

Community Support Services

TRAINING FOR VR &
ESO PARTNERS

Before We Begin

- Read and familiarize yourself with the following CSS documents:
 - Guidance for the Provision of Vocational Rehabilitation - Community Support Services (revised 7/2024)
 - CSS Assessment and Plan
 - Report & Bill
- Have materials available during training

History

CSS is intended to address non-vocational areas that impact employability

Initially utilized by Brain Injury Services (BIS)

Only guidance document found in BIS Service Reference Manual

Last updated 2018

Services have been used without consistency, oversight, or documentable outcomes

Why

1

Maintain value
and flexibility of
CSS

2

Ensure consistent
statewide use

3

Provide practical
guidance for VR
and ESO partners

4

Document service
outcomes

5

Align with Serious
Functional
Limitations (SFLs)

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Guidance for Provision of CSS

Policy

- CSS can be used to establish eligibility, assess rehabilitation and career needs, or achieve and maintain an employment goal as established on the participant's IPE
- Provided individually by ESOs. DOES NOT include clinical, therapeutic, and behavioral health interventions
- Service areas should align with, and address participant needs related to DRS functional limitations

- CSS involves intensive one-to-one services
- Individualized to meet the participant's specific needs
- Areas to be addressed by the provision of CSS should be related to SFLs
- Services include comprehensive **Community Support Services Assessment** and individualized **CSS Plan**
- Provided on a short-term basis, with frequency and intensity of services fading as skills are developed


Definition

Service Provision

Support Team Approach

- The VRC develops “support teams” and to serve as an active team member
- Integrate services provided by case managers, residential providers, counselors, behavioral support providers, etc.

Quality Characteristics

- CSS should be subject to DRS informed choice policy and provided in age-appropriate, integrated community settings
 - Allow for the maximum participation of the participant
 - Services should be natural, non-intrusive, non-stigmatizing, and non-punitive
- 

Role of the VRC

- VRC partners with the participant, their legal representative if appropriate, and chosen CSS team members to determine the need for and potential to benefit from CSS.
- VRC uses a collaborative approach to determine if CSS is needed to establish eligibility, assess rehabilitation and career needs, or achieve an employment goal.
- VRC coordinates the provision of services by working with the participant to:
 - Select an ESO provider and obtain necessary releases,
 - Prepare referral documents and authorize for CSS Assessment,
 - Conduct a team meeting to discuss assessment findings and finalizing the CSS Plan
 - Monitor the provision of services, coordinating routine team meetings to monitor progress, and determine when to conclude services.

Role of the ESO

- Conduct a comprehensive CSS Assessment to identify current functional levels and support needs.
- Draft a CSS Plan that includes a description of specific interventions, desired outcomes, and strategy for skill retention
- Participate in a team meeting to review assessment findings and finalize the plan
- Provide intensive one-to-one services outlined in the plan
- Communicate routinely with VRC to identify barriers to achieving goals, problem-solve, amend the CSS Plan, and arrange/participate in team meetings
- Send written documentation to include CSS Assessment and Plan, RFAs, and monthly reports in a timely manner

Authorizations

Referral

- Two (2) hours may be authorized for review of referral information, an initial meeting with the participant, completion of ESO paperwork, as well as discussing roles, expectations, and how services will be provided.
- **DRS Service Item Code: A1205Ref**

Assessment / Plan

- Up to ten (10) hours may be authorized to conduct the assessment and to prepare a written CSS Plan and complete pre-rating. These hours do not have to occur in one month.
- Code used at conclusion of services to document post ratings, final outcomes, and steps for sustaining skills
- **DRS Service Item Code: A1205Plan**

Services

- After approval of the CSS Plan, hours can be authorized for the ESO to support the participant with achieving the identified service goals. Duration of services generally should not exceed six (6) months.
- **DRS Service Item Code: A1205Svcs**

Implementation of CSS Changes

- NEW CASES
 - As of November 1, 2024 (but no later than January 1, 2025), all new CSS referrals are expected to utilize new CSS codes and forms, however there will be a grace period for ESOs to adopt/implement these changes, which aligns with other ESO report changes, currently targeted for January 2025
- EXISTING CASES
 - Current cases receiving CSS services can begin using new codes immediately, but A1205 will be phased out in alignment with other ESO report changes, currently targeted for January 2025
 - Those concluding CSS services can continue to use existing codes and reports until January 2025. Any ongoing services beyond this date require counselor authorization under A1205Svc with implementation of new processes and forms
 - When CSS is on a participant's IPE, addition of new codes is NOT considered a substantial amendment.

Case Study

Ben is a 23 year old male with diagnosis of Autism, Generalized Anxiety, OCD, and ADHD.

Since graduating from high school, Ben has not made progress toward personal or vocational goals. He is seeking DARS services to build job readiness skills and explore realistic vocational options. To prepare for work, Ben will need to learn how to:

- navigate public transportation,
- become more independent in making and keeping appointments, and
- improve his communication skills with non-family members.

Ben's VRC has referred him to a local ESO to participate in CSS to assess and improve these pre-vocational skills.



CSS Assessment

Assessment Strategies for ESOs

Comprehensive Ecological Approach

- Use a comprehensive community approach relevant to the individual's environments and needs
- Consider information from multiple sources and validity/importance of each
- Utilized and gather data from various sources (assessment data, observations, interviews)
- Interviews with parents and/or stakeholders to gather information about functional, daily adaptive behavior
- Adaptive behavior scales related to specific skills (social skills, maladaptive behaviors, etc.)
- Direct, performance-based assessment of adaptive skills (direct tasks requiring self-care, money management, etc.)

An exception to completing a full Community Support Assessment can be given with manager approval documented with an ASN when:

- A previous CSS Assessment has been completed and targeted barriers need to be readdressed, and
- VRC, participant, and CSS team members agree that a full CSS Assessment is not warranted to address a specific need.

Exception to Assessment

Case Study - CSS Assessment

Ben's Job Coach scheduled an in-person meeting with Ben and his mother, Karen, at their home. Ben presented as anxious and reserved during the meeting, providing limited verbal answers and deferring to his mother often for more detailed information. In addition to conversation surrounding Ben's support needs and personal goals, his job coach arranged a follow-up appointment with only Ben.

During the subsequent meeting, Ben and his job coach met one-on-one to observe his communication skills (without intervention from his mother). During this meeting, Ben's job coach asked him to demonstrate his knowledge of public transportation by finding the website where bus routes are listed, identifying the bus stop closest to his home, and walking with his job coach from home to the bus stop to time the trip. Ben expressed anxiety about taking a test ride on the bus that day and declined the opportunity. After completing the day's activities, Ben and his job coach scheduled a follow-up appointment for a community outing. Ben used the Google calendar on his smart phone to document the appointment and was instructed to relay the information to his mother.

When expected to self-manage his schedule, Ben missed his next appointment with his job coach and needed to reschedule. During the next meeting, Ben and his job coach met at a local thrift store to discuss prices of objects, and practice communicating with non-family members by asking a sales associate for a price on an unmarked item, asking where to find specific products, and making conversation with another customer. Ben demonstrated significant anxiety with these activities. He required frequent prompting and de-escalation support from his job coach.

Division of Rehabilitative Services
COMMUNITY SUPPORT SERVICES ASSESSMENT AND PLAN - A1205Plan
 Participant: Ben Smith PID#: 123456

ASSESSMENT

Directions: This pre/post assessment is intended to be used in a holistic, collaborative manner by collecting data from communication with the participant and relevant stakeholders (parents/guardians, residential providers, case managers, etc.); direct observations of skills; and/or in conjunction with standardized assessment tools.

Definitions: (Enter the number that corresponds to the level of assistance needed into the pre- or post-rating column)

1. **"No Assistance"** means no help is needed.
2. **"Prompting/Structuring"** means prior to the completion of the action(s) described in the item, some verbal direction and/or some rearrangement of the environment is needed.
3. **"Supervision"** means that a helper must be present during the completion of the action(s) described in the item and provide only verbal direction, gestural prompts, and/or guidance.
4. **"Some Direct Assistance"** means that a helper must be present during the completion of the action(s) described in the item and provide some physical guidance/support (with or without verbal direction).
5. **"Total Assistance"** means that a helper must perform all or nearly all of the action(s) described in the item.

Frequency Ratings: (Check the appropriate frequency box for each functional limitation)

- "Rarely"** means that the behavior occurs quarterly or less.
"Sometimes" means that a behavior occurs once a month or less.
"Often" means that a behavior occurs 2-3 times a month.
"Regularly" means that a behavior occurs weekly or more.

Mobility Category: Due to my disability...	Pre-Rating	Post-Rating
I require assistance from others to get around in the community, home, or workplace. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input checked="" type="checkbox"/> Regularly	5	
I have been unsuccessful in attempts to prepare for or obtain a driver's license without special adaptations, accommodations, or special training. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	
I require specialized transportation. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	
I have not been able to learn to use or access public transportation needed for employment. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input checked="" type="checkbox"/> Regularly	5	
I rely on adaptive equipment. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	

Self Direction Category: Due to my disability...	Pre-Rating	Post-Rating
I require supervision on a constant basis. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	
I need supervision to begin and finish tasks, monitor own behavior, or make decisions. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input checked="" type="checkbox"/> Regularly	4	
I have serious difficulty working independently resulting in job loss. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	

I have serious difficulty shifting focus from one activity or task to the next without prompting. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	
I have serious difficulty adjusting to new situations or changes to the daily routine. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input checked="" type="checkbox"/> Regularly	4	
I am easily distracted/short attention span leading to repeatedly poor task completion. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	4	
My impatient/impulsive behaviors lead to repeatedly poor task completion. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	
I am unaware of negative consequences of decisions resulting in repeated poor task completion or job loss. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	

Self Care Category: Due to my disability...	Pre-Rating	Post-Rating
I need assistance from others to perform personal hygiene functions. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	
I need reinforcement or reminders to maintain appropriate personal hygiene. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	
I need assistance to dress myself. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	
I need assistance to feed myself. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	
I need assistance to comply with meds/treatment. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	
I need assistance to handle money or budgeting. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	
I require attendant care, assistive technology, or other devices for self-care. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	
I cannot live independently without supports. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input checked="" type="checkbox"/> Regularly	4	

Interpersonal Skills Category: Due to my disability...	Pre-Rating	Post-Rating
My significant social withdrawal has resulted in inability to prepare for or succeed in work. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input checked="" type="checkbox"/> Regularly	4	
I have poor relationships, inappropriate behaviors, or frequent conflicts with peers, co-workers, supervisors, and others leading to inability to prepare for or succeed in work. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input checked="" type="checkbox"/> Regularly	5	
I have difficulty interpreting and responding appropriately to behavior/communication of others or fails to understand obvious social cues. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input checked="" type="checkbox"/> Regularly	5	
I do not understand acceptable levels and types of interaction appropriate to worksite. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	4	
I require frequent intervention from a teacher or supervisor in order to manage behavior. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	
My personal behaviors have led to frequent legal problems. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	

My disability or related behavior causes others to avoid relationships or interactions. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	
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Communication Category: Due to my disability...	Pre-Rating	Post-Rating
I have severely impaired expressive or receptive communication, either oral or written. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	
I need speech, reading, sign language, or other visual cues to effectively communicate. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	
I am dependent upon adaptive technology to communicate effectively. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	
I have difficulty engaging in telephone conversations even with amplification. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	
I am not readily understood by others on first contact. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	

Work Tolerance Category: Due to my disability...	Pre-Rating	Post-Rating
I need modifications, adaptive technology and/or accommodations (not typically made for others) to perform duties. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	
I have difficulty performing at a consistent pace as required to meet production/quality standards. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	
I need frequent breaks to compose and organize self in order to maintain work. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	4	
I cannot tolerate sitting/standing/bending/reaching to do a job which others. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	

Work Skills Category: Due to my disability...	Pre-Rating	Post-Rating
I need significantly more support or supervision to learn and perform a job than normally required of persons of equivalent age, education, training, or experience. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	4	
I need rehabilitation technology, accommodations, or modifications to learn work skills. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	
I exhibit poor work habits resulting in a history of job loss (problems with attendance, timeliness, following instructions, etc.). Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	



CSS Plan

CSS Plan

Includes the following:

- Identify needs, desired outcomes, and interventions related to each functional limitation;
- Staff member responsible for the provision of CSS (i.e., the job coach);
- Method(s) of instruction/intervention used in the provision of specific skills training;
- Final outcomes based on interventions, strategies, and summary of skills at the conclusion of services; and
- Specific techniques for skill retention after initial CSS intervention.

Case Study - CSS Plan

Based on interviews and activities, Ben's job coach (JC) completed the CSS Assessment and Plan. The JC submitted this report to Ben's VRC and a team meeting was scheduled to discuss and agree upon this plan.

Ben's VRC authorized hours monthly for Ben and his JC to address these service goals. Monthly reports and direct communication from JC documented progress and occasional challenges.

Division of Rehabilitative Services
COMMUNITY SUPPORT SERVICES ASSESSMENT AND PLAN - A1205Plan
 Participant: Ben Smith PID#: 123456

PLAN

Functional Limitation: Mobility		
Needs:	Desired Outcomes:	Interventions:
Utilize Public Transportation.	Understand bus schedule and routes.	Download and navigate public transit app to determine appropriate route and bus schedule based on trip destination.
	Safely ride bus to/from desired locations.	Step 1: 3 accompanied bus rides Step 2: 2 independent bus rides to meet coach at known location Step 3: Ride bus independently to/from desired location

Final Outcome: _____
 Plan for Sustaining Skill: _____

Functional Limitation: Self-Direction		
Needs:	Desired Outcomes:	Interventions:
Independently manage personal appointments.	Establish routine system for documenting/tracking appointments.	Practice utilizing Google Calendar on smart phone and setting alarms as reminders of upcoming appointments.
	Relay relevant appointment information to Mom.	Ben will send Mom an "invitation" to calendar appointments.
	Keep scheduled appointments or call in advance to cancel/reschedule.	JC and Mom will monitor attendance to scheduled appointments.

Final Outcome: _____
 Plan for Sustaining Skill: _____

Functional Limitation: Interpersonal Skills		
Needs:	Desired Outcomes:	Interventions:
Communicate with unfamiliar people.	Improve ability to self-advocate, ask questions, and/or express needs in an appropriate manner.	Complete activities with job coach that require communication with unfamiliar people (ex: confirm route with bus driver, ask question of sales associate, communicate with JC).

Final Outcome: _____
 Plan for Sustaining Skill: _____

Provider Name	Top Notch Coaching
Employment Specialist Name	Jamie Doe

Date of Pre-Rating	7/2024
Date of Post Rating	

Name of Person Completing Report	Jamie Doe
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Date	8/1/2024
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Report & Bill

**Division of Rehabilitative Services
COMMUNITY SUPPORT SERVICES REPORT**

Written Authorization for Services is Required Prior to Service Delivery. This report is due by the 10th of the following month in which services were provided.

PROVIDER INFORMATION

Provider #	98765
Provider Name	Top Notch Coaching
Authorization #	1001
Billing Month/Year	July 2024
Hours Currently Authorized	2- A1205Ref & 10- A1205Plan
Hours Billed	2- A1205Ref & 9.5- A1205Plan
Amount Due on Invoice	\$690
Employment Specialist Name	Jamie Doe
Employment Specialist Phone #	804-222-3333
Employment Specialist Email	Jamie.Doe@tnc.org

PARTICIPANT INFORMATION

Participant	Ben Smith
Participant ID (PID)	123456
DRS Counselor	Ashley Morris
Service Code	A1205Ref & A1205Plan

SERVICE GOALS

Based on CSS Plan, provide details about each functional limitation addressed. Number of goals may be removed/added as appropriate.

CSS PLAN GOAL #1

Serious Functional Limitation Addressed
Mobility
Needs
Learn to utilize public transportation.
Desired Outcome
Understand bus schedule/routes and safely ride bus to/from desired locations.
Describe the activities and interventions provided
To assess Ben's ability to navigate public transportation, JC met with Ben to review the public transportation website to identify the bus stop closest to his home. It took Ben and JC 10 minutes to walk to the nearest bus stop in favorable weather conditions at an average pace. Ben demonstrated no physical mobility barriers to walking and there were no environmental barriers that posed safety hazards.
What progress was made toward accomplishing the goal?
Ben used public transit website to identify the bus stop closest to his home and demonstrated his ability to walk there without safety concerns.
What challenges arose and how were they addressed?
Ben missed an opportunity to ride public transit (because of learning to independently manage his schedule). This activity will occur in A1205Svc status to support Ben with learning and becoming comfortable navigating public transit.

CSS PLAN GOAL #2

Serious Functional Limitation Addressed
Self-direction
Needs
To independently manage personal appointments.
Desired Outcome
Establish routine system for documenting/tracking appointments, relay relevant appointment information to Mom, & keep scheduled appointments or call to cancel/reschedule.
Describe the activities and interventions provided
For the A1205Ref intake meeting, Ben reported that he relied on his mother to notify him of appointment details. During the subsequent A1205Plan meeting, JC asked Ben to demonstrate his ability to use the Google calendar on his smartphone. He was able to identify the app, open it, and create a new event. Ben currently does not have any custom events saved in his calendar, reporting that his mother tracks his appointments. JC coached Ben on entering appointments in his Google calendar. Ben was shown helpful features such as color-coding appointments (red for doctor's appointments, blue for activities with family/friends, and green for SE activities), use of reminders, and sharing calendar events with others. JC observed Ben enter a calendar event to document an outing with JC to take a test-ride of public transit from his home to Goodwill. The event was set with a one-day alert/warning.
What progress was made toward accomplishing the goal?
Ben practiced using Google calendar by creating events, color-coding appointments, and setting reminders.
What challenges arose and how were they addressed?
Ben missed his appointment, reporting that he forgot and overslept due to not having a same-day alert to wake at a designated time. In A1205Svc status, JC will coach Ben on setting two alarms for future events; 1 day in advance and 1 hour in advance.

CSS PLAN GOAL #3

Serious Functional Limitation Addressed
Interpersonal skills
Needs
To communicate with unfamiliar people.
Desired Outcome
Improve ability to self-advocate, ask questions, and/or express needs in an appropriate manner.
Describe the activities and interventions provided
During the A1205Ref intake meeting, JC observed that Ben presented as anxious and reserved, preferring to answer "yes/no" questions. He often deferred to his mother when in-depth responses were needed. During the second meeting (A1205Plan), when Ben's mother was not present, Ben's communication with JC improved slightly. He answered more detailed questions, but still offered short verbal responses.
What progress was made toward accomplishing the goal?
Ben increased his tolerance for direct communication with JC when he did not have his mother available to provide insights during A1205Plan meetings.
What challenges arose and how were they addressed?

Due to Ben's missed appointment, there were no opportunities to communicate with unfamiliar people in the community. More opportunities will be arranged during A1205Svc status.

NEXT STEPS & ACTION PLAN JUSTIFICATION FOR CONTINUED CSS AND ADDITIONAL HOURS

Narrative should reflect, but not be limited to CSS Plan goals, justification for continued services, additional hours requested, next scheduled staffing dates, specific barriers to be addressed, additional services needed, etc. Be as specific as possible.

During this reporting period, JC completed the A1205Rev intake meeting and A1205Plan meetings with Ben. ESO paperwork and policies were reviewed/completed. JC and Ben participated in activities to observe, practice, and demonstrate his additional knowledge/skills, as well as to take note of his ability to learn across situations.

After Ben's CSS Plan is finalized, JC will support Ben by creating opportunities to learn public transportation, manage personal appointments, and communicate with unfamiliar people. In A1205Svc status, Ben and JC will schedule an outing to a local thrift store, using public transportation to travel to/from. While in the store, Ben will be encouraged to interact with store associates and/or fellow customers. Feedback and intervention will be given to help Ben with scheduling, navigating transit, and social interactions.

For the next reporting period, JC requests 8- A1205Svs hours to facilitate these goals. Additional time maybe required if appointments are missed due to Ben learning to manage his schedule, and/or to coordinate with Ben's mother or DARS Counselor.

PARTICIPANT DESIRED OUTCOME RATING SCALE

Rate the participant's progress toward achieving the desired outcomes and plan goals. Score provided is stability indicator and will drive the plan.

1	Significant intervention is required.	3	Additional progress has been made and minimal intervention provided.
2	Some progress noted, intervention decreased but still required frequently.	4	Mastered goals/outcomes (no intervention required)



SKILL	RATING	JUSTIFICATION OF SCORE
Goal #1: Mobility	1	Assessing baseline functioning during A1205Plan
Goal #2: Self-Direction	1	Assessing baseline functioning during A1205Plan
Goal #3: Interpersonal	1	Assessing baseline functioning during A1205Plan

Summary of Billed Hours

Direct Time	8
Indirect Time	1
Travel Time	1
Documentation Time	1.5
Total Time Billed	11.5

Name of Person Completing Report	Jamie Doe
Date	8/1/2024

Modifying / Ending Services

CSS should be ended when:

- The participant has met the goals established in the CSS Plan and has been informed of and understands the recommended strategies for maintaining skills gains;
- After sufficient time and plan modifications, it is clear that the participant is unable to meet the intermediate and/or long-term objectives;
- The participant does not comply with the basic requirements of the CSS plan despite counseling and guidance; or
- The participant chooses to no longer participate in CSS

Final CSS Assessment and Plan

- When CSS services are completed, the ESO should enter post ratings, final outcomes, and steps for sustaining skills on the original CSS Assessment and Plan form.
- Authorized/billed using **DRS Service Item Code: A1205Plan**
- The VRC should save this completed document to DocFinity, along with monthly ESO reports.
- A copy of the final report should be shared with the participant and relevant team members, particularly when specific steps for skill retention have been identified.

Case Study - CSS Service

After several months of service provision, Ben and his JC notified VRC that service goals were achieved and requested authorization to complete post ratings on the assessment. The team met to review the results and confirm a plan for skill retention.

**Division of Rehabilitative Services
COMMUNITY SUPPORT SERVICES ASSESSMENT AND PLAN - A1205Plan
Participant: Ben Smith PID#: 123456**

ASSESSMENT

Directions: This pre/post assessment is intended to be used in a holistic, collaborative manner by collecting data from communication with the participant and relevant stakeholders (parents/guardians, residential providers, case managers, etc.); direct observations of skills; and/or in conjunction with standardized assessment tools.

Definitions: (Enter the number that corresponds to the level of assistance needed into the pre- or post-rating column)

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3. **"Supervision"** means that a helper must be present during the completion of the action(s) described in the item and provide only verbal direction, gestural prompts, and/or guidance.
4. **"Some Direct Assistance"** means that a helper must be present during the completion of the action(s) described in the item and provide some physical guidance/support (with or without verbal direction).
5. **"Total Assistance"** means that a helper must perform all or nearly all of the action(s) described in the item.

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"Sometimes" means that a behavior occurs once a month or less.
"Often" means that a behavior occurs 2-3 times a month.
"Regularly" means that a behavior occurs weekly or more.

Mobility Category: Due to my disability...	Pre-Rating	Post-Rating
I require assistance from others to get around in the community, home, or workplace. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	5	3
I have been unsuccessful in attempts to prepare for or obtain a driver's license without special adaptations, accommodations, or special training. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1
I require specialized transportation. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1
I have not been able to learn to use or access public transportation needed for employment. Frequency: <input checked="" type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	5	2
I rely on adaptive equipment. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1

Self Direction Category: Due to my disability...	Pre-Rating	Post-Rating
I require supervision on a constant basis. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	2
I need supervision to begin and finish tasks, monitor own behavior, or make decisions. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	4	3
I have serious difficulty working independently resulting in job loss. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1

I have serious difficulty shifting focus from one activity or task to the next without prompting. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	3
I have serious difficulty adjusting to new situations or changes to the daily routine. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input checked="" type="checkbox"/> Regularly	4	3
I am easily distracted/short attention span leading to repeatedly poor task completion. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	4	4
My impatient/impulsive behaviors lead to repeatedly poor task completion. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1
I am unaware of negative consequences of decisions resulting in repeated poor task completion or job loss. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1

Self Care Category: Due to my disability...	Pre-Rating	Post-Rating
I need assistance from others to perform personal hygiene functions. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1
I need reinforcement or reminders to maintain appropriate personal hygiene. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	3
I need assistance to dress myself. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1
I need assistance to feed myself. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1
I need assistance to comply with meds/treatment. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	3
I need assistance to handle money or budgeting. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	3
I require attendant care, assistive technology, or other devices for self-care. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1
I cannot live independently without supports. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input checked="" type="checkbox"/> Regularly	4	4

Interpersonal Skills Category: Due to my disability...	Pre-Rating	Post-Rating
My significant social withdrawal has resulted in inability to prepare for or succeed in work. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	4	3
I have poor relationships, inappropriate behaviors, or frequent conflicts with peers, co-workers, supervisors, and others leading to inability to prepare for or succeed in work. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	5	4
I have difficulty interpreting and responding appropriately to behavior/communication of others or fails to understand obvious social cues. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	5	4
I do not understand acceptable levels and types of interaction appropriate to worksite. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	4	4
I require frequent intervention from a teacher or supervisor in order to manage behavior. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	3
My personal behaviors have led to frequent legal problems. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1

My disability or related behavior causes others to avoid relationships or interactions. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	3
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Communication Category: Due to my disability...	Pre-Rating	Post-Rating
I have severely impaired expressive or receptive communication, either oral or written. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1
I need speech, reading, sign language, or other visual cues to effectively communicate. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1
I am dependent upon adaptive technology to communicate effectively. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1
I have difficulty engaging in telephone conversations even with amplification. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1
I am not readily understood by others on first contact. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1

Work Tolerance Category: Due to my disability...	Pre-Rating	Post-Rating
I need modifications, adaptive technology and/or accommodations (not typically made for others) to perform duties. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	3
I have difficulty performing at a consistent pace as required to meet production/quality standards. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	3
I need frequent breaks to compose and organize self in order to maintain work. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	4	3
I cannot tolerate sitting/standing/bending/reaching to do a job which others. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1

Work Skills Category: Due to my disability...	Pre-Rating	Post-Rating
I need significantly more support or supervision to learn and perform a job than normally required of persons of equivalent age, education, training, or experience. Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input checked="" type="checkbox"/> Often - <input type="checkbox"/> Regularly	4	4
I need rehabilitation technology, accommodations, or modifications to learn work skills. Frequency: <input type="checkbox"/> Rarely - <input checked="" type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	3	3
I exhibit poor work habits resulting in a history of job loss (problems with attendance, timeliness, following instructions, etc.). Frequency: <input type="checkbox"/> Rarely - <input type="checkbox"/> Sometimes - <input type="checkbox"/> Often - <input type="checkbox"/> Regularly	1	1

**Division of Rehabilitative Services
COMMUNITY SUPPORT SERVICES ASSESSMENT AND PLAN - A1205Plan
Participant: Ben Smith PID#: 123456**

PLAN

Functional Limitation: Mobility		
Needs:	Desired Outcomes:	Interventions:
Utilize Public Transportation.	Understand bus schedule and routes.	Download and navigate public transit app to determine appropriate route and bus schedule based on trip destination.
	Safely ride bus to/from desired locations.	Step 1: 3 accompanied bus rides Step 2: 2 independent bus rides to meet coach at known location Step 3: Ride bus independently to/from desired location

Final Outcome: Ben is able to utilize the public transit app on his smart phone to confirm the appropriate bus route to his desired destination. He can ride the bus independently to/from known locations. He is expected to text his mother at departure/arrival when making independent trips.

Plan for Sustaining Skill: Ben will independently take public transit to meetings with his VRC and JC, as well as work in the future, to continue utilizing this skill.

Functional Limitation: Self-Direction		
Needs:	Desired Outcomes:	Interventions:
Independently manage personal appointments.	Establish routine system for documenting/tracking appointments.	Practice utilizing Google Calendar on smart phone and setting alarms as reminders of upcoming appointments.
	Relay relevant appointment information to Mom. Keep scheduled appointments or call in advance to cancel/reschedule.	Ben will send Mom an "invitation" to calendar appointments. JC and Mom will monitor attendance to scheduled appointments.

Final Outcome: Ben demonstrated a 75% accuracy rate of independently documenting and keeping his personal appointments. He needs to continue sending a meeting "invitation" to his mother as a back-up plan if his reminder or self-management plan is not successful.

Plan for Sustaining Skill: Ben will document and keep appointments with his VRC and JC. He will begin tracking medical/MH appointments and personal activities with minimal intervention from his mom.

Functional Limitation: Interpersonal Skills		
Needs:	Desired Outcomes:	Interventions:
Communicate with unfamiliar people.	Improve ability to self-advocate, ask questions, and/or express needs in an appropriate manner.	Complete activities with job coach that require communication with unfamiliar people (ex: confirm route with bus driver, ask question of sales associate, communicate with JC).

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Final Outcome: Ben improved his ability to ask unfamiliar people questions but required will benefit from additional support with self-advocacy, as new situations arise. Additional opportunities to express personal needs can occur in future situations.

Plan for Sustaining Skill: Ben should be encouraged to ask the source for information or express his needs, rather than relying on his mother for intervention. For example, ask where the restroom is located in a business, ask a store clerk about a video game of interest.

Provider Name	Top Notch Coaching
Employment Specialist Name	Jamie Doe
Date of Pre-Rating	7/2024
Date of Post Rating	10/2024

Name of Person Completing Report	Jamie Doe
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Date	11/1/2024
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**Division of Rehabilitative Services
COMMUNITY SUPPORT SERVICES REPORT**

Written Authorization for Services is Required Prior to Service Delivery. This report is due by the 10th of the following month in which services were provided.

PROVIDER INFORMATION

Provider #	98765
Provider Name	Top Notch Coaching
Authorization #	1001
Billing Month/Year	October 2024
Hours Currently Authorized	8- A1205Svc & 1- A1205Plan
Hours Billed	8- A1205Svc & 1- A1205Plan
Amount Due on Invoice	\$540
Employment Specialist Name	Jamie Doe
Employment Specialist Phone #	804-222-3333
Employment Specialist Email	Jamie.Doe@tnc.org

PARTICIPANT INFORMATION

Participant	Ben Smith
Participant ID (PID)	123456
DRS Counselor	Ashley Morris
Service Code	A1205Svc & A1205Plan

SERVICE GOALS

Based on CSS Plan, provide details about each functional limitation addressed. Number of goals may be removed/added as appropriate.

CSS PLAN GOAL #1

Serious Functional Limitation Addressed
Mobility
Needs
Learn to utilize public transportation.
Desired Outcome
Understand bus schedule/routes and safely ride bus to/from desired locations.
Describe the activities and interventions provided
Ben demonstrated the ability to use the public transportation app on his smart phone to identify and confirm the appropriate bus route to a desired destination. Ben consistently texts his mother to confirm his departure/arrival when traveling independently. To date, Ben has taken bus trips with JC, to meet JC at a desired location, and independently to the library. JC and Ben consistently discuss trips and brainstorm any questions/concerns that arise.
What progress was made toward accomplishing the goal?
Ben and his mother are satisfied with his current level of independence using public transportation. Final review of skill development will occur during team meeting with VRC.
What challenges arose and how were they addressed?
Ben's mother continues to use a GPS feature on Ben's phone to feel comfortable with him independently using public transportation. To sustain his skills using public transit,

Ben will continue taking independent bus trips to/from meetings with JC and DARS, as well as work in the future.

CSS PLAN GOAL #2

Serious Functional Limitation Addressed
Self-direction
Needs
To independently manage personal appointments.
Desired Outcome
Establish routine system for documenting/tracking appointments, relay relevant appointment information to Mom, & keep scheduled appointments or call to cancel/reschedule.
Describe the activities and interventions provided
During each meeting, Ben and JC review his Google calendar to discuss appointments occurring in the next two weeks. JC helps Ben brainstorm what reminders are necessary for certain events as well as what appointments he should share with his mother (particularly to coordinate rides). Ben has benefitted from using multiple reminders including one day, one hour, and 30-minutes prior to appointments to avoid missing meetings.
What progress was made toward accomplishing the goal?
With consistent practice using the Google calendar app and reminder features, Ben has improved to a 75% accuracy rate independently documenting and keeping personal appointments.
What challenges arose and how were they addressed?
When appointments require his mother to provide transportation (vs. his ability to independently take public transit), Ben sometimes forgets to send meeting "invitations" to his mother so the appointment will show-up on her calendar. Ongoing practice with this will be helpful. Ben and his mother will work together to grow this skill by gradually giving him more independence managing medical/MH appointments.

CSS PLAN GOAL #3

Serious Functional Limitation Addressed
Interpersonal skills
Needs
To communicate with unfamiliar people.
Desired Outcome
Improve ability to self-advocate, ask questions, and/or express needs in an appropriate manner.
Describe the activities and interventions provided
Ben and JC have visited multiple businesses and participated in a Parks & Recreation activity to improve communication skills. Ben no longer requires JC prompting to ask questions of staff members in businesses when he needs help identifying where an item is located or the price. JC and Ben developed scripts for interactions during the check-out process to improve his confidence. During the art activity sponsored by Parks & Rec, Ben reported feeling uncomfortable talking to other participants, as he did not know what to say. JC provided encouragement and prompts, such as admiring their artwork or asking to borrow supplies. By the conclusion of the activity, Ben had successfully communicated with two other participants.

What progress was made toward accomplishing the goal?
Ben has consistently demonstrated his ability to ask questions of store associates and has improved dialogue during check-out processes. He continues to have hesitancy in novel situations but will engage with unfamiliar individuals when encouraged to do so. Self-advocacy skills continue to be a work in progress as opportunities arise.
What challenges arose and how were they addressed?
Ben will continue to benefit from encouragement and coaching from his mother and/or JC to express his own needs, self-advocate and engage with unfamiliar others. His mother will be intentional about giving Ben opportunities to speak for himself as safe/appropriate. When job searching, JC will prompt/encourage Ben to speak for himself and/or practice scripts to continue building confidence.

NEXT STEPS & ACTION PLAN JUSTIFICATION FOR CONTINUED CSS AND ADDITIONAL HOURS

Narrative should reflect, but not be limited to CSS Plan goals, justification for continued services, additional hours requested, next scheduled staffing dates, specific barriers to be addressed, additional services needed, etc. Be as specific as possible.

JC accompanied Ben on several community outings during this reporting period. He was able to independently navigate public transit to/from all meetings. During each meeting, JC and Ben reviewed his Google calendar to discuss upcoming events and ensure his reminders/sharing were sufficient. Ben independently communicated with staff in retail stores to ask questions such as location and prices of merchandise. When engaged in a community art activity, he was more uncertain about communication because it was a new/unfamiliar situation. JC provided encouragement and examples of appropriate interactions with unfamiliar people. Upon reaching satisfactory achievement of goals and having a plan for skill retention, as outlined in a team meeting with stakeholders, it was decided that CSS services will be concluded, and Ben will begin Situational Assessments.
For the next reporting period, JC requests 6 SA hours to arrange an assessment at Ben's favorite thrift store. JC will continue encouraging skill use/retention of previous CSS goals during ongoing work with Ben.

PARTICIPANT DESIRED OUTCOME RATING SCALE

Rate the participant's progress toward achieving the desired outcomes and plan goals. Score provided is stability indicator and will drive the plan.

1	Significant intervention is required.	3	Additional progress has been made and minimal intervention provided.
2	Some progress noted, intervention decreased but still required frequently.	4	Mastered goals/outcomes (no intervention required)

SKILL	RATING	JUSTIFICATION OF SCORE
Goal #1: Mobility	3	Ben independently uses public transportation for all meetings with JC and DARS staff. He needs to share meeting details with his mother when she will provide transportation.
Goal #2: Self-Direction	3	Ben has plateaued at 75% accuracy with tracking and keeping appointments with JC/DARS. Support is needed when unique scheduling needs arise.

Goal #3: Interpersonal	2	Ben consistently asks questions to unfamiliar staff members in stores but continues to practice communication in novel environments/situations.
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Summary of Billed Hours

Direct Time	5.5
Indirect Time	1
Travel Time	1.5
Documentation Time	1
Total Time Billed	9

Name of Person Completing Report	Jamie Doe
Date	11/1/2024



Questions?

Please submit your questions here:

<https://forms.office.com/g/8kBCeUH1uZ?origin=lprLink>

We will create a FAQ document to answer common questions!