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Partners with Business: Assessing Current Job Site Supports

Partners with Business Pilot Participant: _____

Before negotiating paid coworker supports, first document the current supports provided:

- ✓ When, very specifically, throughout the day the coach is providing support
- ✓ The nature of the support needed (task related, social/emotional/behavioral related, or health/safety/personal care related)
- ✓ The type of intervention the coach uses
- ✓ How long that intervention lasts (in minutes)
- ✓ Potential coworkers in proximity or available who could provide that support

When Support Need Occurs	Reason for Support	Intervention/Type of Prompt Used	Duration of Support Provided	Potential Coworkers Available

Once you've documented current supports, as a team consider:

1. What additional (or more consistent) systematic instruction can be implemented to support learning and independence?
 - a. How are we collecting and analyzing data?
 - b. Are we using the right prompts?
 - c. Are coaches being consistent?
 - d. Are we omitting prompts and pairing prompts together to work up the prompt hierarchy?

Partners with Business: Assessing Current Job Site Supports

- Article on Implementing Systematic Instruction:
<http://www.letsgettoworkwi.org/wp-content/uploads/2019/02/SystematicInstructionTrainingandMotivation.pdf>
- Instructional Techniques in Job Coaching (A how to on using the prompt hierarchy)
<http://www.letsgettoworkwi.org/wp-content/uploads/2019/02/Instructional-Techniques-in-Job-Coaching.pdf>

2. What additional assistive technology can be used? Have we considered creative approaches for no tech, low tech, high tech AT?

- Ask JAN (Call, email, chat or search their SOAR database for guidance)
<https://askjan.org/>
- PACER Center's Assistive Technology Resource Page
<https://www.pacer.org/students/transition-to-life/assistive-technology.asp>
- Using Assistive Technology for Executive Function Skills at Work
http://www.ctdinstitute.org/sites/default/files/file_attachments/Getting%20Started%2C%20Executive%20Function%20Skills%20at%20Work.pdf

3. What additional self-maintenance strategies can be implemented?

- Self-Maintenance Planning Worksheet
www.thinkwork.org/sites/thinkwork.org/files/files/Self_Maint_Plan_Wksht.pdf

4. What additional natural supports and workplace inclusion can be developed?

- Natural Supports and Fading:
http://www.syntiro.org/uploads/6/7/3/7/67376897/natural_supports_and_fading_background_materials.pdf
- Assessing Work Culture:
https://www.thinkwork.org/sites/thinkwork.org/files/files/Assess_Workplace%20Culture%20FactSht%20040318.pdf

Partners with Business: Assessing Current Job Site Supports

- Workplace Inclusion Checklist:
https://employmentfirstma.org/files/Workplace_InclusionChecklis.doc

- DEVELOPING NATURAL SUPPORTS IN THE WORKPLACE: A MANUAL FOR PRACTITIONERS, Stephen Murphy, Pat Rogan, Marjorie Olney, Michelle Sures, Bryan Dague
<https://mn.gov/mnddc/parallels2/pdf/90s/93/93-DNS-COH.pdf>

Then, develop your plan for implementing new support strategies the jobsite:

When Support Need Occurs	Reason for Support	New Intervention to be used

After the plan is developed:

- ✓ Begin implementing the new strategies
- ✓ Track progress through documentation and data collection
- ✓ Assess progress every month: adjust plans accordingly and evaluate if and when to negotiate paid coworker supports

Partners with Business Support Plan

Employee Name:

Employee Job Title:

Name of Business/Employer:

Direct Supervisor's Name:

Phone:

Email:

Supported Employment (SE) Agency:

SE Agency Contact Person:

Phone:

Email:

Work schedule:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Start time							
Break time							
Lunch time							
End time							
Total work hours							

Description of the Supported Employee's Strengths, Learning Style, and Support Needs:

Workplace strengths and skills demonstrated on the job:

Learning style and effective instructional techniques to use:

Workplace support needs:

Description of Informal/Natural Supports on the Job:

Co-Worker(s) Designated to Provide Direct Supports: (add additional if more space is needed)

Name: _____ Job Title: _____

Contact Information: _____

Description of Supports Provided - when/for which task(s) this coworker will assist and how: _____

Duration of time spent providing formal supports each shift:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Monthly Partners with Business *Plus* reimbursement amount: _____

Name: _____ Job Title: _____

Contact Information: _____

Description of Supports Provided - when/for which task(s) this coworker will assist and how: _____

Duration of time spent providing formal supports each shift:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Monthly Partners with Business *Plus* reimbursement amount: _____

Supported Employment Agency Responsibilities:

Describe the responsibilities the Supported Employment Agency will have with the employer and the supported employee (e.g. co-worker training, frequency of check-ins and support plan reviews, back up supports, formal job coaching, etc.):

Additional Notes/Considerations:

Emergency Contact:

First emergency contact: _____ Relationship: _____
Home/Cell Phone: _____ Work phone: _____

First emergency contact: _____ Relationship: _____
Home/Cell Phone: _____ Work phone: _____

Support Plan Completed by:

Date:

[Attach Partners with Business Agreement]

Purpose of this Agreement

The purpose of this agreement is to define the terms and responsibilities of [Supported Employment Agency] and [Employer] to reimburse the employer for supports provided by one or more designated supervisors and/or co-workers, to enable [supported employee] to maintain individualized, integrated employment with [Employer].

Parties Involved in this Agreement

Contact Information for Supported Employment Agency:

Contact Information for Employer:

Contact Information for Supported Employee:

Scope of Reimbursement

Reimbursement to the employer is only for supports that would otherwise be provided by a supported employment job coach. This does not include:

- Natural supports that have already been negotiated with the employer that are provided through coworkers and supervisors
- Supervisory and co-worker supports rendered as a normal part of the business setting that would otherwise be provided to an employee without a disability

Amount of Reimbursement

The amount of reimbursement to the Employer for supports is reflective of the specific needs the Supported Employee has for co-workers supports above and beyond negotiated natural supports and supervisory/co-worker supports otherwise available to employees without disabilities. This determination has been made based on a collaborative assessment conducted by the Supported Employment Agency and Employer of the job duties, level of independence, and job supports needed.

The reimbursement amount is based on the amount of time support is needed (in 15 minute increments) during an employee’s shift multiplied by the Employer’s gross costs to provide the support (i.e. the wages and overhead costs of the co-worker(s) providing the support). For example:

A supported employee works 6-hour shifts, 4 days per week. Over the course of his 6-hour shift, he needs 1 hour of formal, intermittent support throughout his shift to ensure he finishes work tasks, provide redirection, and prompting

to move onto his next responsibility. The Employer determines that it would cost him \$22 (wages, taxes, benefits) for a coworker to provide this needed support to the supported employee. Therefore, the Employer is reimbursed \$22 for every shift the supported employee works. 18 shifts worked x \$22 per shift = \$396 monthly reimbursement to the Employer.

1	Supported Employee's total hours per week	
2	Number of hours of co-worker paid support needed per week (by 15 minute increments)	
3	Cost to Employer to provide co-worker supports	
4	Total monthly reimbursement amount (multiple line 2 by 3)*	

*The reimbursement will reflect the actual hours worked of Supported Employee. The reimbursement rate is increased or decreased based on the actual work hours reported by the Employer to the Supported Employment agency each month.

Method of Payment

The Employer will send the invoice provided (attached to this agreement)¹ to the Supported Employment agency by the _____ of each month, indicating the number of hours worked by the Supported Employee in the previous month. The Supported Employee will issue payment to the Employer within 30 days of receipt.

Duration of Agreement

This agreement begins on [date] and will be reviewed after 6 months and renewed annually by the Supported Employment Agency and Employer. This agreement can be modified with prior notice and a new agreement will be signed by all parties. This agreement will be terminated if:

- The Supported Employee's employment ends with the Employer
- The Supported Employee no longer requires paid co-worker supports
- The Supported Employee choses a different Supported Employment Agency to oversee Partners with Business supports with the Employer

Responsibilities of Supported Employment Agency

- Provide information about the Partners with Business support model
- Identify support needs of the Supported Employee (i.e. Job Support Assessment)
- Assist the Employer to identify possible supervisors/coworkers to provide supports
- Conduct background checks on possible supervisors/coworkers who may provide supports
- Keep details of the background checks confidential
- Notify the Employer which supervisor/coworker candidates can provide paid co-worker supports to the Supported Employee

¹ Invoice will contain the reimbursement calculation from this agreement

Partners with Business Agreement

- Develop and share a Partners with Business Employee Profile for the Supported Employee and the Employer
- Provide initial Partners with Business training to supervisors/coworkers who are providing supports, including:
 - Overview of supported employment, including values and best practices
 - Overview of Partners with Business, including what is covered and not covered for co-worker paid supports and expected outcomes
 - Overview of best practices for workplace support/coaching for maximum independence
 - Supported Employee specifics – communication and learning style, support needs
 - Role and availability of Supported Employment agency for follow along and back up supports
 - How to get in touch with Supported Employment agency when needed
 - Required documentation (supported employee hours worked and progress reporting)
- Assist with transition from job coaching to co-worker paid supports
- Provide monthly check in/follow along services to evaluate progress and address concerns
- Obtain monthly invoice/progress report from Employer
- Process reimbursement to Employer within 30 days of invoice date
- Review agreement with Employer every 6 months
- Renew agreement annually with Employer
- Submit necessary reports to funder of Supported Employment services

Responsibilities of Employer

- Clearly identify the job responsibilities of the supported employee
- Directly hire the supported employee (at minimum wage or higher)
- Provide training and support to the Supported Employee that is typical of the training and supports provided to employees without disabilities at the business
- Identify specific supervisors or co-workers to provide support
- Allow supervisors/coworkers who will provide support to receive to receive Partners with Business training from the Supported Employment Agency
- Monitor the performance of the worker and co-worker support
- Notify the Supported Employment Agency if personnel changes occur and a new supervisor/coworker will be assigned to provide supports
- Contact the Supported Employment Agency if questions or concerns arise
- Assumes liability for supervisor/coworker actions and will not hold the Supported Employment Agency responsible for accidents or negligence resulting from the actions of supervisors/coworkers providing supports to the Supported Employee
- Submit monthly invoice/progress reports to the Supported Employment Agency by [date] each month.
- Review agreement with Supported Employment Agency every 6 months
- Renew agreement annually with Supported Employment Agency

Partners with Business Agreement

- Notify Supported Employment Agency in advance if changes to the agreement need to be made

Hold Harmless Provision

The Employer shall hold the Supported Employment Agency and its officers, board members, employees, and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with this Agreement, except for injuries and damages caused by the sole negligence of the Supported Employment Agency or its employees.

_____	_____	_____
Employer (Signature)	Printed name and title	(Date)
_____	_____	_____
Supported Employment Agency (Signature)	Printed name and title	(Date)
_____	_____	_____
Supported Employee and/or Guardian (Signature)	Printed name and title	(Date)

INVOICE

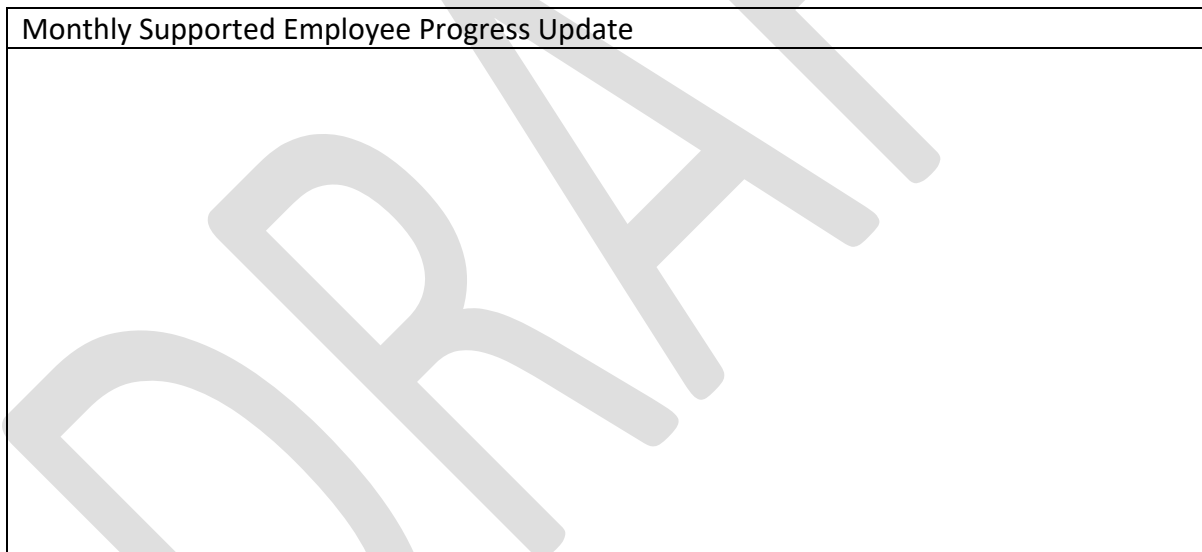
FROM:
Business Name
Address

INVOICE #
FEIN
DATE: 3/3/2017

TO:
Supported Employment Agency Name
Address

FOR:
Reimbursement for Partners with Business Supports
for [Name of Supported Employee]

Supported Employee's total hours worked in [month]	
Number of hours of co-worker paid support provided in [month]	
Hourly cost for Employer to provide co-worker supports	
Total reimbursement for [month]	

Monthly Supported Employee Progress Update


**Please make checks payable to [business name].
Thank you!**