2021 Individual Employment Data Survey (EDS)

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 employment and community goals.

Instructions

The EDS assessment process for 2021 will begin on January 1, 2021 and end December 31, 2021. As the Coordinator, you are responsible for conducting and submitting the assessment on each individual on your caseload who receives home and community based services through one of the 1915(c) waivers, CHOICES, or Employment and Community First CHOICES program. 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. In order for their annual EDS to be complete, questions 1 thru 12b must be submitted as part of their annual review. (Please refer to detailed instructions in each section of the survey below).

The assessment is to be conducted as part of the individual's support plan annual review. An additional assessment must be conducted within thirty (30) days of each change in employment status (e.g. when individual gains or loses employment). 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. When the pronoun "you" or "your" is used in the survey questions, the question is being asked of the individual supported through either the 1915(c) waivers, Employment and Community First CHOICES or the CHOICES program.

In order to be considered complete, the survey must be accurate and submitted into formstack using the links provided. **ALL SURVEYS FOR 2021 MUST BE ENTERED INTO FORMSTACK BY December 31, 2021.**

If you have questions please reach out to your organization's leadership. For further assistance, please contact TennCare Long Term Services and Supports at: LTSSHCBS.SettingsQuestions@tn.gov

2021 Individual Employment Data Survey (EDS)

Section A – General Information	
1. What is your name: Use FULL LEGAL name only, enter in this format: First name, Last name		
2. What is your social security number: Enter full nine digit social security number using numbers only. No letters or dashes.	
3. What is your date of birth: Enter using this format: MM/DD/YYYY	
4. Please indicate the LTSS program in which you are enrolled:	**Select one:** ☐ CHOICES Group 1 ☐ CHOICES Group 2 ☐ CHOICES Group 3 ☐ ECF CHOICES Group 4 ☐ ECF CHOICES Group 5 ☐ ECF CHOICES Group 6 ☐ ECF CHOICES Group 7 ☐ ECF CHOICES Group 8 ☐ Comprehensive Aggregate Cap Waiver (CAC) ☐ Statewide Waiver ☐ Self-Determination Waiver
5. Date survey completed: Enter using this format: MM/DD/YYYY	
6. Reason for completing this survey: (If Change in Employment Status: if Employment Status Change: Job loss is checked, please answer questions 6a and 6b)	☐ Annual ☐ Employment Status Change: new paid Job/Employment ☐ Employment Status Change: Job loss
6a. Why did your employment end?	☐ You ended your employment ☐ The employer ended your employment
6b. Please share why your employment ended: (e.g. employer downsizing, you wanted to do something different)	
7. Name of person conducting survey: Enter using this format: First name, Last name	
7a. Title of person conducting survey:	**Select one:** ☐ ISC (DIDD Waiver) ☐ Case Manager (DIDD Self-Determination Waiver) ☐ Care Coordinator (CHOICES) ☐ Support Coordinator (Employment and Community First CHOICES)
7b. Name of organization person conducting survey represents:	**Select one:** ☐ Amerigroup ☐ BlueCare

	☐ United Healthcare ☐ ISC Agency ☐ DIDD
7c. If an ISC agency, select the name of the agency:	
8. Number of months the person conducting survey has been assigned to supporting the individual surveyed:	
9. Region you reside in:	**Select one:** ☐ East ☐ Middle ☐ West
10. Is someone assisting you with responding to the survey? If no, skip to question 11. If yes, answer 10a and 10b.	☐ Yes ☐ No
10a. If yes, what is the name of the person assisting? Enter using this format: First name, Last name	
10b. What is your relationship to the person assisting?	**Select one:** ☐ Child ☐ Parent/Guardian ☐ Spouse/Partner ☐ Other Family ☐ Friend ☐ Direct Service Professional ☐ Conservator (unpaid/natural support) ☐ Conservator (paid/service provider) ☐ Other
11. Do you have any of the following as a goal in your PCSP/ISP?	☐ Apprenticeship (paid, on-the-job training program) ☐ Employment (paid job) ☐ Volunteer (unpaid job) ☐ Internship (paid or unpaid) ☐ No, I do not have any of the above goals in my PCSP/ISP.
12. Are you age 62 or older? If no, skip to question 13. If yes, answer 12a and 12b.	☐ Yes ☐ No
12a. Are you interested in having a paid job in the community? If yes, continue to complete the remainder of the EDS.	☐ Yes ☐ No

If no, please end the survey and submit online via formstack. Note: Individuals 62 and older who are not currently working <u>and</u> are not interested in working will not be asked to complete the remainder of the Employment Data Survey.	
12b. Do you currently have a paid job in the community? Note: Individuals 62 and older who are not currently working <u>and</u> are not interested in working will not be asked to complete the remainder of the EDS.	☐ Yes ☐ No
13. Do you currently receive any employment-related services? If no, skip to question 14. If yes, answer 13a – 13f.	☐ Yes ☐ No
13a. What employment services are you currently receiving?	**1915(c) Waivers:** ☐ Supported Employment-Individual: Exploration ☐ Supported Employment-Individual: Stabilization and Monitoring ☐ Supported Employment-Individual: Discovery ☐ Supported Employment-Individual: Job Development ☐ Supported Employment: Small Group **Employment and Community First CHOICES:** ☐ Exploration ☐ Discovery ☐ Situational Observation and Assessment ☐ Job Development Planning ☐ Self-Employment Planning ☐ Job Development Start-Up ☐ Self-Employment Start-Up ☐ Job Coaching for Individual Integrated Employment ☐ Job Coaching for Self-Employment ☐ Co-Worker Supports ☐ Career Advancement ☐ Benefits Counseling ☐ Supported Employment – Small Group ☐ Integrated Employment Path Services ☐ Non-Medicaid Reimbursed Services

13b. If you receive 1915(c) waiver or Employment and Community First CHOICES employment services, please select the name of your service provider:	Enter Provider Name:
13c. Provider Medicaid ID #:	
13d. Do you have more than one employment services provider? If yes, answer 13e and 13f. If no, skip to question 14.	☐ Yes ☐ No
13e. Please select the name of the second 1915(c) Waiver or Employment and Community First CHOICES employment service provider (if applicable).	Enter Provider Name:
13f. Second provider's Medicaid ID #:	
14. Are you currently receiving any employment services through Vocational Rehabilitation? If yes, complete questions 13a through 13c.	☐ Yes ☐ No
14a. Please share what services you are receiving through Vocational Rehabilitation.	
14b. Please share how you use these services.	
14c. Please share how these services are or have been helpful in getting and keeping a job.	

A Job in the Community

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

"A Paid 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.

Do you have a paid job in the community? 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 yes, complete Section B. If no, skip to Section C.	☐ Yes ☐ No

Section B – Questions About Employment	
1. What is your current hourly wage? Enter using $0.00 format.	
2. Is your job integrated in the community? 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.	☐ Yes ☐ No
3. What type of work do you do?	☐ Arts ☐ Automotive ☐ Communications ☐ Social Services ☐ Maintenance ☐ Janitorial ☐ Government ☐ Office/Clerical ☐ Food services ☐ Retail ☐ Hospitality ☐ Agriculture ☐ Manufacturing ☐ Healthcare ☐ Education ☐ Other:
4. What is the name of your employer?	

For example, "St. Thomas Hospital" or "Walgreens"	
5. On average, how many hours per week do you work?	
6. Have you received benefits counseling to understand how your wages affect the Social Security benefits you receive?	☐ Yes ☐ No
7. What additional supports help you to be successful on your job?	Check all that apply: ☐ I do not need supports to maintain my job ☐ Enabling Technology (e.g. sensors, remote caregiving support) ☐ Assistive/Adaptive equipment (e.g. cane, walker, wheel chair) ☐ Job coaching (a paid staff person supports you to keep the job) ☐ Co-worker supports (a co-worker supports you to keep the job) ☐ Transportation ☐ Personal Care/Personal Assistance ☐ Other:
8. Please tell us how you get to and from your job:	Check all that apply: ☐ I drive myself ☐ I take public transportation ☐ My transportation is provided by a service provider agency ☐ My transportation is provided by a natural support (friend, neighbor, family member, co-worker) ☐ I use Consumer-Directed transportation and get a monthly payment to buy my transportation ☐ Other:
9. Is there anything related to employment you want to share?	

Please STOP here if the individual is currently employed in an integrated setting and earning competitive wages (minimum wage or higher).

Section C – Questions for members who do NOT have a job.	
1. Would you like a paid job in the community? 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 involve co-workers without disabilities (excluding paid staff) is also not considered a job in the community. If no, answer question 1a.	☐ Yes ☐ No
1a. If you do NOT want a paying job in the community, what is the reason?	**Check all that apply:** ☐ Transportation challenges ☐ Accessibility ☐ Health limitations (i.e. health issues) ☐ Not enough support (i.e. family is nervous about me working) ☐ Feeling unwelcome in the community ☐ Feeling unsafe ☐ No jobs currently available ☐ Lack of information (i.e. not sure what I want to do) ☐ Retired ☐ Financially secure ☐ Don't want to affect current benefits ☐ Likes what currently does and doesn't want change (i.e. do not want to change current routine) ☐ Lack of equipment
2. Have you experienced barriers to employment? If yes, answer question 2a	☐ Yes ☐ No
2a. If yes, what are the barriers to employment that you have experienced? If "I do not have the support that I need" is selected, please answer question 2b	**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 concerned about me working ☐ I need transportation ☐ I do not want to leave my friends ☐ I do not want to change my current routine ☐ Medical related reasons ☐ Behavioral related reasons ☐ Job market related issues ☐ I do not have the support that I need. ☐ Other:
2b. Please describe the support you need:	

3. Are supports/services helping you to overcome barriers to employment? If yes, answer question 3a If no, answer question 3b	☐ Yes ☐ No ☐ I do not have any barriers to employment
3a. If yes, what services/supports are helping you to overcome barriers to employment?	
3b. If no, what would be helpful in overcoming those barriers?	
4. In what kinds of activities are you involved in during typical work hours?	Check all that apply: ☐ Not involved in other activities ☐ Creative outlets (e.g. art, music, drama) ☐ Advocacy ☐ Career exploration ☐ Outdoor activities ☐ Other type of day program ☐ Social groups (e.g. neighborhood association, book club) ☐ Physical activities (e.g. sports or fitness) ☐ Volunteering ☐ Other:
5. Are you interested in volunteering in the community?	☐ Yes ☐ Already involved in volunteering ☐ No