

Employment and Community First CHOICES (ECF CHOICES) Job Coach Fading Plan Template

1. Member information	
Member name:	Member ID:

2. Provider information	
Provider name:	Provider ID:
Provider representative (job coach) name:	Provider representative (job coach) cellphone:
Email:	

3. ECF CHOICES service provided
ECF CHOICES service authorized (check one):
<input type="checkbox"/> Job coaching for individualized, integrated employment <input type="checkbox"/> Job coaching for self-employment
Weekly hours of job coaching currently authorized:
Weekly hours of job coaching requested for next service authorization time frame:
If this is an increase in the level of coaching previously approved, please explain why this is needed:
Date authorization for service received:

4. Employment information (if applicable)	
Name of employer or business:	Date of hire/startup:
Employer address:	Supervisor's name:
Length of time on job (weeks):	
Average hours worked per week at hire/startup:	Hourly rate of pay at hire/startup:
Change in average hours worked per week (if applicable):	Date change occurred:
Change in hourly rate of pay (if applicable):	Date change occurred:
Benefits available:	

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

Employment information (if applicable) (cont.)
Benefits taken by member:
Job title/description of duties/product or service:
Results of member's most recent employee performance evaluation or most recent feedback from supervisor:

5. Progress on fading goal and strategies utilized		
State the fading goal. Include the reduction percent in job coaching services that will be achieved, over what period of time and utilizing which methods.		
Fading strategy	Methodology <i>(Why you chose to utilize this strategy and how will it be implemented)</i>	Estimated time frame
Task analysis		
Identifying and engaging natural supports		
Identifying natural cues		
Identifying and engaging a mentor		
Assess/observe productivity levels		
Assess/observe corporate culture		
Recommend accommodations (high- or low-tech assistive technology)		
Develop adaptations/task design		
Travel training		
Others		
State updates on the fading goal:		
Fading achieved during the last six months (please describe):		
If no fading achieved, please explain why:		

6. Anticipated timeline to reduce services
Has the member been identified as (check one): <input type="checkbox"/> Tier A <input type="checkbox"/> Tier B <input type="checkbox"/> Tier C

This *Job Coach Fading Plan* is an evolving document that should be developed in coordination with the member and the member’s employment team, which could include the member’s family, support coordinator, job developer, job coach, supervisor, co-workers and other natural supports and should be updated as needed (or at minimum every six months) to reflect progress in fading.

Months on the job	Expected number of hours the member will work per week	Job coaching expectation as a percent of the member’s hours worked	Expected job coaching hours per week
Example	20	60%	12 (20 hours x 0.60)
1-6 months			
7-12 months			
13-18 months			
19-24 months			
25+ months			

7. Follow-along services after two years on the job	
Do you anticipate the member needing less than one contact a week after two years on the job? <input type="checkbox"/> Yes, stabilization and monitoring <input type="checkbox"/> No, a minimum amount of ongoing job coaching will be needed.	If no, state the ongoing minimum weekly job coaching hours expected: