

Paid Internship Program
Additional Program Design Requirements
January 26, 2017

1. A statement that the purpose of the Paid Internship Program is to increase the vocational skills and abilities of the individuals served who choose, via the Individual Program Plan (IPP) process, to participate in an internship.
2. A statement that the goals of the Paid Internship Program include the acquisition of experience and skills for future employment, or for the internship itself to lead to full-time or part-time competitive integrated employment in the same job.
3. A statement that internship placements will be made into competitive integrated work environments.
4. A statement defining competitive integrated employment as full-time or part-time work for which an individual served is paid minimum wage or greater directly by the employer, in a setting with others who do not have disabilities. This will also include the individuals served having the same opportunities for advancement as their co-workers who do not have disabilities and are in similar positions.
5. A statement that internship wages will be, at least, state or local minimum wage.
6. A statement that the vendor will work with all businesses participating in the Paid Internship Program to comply with California State laws.
7. A statement that pending the identification and development of an appropriate internship position, if the individual served is interested in receiving services (or continuing to receive services) through the vendor, the vendor will serve individuals served, as agreed to by the individual served, under service codes:
 - 063, Community Activities Support Services, or
 - 505, Activity Center, or
 - 510, Adult Development Center, or
 - 515, Behavior Management Program, or
 - 950, Group Supported Employment, or
 - 952, Individual Supported Employment.

Any individual served currently receiving services through a vendor's Work Activity Program (954 Service Code), can continue to receive services through this program pending the identification and development of an appropriate internship position.
8. A description of the vendor's intake and assessment process, to include services and supports to be provided in assisting individuals served identify and develop appropriate

internship positions pursuant to the IPP of each individual served. Attach blank copies of any assessments or evaluations utilized during this process.

9. A statement that the vendor will provide internship position identification and development services under service codes:
 - 063, Community Activities Support Services, or
 - 505 Activity Center, or
 - 510, Adult Development Center, or
 - 515, Behavior Management Program, or
 - 950, Group Supported Employment, or
 - 952, Individual Supported Employment, or
 - 954, Work Activity Program.

10. A description of the vendor's entrance criteria, to address:
 - 1) Ages of participants to be served,
 - 2) Pre-requisites required for participating in the program,
 - 3) Level of self-care skills required for participation in the program, including:
 - a) Eating/Feeding
 - b) Toileting/Diapers
 - c) Administration of Medications,
 - 4) Level of physical and medical conditions required for participation in the program, including:
 - a) Restricted Health Conditions
 - b) Special Health Needs
 - c) Ambulatory Status, and
 - 5) Level of behavioral characteristics required for participation in the program.

11. A description of the vendor's exit criteria.

12. A statement that the vendor will notify the Regional Center of Orange County (RCOC) once an appropriate internship position has been identified and developed, pursuant to the IPP of each individual served, so that the existing authorization can be cancelled and a Purchase of Service (POS) request can be processed with the -PIP subcode for:
 - 055, Community Integration Training Program.

13. A statement that the vendor will notify RCOC immediately if an individual served voluntarily resigns or is terminated from his/her internship position so that the authorization for the Paid Internship Program is cancelled and a POS can be issued again, as agreed to by the individual served, for:
 - 063, Community Activities Support Services, or
 - 505 Activity Center, or
 - 510, Adult Development Center, or
 - 515, Behavior Management Program, or
 - 950, Group Supported Employment, or

- 952, Individual Supported Employment.
14. A statement that the vendor will provide adult day program services during the time that the individual served is not participating in paid internship work, if requested by the individual served (i.e., the individual served only works 15 hours per week, adult day program services can be provided for the remaining 15 hours per week).
 15. A description of the vendor's staff requirements. Attach a copy of the job descriptions for all positions that will be supporting individuals served that participate in the Paid Internship Program.
 16. A statement that the vendor's staffing ratio will be one-to-one (1:1).
 17. A statement that the vendor will support individuals served by providing referrals to the Social Security Administration's Work Incentives Planning and Assistance (WIPA) Program via Project Independence, other generic resources providing similar services, or other resources funded by RCOC.
 18. A statement identifying the method through which the individuals served will be paid:
 - a. By the employer (paid internship entity), or
 - b. By Financial Management Services (FMS), or
 - c. By the vendor.
 19. A statement that the vendor will monitor to ensure the maximum funding for payment of an internship of ten thousand four hundred dollars (\$10,400) per fiscal year, per individual served is not surpassed.
 20. A statement that the service provider will provide to RCOC the information listed below in addition to the eBilling invoice.
 - a. Pay stub, **or**
 - b. An Excel spreadsheet that reflects the following:
 - i. The name of the individual served
 - ii. UCI Number
 - iii. Employer Name
 - iv. Hire Date
 - v. Hourly Wage
 - vi. Average Monthly Gross Pay
 - vii. Average Monthly Hours Worked
 - viii. Pay Period Frequency (i.e., weekly, monthly, bi-monthly)
 21. A statement that annually, by September 15, the service provider will submit the information listed for all individuals served through the Paid Internship Program to the regional center for review and submission to the Department of Developmental Services.
 - a. Program Name
 - b. Setting

- c. Address
- d. Start Date
- e. End Date, if applicable
- f. Type of internship
- g. Type of work performed
- h. Type of employment-related supports provided
- i. Hourly Wage
- j. Payroll Costs
- k. Number of work hours per week
- l. Employer of record type (i.e., paid by employer, financial management service, or service provider)
- m. If the individual served subsequently entered paid employment:
 - i. Start Date
 - ii. Hourly Wage or Salary
 - iii. Number of work hours per week
 - iv. Benefit Information
 - v. Whether the individual served would have achieved paid employment without the internship program
 - vi. Description of what was successful in achieving paid employment.