s ESP template has been designed to collect and record required employment information, required documentation, and a written narrative that describes how the Supported Employment Provider will help the client achieve employment-related support plan goal(s).

Supported Employment Coaches should complete the ESP as directed. Most of the fields are self-explanatory, however, some fields have additional directions. The SEC can review the status bar at the bottom of the document window to see if more information is available for the field that they are entering.

### For example:

Click on the “First Name” field. Additional instructions will appear at the bottom of the window in the status bar.

File Home Insert Draw Design Layout References Mailings

1 2 3

# EMPLOYMENT STABILITY

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## CLIENT INFORMATION

### General Information

First Name:

Date of Birth:

Street:

State:

Telephone:

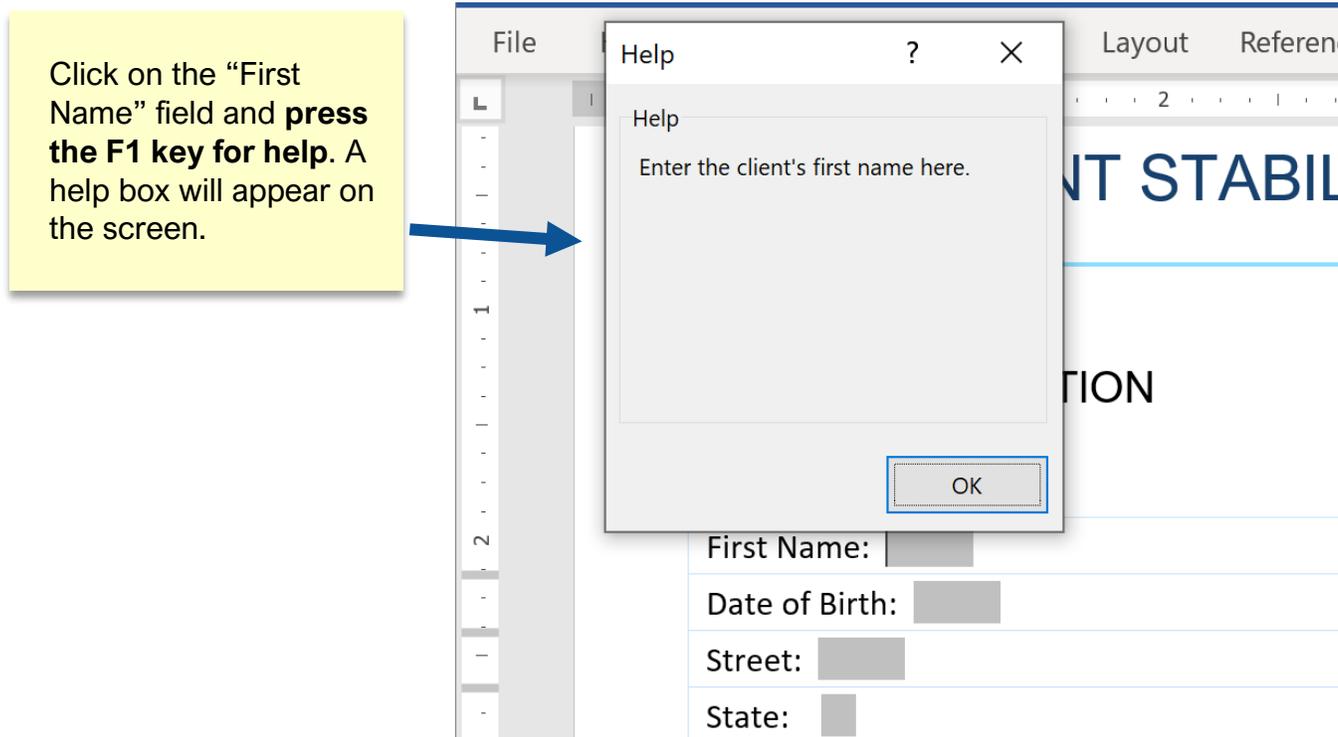
Emergency Contact Name:

Highest Level of Education: Choose an item.

Date Education Completed:

Enter the client's last name here.

Fields that have information available in the status bar, will also have additional information available when the F1 key is pressed. **For example:**



The ESP is divided into 12 sections:

1. Client Information
2. Supported Employment Provider Information
3. Employment Information
4. Implementation Plan
5. Natural Supports
6. Supported Employment Services Fading Plan
7. Employment Accommodations
8. Transportation
9. Employee Performance & Career Advancement
10. Social Security Administration Information
11. Agency Supports
12. Signatures

Each section is explained in greater detail below.

## Section 1: Client Information

This section captures the client’s demographic information.

### General Information

Enter the requested general information in the table provided.

First Name:	Last Name:
Date of Birth:	iConnect ID:
Street:	City:
State:	Zip Code:
Telephone:	Email:
Emergency Contact Name:	Emergency Contact Telephone:
Highest Level of Education: Choose an item.	
Date Education Completed:	Check here if date is unknown: <input type="checkbox"/>

### Legal Representative for APD Services

A *legal representative* has legal authority to make decisions for and to act on behalf of another person. Anyone who is 18 or older is their own legal representative unless there is court documentation indicating otherwise.

If the client is their own legal representative, select “Yes” from the drop-down list for this question. Then type “N/A” in the “Legal Rep First Name” and “Legal Rep Last Name” fields and skip the remaining questions. If someone else serves as the legal representative over governmental services (i.e., APD, Medicaid, SSA), select “No” and then complete all the remaining fields for the legal representative.

Is the client their own legal representative? Choose an item.	
Legal Rep First Name:	Legal Rep Last Name:
Street:	City:
State:	Zip Code:
Telephone:	Email:

## Section 2: Supported Employment Provider Information

In this section, provide information on the Supported Employment Provider, the Supported Employment Coach (SEC), and the back-up coach.

### General Information

Enter the requested information in the table provided. Supported Employment Provider refers to

the provider agency, if applicable. In cases where the provider is a solo provider and not part of any agency, the provider, and the Supported Employment Coach (SEC) will be the same person.

Provider Name:	Provider Address:
City:	State:
Zip Code:	
Services Provided: Choose an item.	
Are you also a VR provider? Choose an item.	
Supported Employment Coach (SEC) Name:	Back-up Coach Name:
SEC Email:	Back-up Coach Email:
SEC Telephone:	Back-up Coach Telephone:
Is the SEC a subcontractor? Choose an item.	

## Section 3: Employment Information

Information on the client’s employment outcome is recorded in this section.

### Primary Job

Enter the requested information in the table provided.

If the client has received a promotion, check the box for all quality indicators that apply.

- Performance based:** Check this box if the promotion was provided due to the employee’s job performance rather than a cost-of-living adjustment or other reason.
- Monetary / Raise:** Check this box if the promotion includes an increase in pay.
- New Position:** Check this box if the client received a new job title and new duties.

### Second Job

If the client has a second job, enter the requested information in the table provided, otherwise select the “N/A” box. The fields are the same as for the primary job.

### Job Loss

If the client loses or leaves their job for any reason, enter the reason for the job loss. The SEC must notify the client’s WSC of any changes affecting the client’s income within five days.

### Previous Work Record

Enter the requested information in the table provided.

**Previous Employers:** At minimum, enter the company’s name, city, and state. It is best practice to enter information that may be useful for future job applications, including the company’s full address, phone number, supervisor’s name, and supervisor’s contact information.

For example:

Previous Employers	Dates of Employment (Begin/End Dates)	Position	Hours Worked Weekly
1. <b>Julie's Downtown Café</b> 4210 Main Street, Tallahassee, FL 32301 / 850-555-1234 / Manager: Julie Smith <a href="mailto:Jujubee@yahoo.com">Jujubee@yahoo.com</a> 850-555-2811	3/10/19 - 2/28/20	Dishwasher	20

## Section 4: Implementation Plan

The implementation plan describes the training and assistance that the SEC will provide to help the client achieve their employment-related support plan goal(s).

**What I Want to Accomplish this Year:** The client's employment-related support plan goals should be recorded in this field. They are listed on the client's support plan, in the section titled What I Want to Accomplish this Year.

**Short-Term Objectives to Reach Goals:** Break down the employment goal(s) into smaller objectives by describing the steps and actions that must be taken.

**Level of Support and Training Needed to Meet Each Objective:** Describe the training and level of support that the client will receive in order for the client to meet the objective.

**Projected Date of Completion:** Enter the expected date of completion.

**Method(s) Used for Data Collection:** The SEC's method for monitoring and tracking the client's progress toward employment goal(s) should be recorded in this field. Typically, data collection methods include:

1. **Service Logs:** Written documentation of the services provided, time spent supporting the client, and a summary of the strategies used for goal implementation and quantifying outcomes.
2. **Quarterly Summaries:** Written summary of approximately three months of service logs that includes quantified outcomes to illustrate the progression of services rendered.
3. **Annual Reports:** A written report of the client's progress toward employment-related support plan goals for the year.

**Follow-up:** Towards the end of the support plan year, provide an update on the progress of the implementation plan. If the employment goal(s) and objectives have not been met, there is space to describe the measures that were taken to address issues or concerns.

## Section 5: Natural Supports

This section captures the SEC’s plans to develop natural supports in the workplace and the follow-up documentation of the attempts made throughout the service year. Enter the requested information in the table provided.

**Type of Natural Supports:** refers to the support, service, or resource provided.

Plan to Increase Natural Supports in the Workplace			
Type of Natural Supports	Name of Supporting Person <i>(First and Last)</i>	Relationship	Telephone
<b>Follow-up</b> <i>Document attempts made to increase natural supports throughout the service year (update as needed).</i>			

## Section 6: Supported Employment Services Fading Plan

In this section, provide information on the Supported Employment services that are delivered, the SEC’s plan for fading services, and documentation on the progression of fading.

**Model of SE Services:** There are three models of Supported Employment service – individual, group, and supported self-employment. The iBudget Handbook provides a detailed description of each model.

**Plan for Fading SE Services:** Service intensity should diminish over time. The SEC must provide only the Supported Employment services necessary for the client to maintain competitive employment.

**Projected Service Period:** The SEC should estimate the time frame for providing service to the client. The service period may encompass more than one support plan year. It is based on the needs of the client.

Plan for Fading SE Services	Projected Service Period <i>(Begin/End Dates)</i>

### Phase 1 Job Development – Proof of Fading Progression (If APD-funded)

Complete the table provided **only if** Phase 1 is funded by APD, which is typically not the case. Phase 1 is typically funded through the Division of Vocational Rehabilitation (VR) or the

Department of Education (DOE). Recall that Medicaid (APD’s waiver funding source) is the payor of last resort. A client seeking Supported Employment must first exhaust available resources through VR. If the client is under the age of 22 years and does not have a standard high school or GED diploma, they must first exhaust available resources through the public school system.

**Justification:** Document the basis for resorting to waiver funds to justify billing. If VR has denied service to the client, it is important to document the reason for denial. If Phase 1 is funded through APD, it is defined as time-limited supports needed to obtain a job and reach stabilization. APD requires justification if Phase 1 is longer than three months.

	MM/YY	# SE Units Provided <i>(Proof of fading progression)</i>	Amount Billed <i>(for SE Services)</i>	Justification <i>(If in Job Development more than 3 months, justification is required)</i>
Month 1			\$	
Month 2			\$	
Month 3			\$	
Month 4			\$	
Month 5			\$	
Month 6			\$	

## Phase 2 Follow-Along – Proof of Fading Progression

Enter the requested information in the table provided.

**Current Service Year:** The fading plan should align with the current support plan year.

**# SE Units Provided:** The reduction of Supported Employment services must be rendered as efficiently as possible. Billing should reflect fading services consistent with each client's demonstrated need.

Current Service Yr	MM/YY	# SE Units Provided <i>(Proof of fading progression)</i>	Amount Billed <i>(for Follow-Along)</i>	Justification
Month 1			\$	
Month 2			\$	
Month 3			\$	
Month 4			\$	
Month 5			\$	
Month 6			\$	
Month 7			\$	
Month 8			\$	
Month 9			\$	
Month 10			\$	
Month 11			\$	
Month 12			\$	

Complete the second table **only if** Supported Employment has been provided for more than a year at the same job. This table is used to document the fading progression over several years

of service. For each year, sum up the average units of service provided. APD requires justification if more than three years of phase 2 service is provided.

**Date Range:** The date range for each year should align with the client’s support plan year.

<b>Year of SE Service</b>	<b>Date Range</b> (MM/YY-MM/YY)	<b># SE Units Provided</b> (Monthly Average)	<b>Amount Billed</b> (Monthly Average for Follow-along)	<b>Justification</b> (If more than 3 years of Follow-along services were provided for one job, justification is required)
Year 1			\$	
Year 2			\$	
Year 3			\$	
Year 4			\$	
Year 5			\$	
Year 6			\$	
Year 7			\$	

## Section 7: Employment Accommodations

This section captures information on the employment accommodations that the client receives in the workplace. Check all applicable boxes.

“Subsidy” and “Special Condition” refer to specific Social Security Work Incentives. See the SSA Red Book for further details.

## Section 8: Transportation

In this section include information about the client’s transportation to work. Clients needing transportation can receive transportation services through APD when no other community, natural, or generic support is available to provide transportation.

**Transportation Provider Name:** Family members or friends are considered transportation providers if they provide transportation to or from work.

**Transportation Paid By:** If family members or friends provide unpaid transportation select “natural supports.” If the client pays the family member or friend for transportation, select “client.”

## Section 9: Employee Performance & Career Advancement

This section captures periodic performance review information and the career interests of the client for future planning.

## Client's Periodic Performance Review

There may not be any performance review information available when the initial ESP is developed. However, over the course of a support plan year, it is expected that the client will receive periodic performance reviews.

## Career Interests & Future Planning

Individuals with disabilities must have opportunities for career advancement like anyone else. The SEC must ensure that the client is consistently informed about career opportunities that align with their interests and goals.

**Method for Assuring that Client is Informed of Choice:** Document the method of sharing information on career advancement opportunities and of ensuring that the client is able to make informed choices about their job and career.

## Section 10: Social Security Administration Information

This section captures information related to the client's Social Security benefits, and the utilization of work incentives. SECs must ensure that the clients they serve are aware of and encouraged to use the various work incentives and employment planning tools that are available.

### Representative Payee Information

A *representative payee* (also known as a rep payee) is a person or entity appointed to manage SSA benefits on behalf of an individual. For more information, visit [SSA.gov](http://SSA.gov).

*Who is the client's representative payee?* Do not assume that someone is the representative payee. You must verify this role with the client and family. The information is also on the person's Benefits Planning Query (BPQY), available from the local SSA office or by calling 1-800-772-1213.

### Social Security Administration (SSA) Benefits Information

Enter the requested information in the table provided. If a specific contact person is not available for SSI or SSDI, write "N/A."

**The 2019 Working People with Disabilities Legislation** increases the Medicaid monthly income limit up to 550% of the Federal Benefit Rate (FBR) for individuals with earned income through paid employment. Cash assets can be up to the amount of \$13,000 for a single individual and \$24,000 for a couple. These higher limits mean that individuals with disabilities no longer have to worry about losing their Medicaid benefits if they earn a higher income (up to

\$52,404 per year as of 2021), or if they save more than \$2,000 for a larger purchase. Although SSA benefits may be terminated for individuals with higher incomes and assets, Medicaid eligibility allows the individual to continue to receive medically necessary services. More information is available on the APD website at:

<https://www.apd.myflorida.com/providers/supported-employment/>.

## SSA Work Incentives

**Select all applicable SSA Work Incentives:** Review Social Security work incentives and include all incentives that the client is eligible to receive. For information on Social Security work incentives, download a copy of the current Red Book from SSA.gov.

Use the table to document the use and purpose of the work incentives used or reasons for the lack thereof.

Applicable Work Incentives	Utilized?				Reason for use or justification for non-use
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

## Notes on Reporting of Wages and Work Incentives

**Who is responsible for reporting wages and work incentives on a monthly and quarterly basis?** Provide the name of the person responsible for reporting wages each month and work incentives on a quarterly basis.

**Notes:** Provide detailed notes on the reporting of wages and work incentives to the Social Security Administration. Describe how and when reporting will occur, and follow-up actions to ensure that there are no issues or concerns.

## Section 11: Agency Supports

This section captures contact information for the client’s agency support providers, and important dates related to the ESP.

### Waiver Support Coordinator (WSC)

**WSC** contact information is vital to service delivery. The ESP must be submitted to the WSC within 30 days of the receipt of the support plan. Any time updates and changes are made to employment services the ESP must be updated and submitted to the WSC before the changes are implemented.

## Vocational Rehabilitation (VR)

**VR Counselor:** Record the VR Counselor's contact information if it is available. However, if the client completed VR services years ago, it may be difficult to obtain this information.

## Agency for Persons with Disabilities (APD)

**Employment Liaison:** Each APD area (field office) has an employment liaison. The names and contact information are located at the following link: <http://apdcares.org/region>.

## Important Dates

Enter the requested dates and information.

**Reason for VR Denial:** Recall that a client seeking Supported Employment must first exhaust available resources through the Division of Vocational Rehabilitation. If the Client was denied VR services, and the reason is known, enter the reason for denial.

## Section 12: Signatures

The ESP must be completed and signed within 30 days of receipt of the support plan and annually thereafter, at the time of support plan update.

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## Frequently Asked Questions

### 1. Do I complete the ESP for clients in CDC+?

Yes. You must complete and submit the ESP for each client who receives Supported Employment services through your agency. This is required for billing eligibility.

### 2. What is the process for submitting the completed ESP?

Complete the ESP electronically. Print the ESP and obtain signatures. Scan the signed ESP. Using secure email, submit the completed, signed ESP to:

- a. the Employment Liaison in your [APD Regional Office](#) AND
- b. the client's Waiver Support Coordinator or Waiting List Support Coordinator.

The original, signed ESP remains in your SE file to be reviewed by Delmarva.

### 3. What is the difference between Phase 1 and Phase 2 Supported Employment Services?

The two phases are defined in the iBudget Handbook which is located under “Links” on APD’s website: <http://apdcares.org/providers/enrollment/>. In most instances, VR or DOE is responsible for funding Phase 1. APD funds Phase 2 services.

#### **4. Can my agency be paid through the waiver for job development?**

Several criteria must be met in order for APD to fund Phase 1 (Job Development) services:

- a. Funding must have been attempted and denied through VR
- b. VR denial of funding must be documented in the individual’s APD file (a notation stating that denial is confirmed with VR)
- c. VR benchmarks may not be used following denial

Your agency’s supervisor should be familiar with the rules. However, we suggest that you read the Supported Employment portion of the iBudget Handbook and talk to your supervisor.