

2022 Individual Employment Data Survey (EDS)

TennCare & DIDD want 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 2022 will begin on January 1, 2022 and end December 31, 2022. As the Care Coordinator, Support Coordinator, Case Manager, or Independent Support 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) or 1115 Waivers MLTSS programs. Individuals under age 16 or 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 through 11b must be submitted as part of their annual review. Please refer to detailed instructions in each section of the survey below.

The initial assessment is to be conducted within the first sixty (60) days of enrollment. An additional assessment must be conducted within thirty (30) days of each change in employment status (e.g., when the individual gains or loses employment). The EDS should also be completed yearly as part of the individual's person-centered support plan (PCSP) annual review. 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 one of the MLTSS programs overseen by TennCare and DIDD.

In order to be considered complete, the survey must be accurately completed in Formstack. If a paper survey is completed, results must be entered into Formstack no later than five (5) business days after completion of the survey. **ALL SURVEYS FOR 2022 MUST BE ENTERED INTO FORMSTACK BY DECEMBER 31, 2022.**

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

2022 Individual Employment Data Survey (EDS)

Section A – General Information	
<p>1. What is your name? Use FULL LEGAL name only, enter in this format: First name, Last name</p>	
<p>2. What is your social security number? Enter full nine-digit social security number using numbers only. No letters or dashes.</p>	
<p>3. What is your date of birth? Enter using this format: MM/DD/YYYY</p>	
<p>4. Please indicate the Long-Term Services and Supports (LTSS) program in which you are enrolled:</p>	<p>Select One:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Comprehensive Aggregate Cap Waiver <input type="checkbox"/> Self-Determination Waiver <input type="checkbox"/> Statewide Waiver <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"/> ECF CHOICES Group 7 <input type="checkbox"/> ECF CHOICES Group 8
<p>5. Date survey completed: Enter using this format: MM/DD/YYYY</p>	
<p>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)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> New Enrollment <input type="checkbox"/> Annual Review <input type="checkbox"/> Employment Status Change: New paid Job/Employment <input type="checkbox"/> Employment Status Change: Job loss
<p>6a. Why did your employment end?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> You ended your employment. <input type="checkbox"/> The employer ended your employment.
<p>6b. Please share why your employment ended: (e.g., employer downsizing, you wanted to do something different)</p>	
<p>7. Name of person conducting survey: Enter using this format: First name, Last name</p>	
<p>7a. Title of person conducting survey:</p>	<p>Select one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent Support Coordinator (CAC & Statewide Waivers) <input type="checkbox"/> DIDD Case Manager (SD Waiver) <input type="checkbox"/> Care Coordinator (CHOICES)

Section A – General Information	
	<input type="checkbox"/> Support Coordinator (ECF CHOICES)
7b. Name of organization person conducting survey represents:	Select one: <input type="checkbox"/> DIDD <input type="checkbox"/> Independent Support Coordination Agency <input type="checkbox"/> Amerigroup <input type="checkbox"/> BlueCare <input type="checkbox"/> United HealthCare
7c. If an ISC agency, enter the name of the agency:	
8. Region you reside in:	Select one: <input type="checkbox"/> East <input type="checkbox"/> Middle <input type="checkbox"/> West
9. Is someone assisting you with responding to the survey? If no, skip to question 10. If yes, answer 9a and 9b.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9a. If yes, what is the name of the person assisting? Enter using this format: First name, Last name	
9b. What is your relationship to the person assisting?	Select one: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other Family <input type="checkbox"/> Friend <input type="checkbox"/> Direct Service Professional <input type="checkbox"/> Conservator (unpaid/natural support) <input type="checkbox"/> Conservator (paid/service provider) <input type="checkbox"/> Other
10. Do you have any of the following as a goal in your PCSP?	<input type="checkbox"/> Apprenticeship (paid, on-the-job training program) <input type="checkbox"/> Employment (paid job) <input type="checkbox"/> Volunteer (unpaid job) <input type="checkbox"/> Internship (paid or unpaid) <input type="checkbox"/> No, I do not have any of the above goals in my PCSP
11. Are you age 62 or older? If no, skip to question 12. If yes, answer 11a.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section A – General Information

11a. Are you interested in having a paid job in the community?
 If yes, continue to complete the remainder of the EDS.
 If no, please end the survey and submit online via Formstack.

Yes
 No

Note: Individuals 62 and older who are not currently working and are not interested in working will not be asked to complete the remainder of the Employment Data Survey.

11b. Do you currently have a paid job in the community?
 If yes, continue to complete the remainder of the EDS. If no, please end the survey and submit online via Formstack.

Yes
 No

Note: Individuals 62 and older who are not currently working and are not interested in working will not be asked to complete the remainder of the Employment Data Survey.

12. Do you currently receive any employment-related services?
 If no, skip to question 13. If yes, answer 12a – 12e.

Yes
 No

12a. What waiver funded employment services are you currently receiving? 1915(c) Waiver Members Only

1915(c) Waivers:

- Supported Employment-Individual: Exploration
- Supported Employment-Individual: Discovery
- Supported Employment-Individual: Job Development
- Supported Employment-Individual: Job Coaching
- Supported Employment-Individual: Stabilization and Monitoring
- Supported Employment-Small Group

12b. What waiver funded employment services are you currently receiving? ECF CHOICES Members Only

ECF CHOICES:

- Exploration
- Discovery
- Situational Observation and Assessment
- Job Development or Self-Employment Plan
- Job Development or Self-Employment Start Up

Section A – General Information	
	<input type="checkbox"/> Job Coaching <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
12c. If you receive employment services, please enter the name of your service provider:	
12d. Do you have more than one employment services provider? If yes, answer 12e. If no, skip to question 13.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12e. Please enter the name of the second employment service provider (if applicable).	
13. How many hours per week of on the job employment supports do you receive, on average?	
14. Are you currently receiving any employment services through Vocational Rehabilitation? If yes, complete question 14a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14a. Please share what services you are receiving through Vocational Rehabilitation.	
15. Are you currently receiving any additional employment related services? (e.g. Project SEARCH, TCAT, Internships, AJC, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15a. If yes, please share what services you are receiving.	

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.

<p>Do you have a paid job in the community?</p> <p>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.</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	
<p>1. What is your current hourly wage? Enter using \$0.00 format.</p>	<p>\$ per hour.</p>
<p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. What type of work do you do?</p>	<input type="checkbox"/> Arts <input type="checkbox"/> Automotive <input type="checkbox"/> Communications <input type="checkbox"/> Social Services <input type="checkbox"/> Maintenance <input type="checkbox"/> Janitorial <input type="checkbox"/> Government <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Food services <input type="checkbox"/> Retail <input type="checkbox"/> Hospitality <input type="checkbox"/> Agriculture <input type="checkbox"/> Manufacturing <input type="checkbox"/> Healthcare <input type="checkbox"/> Education <input type="checkbox"/> Other: Click or tap here to enter text.

Section B – Questions About Employment

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?

work hours per week.

6. Have you received benefits counseling to understand how your wages affect the Social Security benefits you receive?

- Yes
 No

6a. If you have not received benefits counseling, would this be something you are interested in receiving?

- 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 coaching support)
 Assistive/Adaptive equipment (e.g., cane, walker, wheelchair)
 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: [Click or tap here to enter text.](#)

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: [Click or tap here to enter text.](#)

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.

Section C – Questions for Individuals 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.

- Yes
 No

If no, answer question 1a.

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
- I like what I currently do and don't want change (i.e., do not want to change current routine)
- Lack of equipment
- Still in school

2. Have you experienced barriers to employment?

If yes, answer question 2a.
 If no, answer question 4.

- 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 3b.

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. (Answer 3b.)
- Other: [Click or tap here to enter text.](#)

<p>3. Are supports/services helping you to overcome barriers to employment? If yes, answer question 3a If no, answer question 3b</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not have any barriers to employment</p>
<p>3a. If yes, what services/supports are helping you to overcome barriers to employment?</p>	
<p>3b. If no, what would be helpful in overcoming those barriers?</p>	
<p>4. What kinds of activities are you involved in during typical work hours?</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not involved in other activities <input type="checkbox"/> Creative outlets (e.g. art, music, drama) <input type="checkbox"/> Advocacy <input type="checkbox"/> Career exploration <input type="checkbox"/> Outdoor activities <input type="checkbox"/> Other type of day program <input type="checkbox"/> Social groups (e.g. neighborhood association, book club) <input type="checkbox"/> Physical activities (e.g., sports, fitness) <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Other: Click or tap here to enter text.
<p>5. Are you interested in volunteering in the community?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Already involved in volunteering <input type="checkbox"/> No</p>

Thank you for your participation!