

## **Workforce Development Board HMO Inc.**

### **POLICY # 18-02 Adult/Dislocated Worker Follow-up Services**

**DATE:** September 7, 2018

Follow-up services must be provided, as appropriate, for participants in adult or dislocated worker workforce investment activities who are placed in unsubsidized employment, for up to 12 months after the first day of employment.

- Follow-up services must take place after exit (i.e., exit date is the last date of service) and do not make an individual a participant on his/her own or extend the exit date.

While follow-up services must be provided, not all adults and dislocated workers who are registered and placed into unsubsidized employment will need or want such services. Also, the intensity of appropriate follow-up services may vary among participants. Participants who have multiple employment barriers and limited work histories may need significant follow-up services to ensure long-term success in the labor market. Other participants may identify an area of weakness in the training provided by the WIOA prior to placement that will affect their ability to progress further in their occupation or to retain their employment.

- At the time of enrollment, all adults and dislocated workers must be informed that follow-up services will be provided for up to 12 months following exit if he/she is placed in unsubsidized employment.
- If at any point in time during the program or during the 12 months following exit, the customer requests to opt out of follow-up services, he/she may do so. If follow-up services end prior to 12-months, staff must follow the follow-up protocol outlined below and document outreach in the One Stop Operating System (OSOS) as services and Comments.

Follow-up services may include, and are not limited to:

- Additional career planning and counseling about the workplace and retention skills.
- Participant employer contact participant's employer to provide assistance with work-related problems that may arise
- Peer support groups meetings with other participants and Workforce Advisor
- Information about additional educational opportunities, and referral to supportive services available in the community
- Support services may include assistance with: travel, childcare, uniforms, work appropriate attire and work-related tools.
- Case management administrative follow-up if additional services are needed beyond the 4<sup>th</sup> quarter after exit.

### **Where/How to document follow-up services**

Follow up services are defined as appropriate if they are suitable to the customers' needs regarding content, service method, frequency and are in accordance with the agreed to Individual Employment Plan (IEP). The follow-up services must be noted on

the IEP, identifying the type(s) of services to be provided, start/end dates, who will provide the services (if referred to another agency/office, note the office), and noting any outcomes of the services provided. Updated IEP must be signed by staff and customer. A copy must be provided to the customer.

### **Contact/Frequency**

In providing follow up services, staff must contact the customer or (if customer cannot be reached) one or more of the contacts the customer identified on **ATTACHMENT A** to discuss customer's progress in employment.

This contact must be made every other week for the first three months after customer exits program (e.g., phone, email, in-person, or through social media).

**Note:** If the customer contacts staff, this will count as follow-up and should be entered in OSOS as a follow-up service.

During months four through twelve (4-12) of the follow-up period, staff must contact customer or (if customer cannot be reached) one or more of the contacts the customer identified on Attachment A to discuss customer's progress in employment, as part of providing follow-up services; this contact must occur monthly (e.g., phone, email, in-person, or through social media).

- If staff contacts customer and customer reports no need for services during that contact, this should be fully documented as a follow-up service in OSOS and should also be captured in a Comment. Follow-up services should continue to be offered following the schedule above to monitor the customer's status and needs.

OSOS may be used to help staff set reminders to contact customers, using the "Next Contact Date" option on the *Services* tab in OSOS. Staff should create a Comment when entering a follow-up service that includes the next date the staff will attempt to contact the customer.

**Refusal/Loss of Contact:** Staff may end a customer's follow-up services in less than twelve (12) months if staff is unable to contact the customer for three (3) consecutive attempts, as outlined below or if staff receives one rejection from the customer. Contact should be attempted on the following schedule:

- 1) During the first three (3) months after customer exits program, staff should attempt to contact the customer every two (2) weeks.
- 2) During months four through twelve (4-12) after customer exits program, staff should attempt to contact the customer every month.

Contact dates and information must be entered in OSOS Comments to show that the contact policy threshold was reached.

**Terminating follow-up services:** Follow-up services may end if the customer:

- Becomes incarcerated in a correctional institution or has become a resident of an institution or facility providing 24-hour support, such as a hospital or treatment

center, following exit.

- Is receiving medical treatment and that treatment is expected to last longer than 90-days and precludes further continuation in unsubsidized employment.
- Is deceased.
- Is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90-days.

References: WIOA §134(c)(2)(A)(xiii), 20 CFR 678.430(c), [TEGL 19-16](#)

## ATTACHMENT A

### ***Follow- Up Contacts and General Release of Information***

I, \_\_\_\_\_ give permission to the  
Herkimer, Madison and Oneida Working Solutions Center, to contact the  
following people to provide information during the 12-month follow-up period:

1) Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_  
Email: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_  
Email: \_\_\_\_\_

3) Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_  
Email: \_\_\_\_\_

I give permission to the above to provide information on my personal history and  
current/future status to include: medical, family, legal, employment, financial, and  
current address/phone.

Other information: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date