Section VIII - State Use Program

Date:

_________________________________________________

Your agency name and state:

Agency name:: __________________________________________________________________________

State:

( ) Alabama
( ) Alaska
( ) American Samoa
( ) Arizona
( ) Arkansas
( ) California
( ) Colorado
( ) Connecticut
( ) Delaware
( ) District of Columbia
( ) Federated States of Micronesia
( ) Florida
( ) Georgia
( ) Guam
( ) Hawaii
( ) Idaho
( ) Illinois
( ) Indiana
( ) Tennessee
( ) Texas
( ) Utah
( ) Vermont
( ) Virgin Islands
( ) Virginia
( ) Washington
( ) West Virginia
( ) Wisconsin
( ) Wyoming
1. Does the state have a State Use Program?*

( ) Yes
( ) No

2.a. Does the State Use program involve contracts that are fulfilled in Facility-based Work Centers?

( ) Yes
( ) No

2.b. Does the State Use program involve contracts that are completed outside of Facility-based Work Centers?

( ) Yes
( ) No

3. How many individuals with disabilities were employed on State Use contracts in the most recently completed state fiscal year?

Fiscal Year:: _________________________________________________

Number employed on contracts completed
in Facility-based Work Centers:: ________________________________

Number employed on contracts completed
outside of Facility-based Work Centers:: _________________________
4. Are entities that are not non-profit organizations eligible for State Use contracts?

( ) Yes
( ) No

4.a. What is the rationale behind allowing for-profit organizations to qualify to receive State Use contracts?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

5. What percentage of direct labor must be done by individuals with severe/significant disabilities in order for State Use contracts to be awarded?

____________________________________________________________________________________

5.a. Do the required percentages vary depending on the type of contract (service v. product) or the entity receiving it?

( ) Yes
( ) No

5.a.1. Please explain

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
6. Does the enabling legislation for the State Use program state an expectation that the program will result in participants with severe/significant disabilities transitioning to competitive, integrated employment with state or other employer?

( ) Yes
( ) No
( ) Don't know

6.a. Does the legislation, state agency responsible for administering the program, or State Use board establish targets for number/percentage of participants with severe/significant disabilities that will annually transition to competitive, integrated employment with state or other employer?

( ) Yes
( ) No

6.a.1. What is the number/target that is currently established?

_________________________________________________________
7. Does the state agency responsible for administering the program collect data on annual number/percentage of participants with severe/significant disabilities transitioning to competitive, integrated employment with state or other employer?

( ) Yes
( ) No
( ) Don't know

7.a. What is the reported number/percentage for each of the last three years?

Year 1: _________________________________________________
Reported Number: _________________________________________________
Reported percentage: _________________________________________________

Year 2: _________________________________________________
: _________________________________________________
: _________________________________________________

Year 3: _________________________________________________
: _________________________________________________
: _________________________________________________

7.b. What number/percentage of participants obtained competitive, integrated employment with some arm of state government?

Number:: _________________________________________________
Percentage: _________________________________________________
8. Does the State Use program have an oversight State Use Board?

( ) Yes
( ) No
( ) Don't know

8.a. Is this Board required through statute?

( ) Yes
( ) No
( ) Don't know
Is representation on the State Use Board required from any of the following:

9.a. Member(s) with a severe/significant disability

( ) Yes
( ) No

9.b. Member representing the state’s designated Protection and Advocacy agency

( ) Yes
( ) No

Member from each of the program agencies responsible for Medicaid-funded employment/day services for each of the target disability populations:

9.c.1. Cognitive Disability

( ) Yes
( ) No

9.c.2. Mental Health

( ) Yes
( ) No

9.c.3. Physical Disability

( ) Yes
( ) No

9.c.4. TBI

( ) Yes
( ) No
10. What type of relationship, if any, are entities receiving State Use contracts required to have with the following agencies that assist individuals with disabilities to obtain competitive, integrated employment in the open market?

10.a. Vocational Rehabilitation
____________________________________________
____________________________________________
____________________________________________
____________________________________________

10.b. Workforce Investment System
____________________________________________
____________________________________________
____________________________________________
____________________________________________

10.c. Don't know
____________________________________________
____________________________________________
____________________________________________
____________________________________________
11. Is the state agency responsible for administering the program engaged in any effort to increase the proportion of State Use set-aside contracts that involve opportunities for participants with severe/significant disabilities to work in integrated settings instead of a facility-based work center?

( ) Yes

( ) No

11.a. Please briefly explain the effort:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

11.b. Please explain why not:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
12. Is the state agency responsible for administering the program engaged in any effort to increase the proportion of State Use set-aside contracts that involve opportunities for participants with severe/significant disabilities to work either individually or in groups of four or less?

( ) Yes

( ) No

12.a. Please briefly explain the effort:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12.b. Please explain why not:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________