Supported Employment Outcome-Based (SEOB) Reimbursement Structure
Outlier Determination Request Form

iCare INDEPENDENT CARE HEALTH PLAN
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To initiate an outlier determination process, this form must be submitted to the care team.

1. Date Completed Form Submitted
2. Name of Provider:
3. Provider Contact Person:
4. Provider Contact Person Email:
5. Provider Contact Person Phone:
6. Name of Member:
7. Member Date of Birth:
8. Does the Member have a documented criminal history? Select
   If yes, describe specific history:

9. Is there a court-ordered line-of-sight supervision (Protective Service Order)? Select
10. Member's Employer:
11. Date Member Hired by Employer into Current Position:
    a. Did your agency do the Job Placement: Select
    b. Did DVR Fund Job Placement? Select
    c. Did DVR Fund Initial Job Coaching? Select
12. Is the current job the first competitive integrated job the member has held? Select
    If no, describe specific history:

13. Member's Job Title:
    a. Is the current job "*Customized*" (created for the person): Select
    b. If yes, describe specifics of customization:

14. Member's Weekly Employment Schedule
    a. Number of days in seven-day week the member typically works: 0
    b. Average number of hours per shift:
    c. Schedule of shifts if weekly shift schedule is constant over time
       Monday
       Tuesday
       Wednesday
       Thursday
       Friday
       Saturday
       Sunday
15. Current Job Coaching Support percentage (actual job coaching as percentage of hours worked):
16. How many weekly Job Coach hours are provided **on the job**?

17. How many weekly Job Coach hours are provided **outside the time the member is at the job?**
If so, describe specifics:

18. If Job Coach hours involve personal care, about how many hours per week?
19. How many Job Coaches share the responsibility to coach this member at their current job?
    a. Name of Primary Job Coach:
        i. % of total weekly coaching the member is getting that is typically provided by the primary job coach:
20. Has the Job Coaching Support Percentage for this Member at this Job ever been lower than it is now? Select
    a. If yes, please explain

21. How much time during a typical shift does the member need Job Coach intervention (verbal; etc.)?
22. Describe what things trigger the need for job coach intervention?

23. Describe the specific type of intervention(s) the Job Coach needs to provide and how long each intervention takes.

24. Is the supervisor working in the same area as the member or not?
    a. How close by is the member's supervisor when the member is working?

25. Are there any co-workers nearby the member when the member is working? Select
    a. If yes, are nearby co-workers doing similar tasks as the member? Select
26. Describe the member's most recent performance review.

27. What fading strategies have been tried so far? Describe the strategies tried and to what extent they worked or did not work.

28. Does the member have a behavior Support Plan (BSP)? Select
    a. If yes, is the BSP followed and implemented by the job coach(s)? Select
        i. If the BSP is not followed and implemented by the job coach(s), please explain why.

    b. If no, is behavior part of the reason why fading has been limited? Select
29. For what period of time is Outlier status being sought?
    a. Please explain rationale for this timeline:

Please confirm which of the following statements are true about the member's current job:

☐ For this job, the member is not employed by the Supported Employment provider agency.

☐ The member was not placed in this job when another supported employee served by the agency (or another SE agency) left the job.

☐ There are no other members or other individuals with disabilities supported by the provider that are employed in the same location at the same time as this member is working there.

☐ If your agency did this job placement, the employer understood and agreed, at the point of hire, that they would maintain a typical supervisory role (as with any employee) and would provide typical natural supports otherwise available to any employee. The employer was not promised 100% job coaching on an indefinite basis as part of hiring negotiations.

If your agency did not do the job placement, check here. ☐

☐ The job duties are a good match for the member's interests and skills, ensuring the member's contribution to the business is valued by the business.

If not true, please explain:

☐ The work environment and culture are a good match for the member's needs and conditions for success.

If not true, please explain:

I confirm the information on this form is current and accurate, to the best of my knowledge.

Type name to indicate agreement: