

**Westside Regional Center
Program Design Addendum Checklist
Paid Internship Program**

Provider:

Contact:

**Vendor
Number:**

E-Mail:

**Proposed
Services:**

Paid Internship Program

Svc Code:

-pip

WRC USE: Date Program Design Addendum Rec'd: _____

GUIDELINES:

The purpose of the Paid Internship Program is to increase the vocational skills and abilities of the clients who choose, via the Individual Program Plan (IPP) process, to participate in an internship.

The goals of the Paid Internship Program include the acquisition of experience and skills for future employment, or for the internship itself to lead to full-time or part-time competitive integrated employment in the same job.

Internship placements will be transitioned into competitive integrated work environments. Competitive integrated employment is full-time or part-time work for which an individual is paid minimum wage or greater directly by the employer, in a setting with others who do not have disabilities.

Internship wages will be, at least, state or local minimum wage.

Vendor agency will work with all businesses participating in the Paid Internship Program to comply with California State laws.

Client internship placement must match IPP goals and meet WRC QA review criteria.

Pending the identification and development of an appropriate internship position, if the client is interested in receiving services (or continuing to receive services) through the vendor, the vendor will serve clients, as agreed to by the client, under service codes:

- 063, Community Activities Support Services
- 505, Activity Center
- 510, Adult Development Center
- 515, Behavior Management Program
- 950, Group Supported Employment

- 952, Individual Supported Employment
- 102, Tailored Services
- 605, Adult Day & Individualized Services

Any clients currently receiving services through a vendor's Work Activity Program (954 Service Code), can continue to receive services through this program pending the identification and development of an appropriate internship position.

Description of the vendor's intake and assessment process, to include services and supports to be provided in assisting clients to identify and develop appropriate internship positions pursuant to the IPP of each client. Attach copies of any assessments or evaluations utilized during this process.

Vendor will provide internship position identification and development services under service codes:

- 063, Community Activities Support Services
- 505, Activity Center
- 510, Adult Development Center
- 515, Behavior Management Program
- 950, Group Supported Employment
- 952, Individual Supported Employment
- 954, Work Activity Program
- 102, Tailored Services
- 605, Adult Day & Individualized Services

Vendor entrance and exit criteria will describe and address:

- 1) Ages of participants to be served
- 2) Pre-requisites required for participating in the program
- 3) Level of self-care skills required for participation in the program, including:
 - a) Eating/Feeding
 - b) Toileting/Changing
 - c) Administration of Medications
- 4) Level of physical and medical conditions required for participation in the program, including:
 - a) Restricted Health Conditions

b) Special Health Needs

c) Ambulatory Status, and

5) Level of behavioral characteristics required for participation in the program.

Vendor will notify WRC once an appropriate internship position has been identified and developed, pursuant to the IPP of each individual client, so that the existing authorization can be cancelled and a Purchase of Service (POS) request can be processed with the -PIP subcode.

Vendor will notify WRC immediately if a client voluntarily resigns or is terminated from his/her internship position so that the authorization for the Paid Internship Program is cancelled and a POS can be issued again, as agreed to by the client, for:

- 063, Community Activities Support Services, or
- 505 Activity Center, or
- 510, Adult Development Center, or
- 515, Behavior Management Program, or
- 950, Group Supported Employment, or
- 952, Individual Supported Employment
- 102, Tailored Services
- 605, Adult Day & Individualized Services

Vendor will provide adult day services during the time that the client is not participating in paid internship work, if requested by the client (i.e., the client only works 15 hours, adult day services will be provided for the remaining 15 hours).

Vendor will attach a copy of the job descriptions for the positions that will be supporting clients that participate in the Paid Internship Program.

Vendor will describe the staffing ratio(s) i.e., 1:1, 1:2, etc.

Vendor will assist client with managing Social Security benefits and accessing support as needed.

Vendor will describe the method through which the clients will be paid:

- a. By the employer (paid internship entity) ***preferred***, or
- b. By Financial Management Services (FMS), or
- c. By the vendor

Vendor will report to WRC and DDS by October 1, 2017, and each October 1 annually, the following:

1. Types of internship placements, including the setting and type of work performed.
2. Length of internships.
3. Demographic information of interns.
4. Payment amount of each intern placed, specified by wages and payroll costs, if any. Copies of pay stubs and costs will be requested.
5. Employment-related supports provided to the intern by any agency, the vendor, or individual.
6. Number of interns who subsequently entered paid employment, including salary, benefit information, and employment start date.
7. Number of interns placed who might not have otherwise achieved placement without an internship program, including a description of what was successful.
8. Any additional information, as determined by the Department of Developmental Services.

VENDOR PROCESS & DESCRIPTION:

Please respond briefly to the following:

I. Program Description

- A. Program Purpose and Goals:
- B. Types of Internships:
- | | |
|---|--|
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Self-Employment |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Microenterprise |
| <input type="checkbox"/> Other: | |
- C. Length of Internships: While each internship will be tailored to the individual needs of the intern; please state your recommendation for the ideal length of an internship.
- D. Transportation Access: How will you support interns in accessing transportation to work sites?

II. Referral and Intake

- A. Referral Process: Please describe how you will receive and respond to referrals for internships.
- B. Entrance Criteria: Please describe your program's entrance requirements as well as any limitations on your ability to provide support for individuals who require assistance with personal care, behavioral intervention, medical supervision, etc.
- C. Intake Process: Please describe the step-by-step process an individual would need to go through to participate in the program.
- D. Program Capacity: What is the maximum number of interns the program will support at any given time?

III. Staffing

- A. Job Descriptions: Please attach copies of new and/or updated job descriptions for personnel who will support the internship program.
- B. Staff Supervision: Please describe how direct service staff will receive supervision.

- C. Staffing Ratios: Please describe how staff to participant ratios will be determined as well as any circumstances under which that ratio might change.

IV. Person-Centered Planning

- A. Participant Choice: Describe how internship opportunities will be person centered and support the individualized employment goals of the person served.
- B. Skills Assessment: How will individual skills and strengths be assessed prior to internship placement?
- C. Assessment of Progress: Describe how progress toward IPP goals will be measured as well as the role of the intern in this assessment.
- D. Supports Available: Describe how you will meet the individualized support needs of the interns.
- E. Change in Internship: Describe the process by which an intern may change internships and for what reasons.

- V. Exit Criteria: Describe the conditions under which an individual would exit the internship program (e.g. individual choice, maximum achievement, changes in need for behavioral support, changes in level of personal or medical care requirements, etc.)

VI. Documentation

- A. Data Collection: What types of individual and program data will you collect and maintain and at what intervals? Please attach samples of reports, forms, logs, etc. that will used in data collection.
- | | |
|--|--|
| <input type="checkbox"/> Pay Stubs | <input type="checkbox"/> Type of Work Performed |
| <input type="checkbox"/> Internship Setting | <input type="checkbox"/> Types of Support Provided |
| <input type="checkbox"/> Intern Satisfaction | <input type="checkbox"/> Exit Reasons |
- B. Data Sharing: How will collected data be shared with the WRC Employment Specialist?
- C. Confidentiality: Please describe how security and confidentiality of records and HIPAA information will be maintained.

VII. Program Evaluation

- A. Evaluation Method: Describe the method by which the effectiveness of the program will be evaluated and attach a current or proposed evaluation form or survey.

- B. Grievance Procedure: Describe the participant grievance procedure.

COMMENTS: _____

WRC USE ONLY:

First Review:

Reviewed By: _____

Program design APPROVED on: _____

Revisions necessary. DUE BACK BY: ____ _____

Signature of Reviewer: _____ Date: _____

2nd Review:

Reviewed By: _____

Program design APPROVED on: ____ _____

Revisions necessary. DUE BACK BY: ____ _____

Signature of Reviewer: _____ Date: _____

Cc: Service Provider file