**ELEMENTS OF AN UNEMPLOYMENT INSURANCE (UI)**

**REEMPLOYMENT SERVICES AND ELIGIBILITY ASSESSMENT (RESEA) GRANT**

 **STATE PLAN**

Instructions: All fields are required unless otherwise noted.

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| 1. State Name: |
| 2. State Agency Administrator: | Name: |
| Title: |
| Address: |
| 3. RESEA Program Lead/ContactThe person who can answer questions about the RESEA proposal. | Name: |
| Telephone: |
| E-mail: |
| 4. UI Program Lead/ContactThe person who can answer questions about the UI aspects of the RESEA proposal. This person may also be the RESEA Program Lead/Contact. | Name:Telephone:E-mail: |
| 5a. Total Project Cost for Proposed State Plan RESEA The total amount of funds requested in this grant, which may be up to the limit specified in annual RESEA operating guidance. | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Requesting less than full formula allotment |
| 5b. Element 5 Additional Space – Use this field to break out project costs. Please include a narrative describing determinations for the current year and any issues that impacted the previous year’s expenditures. Be sure to discuss what this year’s project goals, e.g., staffing up, improving program tools, etc. |
| 6a. Carry-over: Total Funds from prior RESEA Grants Projected to carry-over. Please include expected date for full obligation and expenditure of these remaining funds.  | FY \_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_Projected Obligation date: Projected Expenditure date: FY \_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_Projected Obligation date:Projected Expenditure date: | TOTAL Dollar Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 6b. Element 6 Additional Space – Use the text box to provide details for each year’s carry-over funds. Please explain why there are carry-over funds for each specific FY. Additionally, include how the funds will be used and a timeline for expenditure. If there is ‘Zero’ carry-over, please note this in the text field. |
| 7a. Total Service Delivery (Program) CostPlease include evaluation expenses in this element  | $ |
| 7b. Element 7 Additional Space – Provide a breakout narrative listing the program costs, including a line for evaluation costs.  |
| 8a. Total Administrative CostsThe total amount of funds requested for program administrative costs. Please include a breakout of these costs.**Note: This entry includes IT costs** | $ |
| 8b. Element 8 Additional Space – Use the space to elaborate on the administrative costs. Please include changes to staffing; IT expansion, other significant changes etc. |
| 9a. Completed Initial RESEA Staffing and TimeComplete chart below on how specific required initial RESEA activities are staffed, the average time needed, and estimated costs. Use Element 9’s additional space provided after the chart to explain any of the chart figures and information. |
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| --- | --- | --- | --- | --- | --- |
| Activity | Staff(ES/WIOA/UI/ Other) | Individual/Group | In-Person, Remote, Virtual | Average Time(Minutes) | Staff Cost Per Hour(Dollars) |
| EXAMPLE LINE | ES/WIOA | Individual | In-Person | 20 minutes | $70 |
| Eligibility Review |  |  |  |  |  |
| Labor Market Information |  |  |  |  |  |
| Individual Reemployment Plan |  |  |  |  |  |
| Providing information and access to American Job Center (AJC) services including career services |  |  |  |  |  |
| Enrollment in Employment Services  |  |  |  |  |  |
| Providing support with individual reemployment plan. |  |  |  |  |  |
| Referrals to other services |  |  |  |  |  |
| Other activities performed in addition to required elements. Please describe any additional activities in element 9b.  |  |  |  |  |  |
| Pre-work (Preparation for RESEA) |  |  |  |  |  |
| Post- work (casework notes etc.) following RESEA |  |  |  |  |  |
| **Totals** |  |  |  |  |  |

**Note: please note that all eligibility determinations and redeterminations are funded through the regular UI funding for non-monetary determinations and not through the RESEA grant.**  |
| 9b. Element 9 Additional space to explain any notable changes from the previous year, automated services that have expenses, ‘Zeros,’ efforts to prevent fraud or chart information that may need an explanation.  |
| 10a. Completed Subsequent RESEA Staffing and TimeComplete chart below on how specific subsequent RESEA activities are staffed and the average time needed.  |
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| --- | --- | --- | --- | --- | --- |
| Activity | Staff(ES/WIOA/UI/ Other) | Individual/Group | In-Person, Remote, Virtual | Average Time(Minutes) | Staff Cost Per Hour(Dollars) |
| EXAMPLE LINE | ES | Individual | In-Person | 10 minutes | $78.96 |
| Eligibility Review |  |  |  |  |  |
| Labor Market Information |  |  |  |  |  |
| Providing support with individual reemployment plan. |  |  |  |  |  |
| Providing information and access to American Job Center (AJC) services including career services  |  |  |  |  |  |
| Referrals to other services |  |  |  |  |  |
| Other activities performed in addition to required elements.Please describe any additional activities in element 10b. |  |  |  |  |  |
| Pre-work (Preparation for RESEA) |  |  |  |  |  |
| Post- work (casework notes etc.) following RESEA |  |  |  |  |  |
| **Totals** |  |  |  |  |  |

**Note: please note that all eligibility determinations and redeterminations are funded through the regular UI funding for non-monetary determinations and not through the RESEA grant.**  |
| 10b. Element 10 Additional Space – Use the text field for any fields requiring additional explanation. |
| 11a. Total Number of RESEAs Projected to be Scheduled  | Initial to be Scheduled | Subsequent to be Scheduled |
| 11b. Element 11 Additional Space -- Please provide an explanation how the target number was determined. Including any significant changes from the previous years. |
| 12a. Total Number of RESEAs Projected to be Completed  | Initial to be Completed | Subsequent to be Completed |
| 12b. Element 12 Additional Space – Please provide an explanation how the target number was determined. Including any significant changes from the previous year.  |
| 13a. Total Number of RESEAs Projected for which the Claimant will fail to report  | Initial Fail to Report | Subsequent Fail to Report |
| 13b. Element 13 Additional Space – Please provide an explanation how the target number was determined. Including any significant changes from the previous year.  |
| 14. Actions taken to reduce number of claimants failing to report.Provide a brief narrative that discusses any actions in the past year(s) and/or plans to carry out any activities under the proposed RESEA program to reduce the number of claimants failing to report, please identify and provide an analysis about the efforts. |
| 15a. Is RESEA statewide Yes/No Check box [ ]  Yes [ ]  NoIf ‘Yes,’ then proceed to Element 16.**Note: RESEAs are considered statewide if operating in at least one location in each Workforce Innovation and Opportunity Act [WIOA] workforce development area.** |
| 15b. Total number of RESEA Sites The total number of sites where RESEAs will be conducted. If RESEAs are provided at limited sites, list the towns/cities or local workforce development areas where RESEA activities will be conducted. If RESEA is not available statewide, Worker Profiling and Reemployment Services (WPRS) must be provided in areas where RESEA is not available. | Number of sites providing RESEAs:  | Number of sites providing WPRS: |
| 15c. List RESEA locations if RESEA activities are not statewide: |
| 15d. List WRPS locations if RESEA activities are not statewide: |
| 16. Role of UI StaffBriefly describe the role played by UI staff in program management. **Note: At a minimum, UI Staff must be involved with the following activities: Participating in the planning, administration, and oversight of the RESEA program; Training -- Providing all appropriate staff training on UC eligibility requirements; Reports -- Ensuring accurate data are provided in the RESEA-required reports; and Conducting eligibility determinations and redeterminations resulting from issues identified through RESEA participation.**  |
| 17. Selection of RESEA ParticipantsPlease describe the state’s methodology for selecting claimants to participate in the RESEA program and at what point in the claim series selections are made. If a profiling or statistical model is used, please describe the model including factors used and when the model was last updated/will be updated. |
| 18a. Proper Notification – Please attach a copy of the template notification letter All states participating in the RESEA program must provide both an assurance that, and description of how individuals selected to participate in RESEA will receive proper notifications regarding the program’s eligibility conditions, requirements, and benefits. Proper notifications must be in clear and simple language and include warnings to ensure selected individuals are fully aware of the consequences of noncompliance with the state’s policies related to non-attendance and/or nonfulfillment of UI work search requirements. (Section 306(e)(1)(A)(i), Social Security Act (SSA).   |
| 18b. Do you assure that proper notification as described in Element (18a) will be provided?[ ]  Yes [ ]  No |
| 18c. Insert description of notification process and attach template used for notifications.  |
| 19a. Reasonable Scheduling AccommodationsTo maximize participation in the RESEA program, the state must provide assurance that, and a description of how reasonable scheduling accommodations are made available to individuals selected for RESEA (Section 306(e)(1)(A)(ii), SSA).Do you assure that reasonable scheduling accommodations are available to RESEA participants? [ ]  Yes [ ]  No |
| 19b. Insert a description of the reasonable scheduling accommodations provided. Please describe your rescheduling policies, procedures, and limitations for rescheduling. Be sure to identify which items have been automated versus in-person. |
| 20a. UI Feedback Loop and Adjudication. Once selected for an initial or subsequent RESEA, claimants are required to participate in all components of the RESEA. Failure to report or participate in any aspect of the RESEA must result in referral to the UI agency for adjudication under the applicable state law. States must include a description of the UI feedback loop and adjudication process. As described in Unemployment Insurance Program Letter (UIPL) No. 14-18: *Unemployment Insurance and the Workforce Innovation and Opportunity Act*, an effective feedback loop: advises UI staff whether the claimant reported as directed and participated in the eligibility assessment and/or services, as appropriate; is in place for all reemployment service activities in which UI claimants are required to participate; and includes a process for referral to UI adjudication any eligibility issues identified in an eligibility review.Insert a brief description regarding the feedback loop from the RESEA provider to the UI system on whether the claimants reported and participated in required activities as directed. |
| 20b. Insert a brief description of the feedback loop established to refer any UI eligibility issues identified during the RESEA for adjudication. |
| 21. Activities Supporting RESEA’s Statutory PurposesEach state must provide assurance that, and description of how, the planned RESEA program will conform to the four statutory purposes identified below (Section 306(e)(1)(B), SSA). |
| 21a. Purpose 1: To improve employment outcomes of individuals that receive unemployment compensation and to reduce the average duration of receipt of such compensation through unemployment. Do you assure that the proposed RESEA program design and planned activities conform to purpose 1 as described in Element 21a?  [ ]  Yes [ ]  No |
| 21b. Insert brief description of specific RESEA program elements and/or activities that support purpose 1. |
| 21c. Purpose 2: To strengthen program integrity and reduced improper payments of unemployment compensation by states through the detection and prevention of such payments to individuals who are not eligible for such compensation. Do you assure that the proposed RESEA program design and planned activities conform to purpose 2 as described in Element 21c.?[ ]  Yes [ ]  No |
| 21d. Insert brief description of specific RESEA program elements and/or activities that support purpose 2. |
| 21e. Purpose 3: To promote alignment with the broader vision of the Workforce Innovation and Opportunity Act (WIOA) (29 U.S.C. 3101 et seq.) of increased program integration and service delivery for job seekers, including claimants for unemployment compensation. (Note: Additional information about the vision of WIOA is provided in Training and Employment Guidance Letter No. 19-14, Vision for the Workforce System and Initial Implementation of the Workforce Innovation and Opportunity Act and additional information specific State UI programs is provided in Unemployment Insurance Letter No.14-18, Unemployment Insurance and the Workforce Innovation and Opportunity Act). Do you assure that the proposed RESEA program design and planned activities conform to purpose 3 as described in Element 21e? [ ]  Yes [ ]  No |
| 21f. Insert brief description of specific RESEA program elements and/or activities that support purpose 3 including information about how RESEA has been integrated into the State’s workforce system and network of AJCs. |
| 21g. Purpose 4: To establish reemployment service and eligibility assessment as an entry point for individuals receiving unemployment compensation into other workforce system partner programs. Do you assure that the proposed RESEA program design and planned activities conform to purpose 4 as described in Element 21g? [ ]  Yes [ ]  No |
| 21h. Insert brief description of specific RESEA program elements and/or activities that support purpose 4. |
| 22a. Evidence-based Standards and Evaluation RequirementsEach state must provide assurances and a description of how the state’s RESEA program will satisfy the requirement to use grant funds only for interventions and service delivery strategies designed to reduce the number of weeks for which program participants receive unemployment compensation by improving employment outcomes for participants, including employment and earnings. States implementing RESEA interventions or service delivery strategies without a high or moderate causal rating must be under evaluation at the time of use. (Section 306(e)(1)(B), SSA.Do you assure that the state’s RESEA program will satisfy the requirement to use grant funds only for interventions and service delivery strategies designed to reduce the number of weeks for which program participants receive unemployment compensation by improving employment outcomes for participants, including employment and earnings? [ ]  Yes [ ]  No |
| 22b. Is your state using interventions that have received a ‘High’ or ‘Moderate’ RESEA causal rating in the Clearinghouse for Labor Education and Research (CLEAR)? [ ]  Yes [ ]  No |
| 22c. Insert a description of the evidence-based interventions and service delivery strategies the State plans to use to speed reemployment, including specific references to the evidence relied upon.Describe which interventions your state is using that have received ‘High’ or ‘Moderate’ ratings in CLEAR. Be sure to cite the specific name of the study of an intervention and when the report was published.

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| **Description of Intervention** | **High/Moderate Rating in CLEAR** | **Name of Study** | **Study published****(MM/YYYY)** |
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| 22d. Insert an explanation of how such interventions and service delivery strategies are appropriate to the population served. |
| 22e. Do you assure that the planned RESEA interventions or service delivery strategies that do not have a high or moderate causal rating are under evaluation at the time of use? [ ]  Yes [ ]  No [ ]  Not Applicable (all interventions have a high or moderate causal rating) If “Not Applicable” please advance to 22g.  |
| 22f. Insert, a description of the evaluation structure the State plans to use for interventions and service delivery strategies without at least a moderate or high causal evidence rating. This evaluation structure may include a whole program evaluation, evaluation of specific program components/interventions, or national evaluations conducted by the U.S. Department of Labor or by other entities. * Explain what the intervention that your state is planning to evaluate, and how it is being implemented within the RESEA program.
* Describe the type of evaluation being planned by your state, e.g., impact study using random assignment or quasi-experimental design.
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| 22g. Total funds that will be set aside to conduct or cause to be conducted evaluations of interventions used in carrying out the RESEA Program. This amount is limited to 10 percent of grant award (Section 306(d)(2), SSA). | $ |
| 22h.Insert a description of any evaluations of reemployment interventions and service delivery strategies conducted in the prior fiscal and any data collected on:1. Characteristics of program participants;
2. Number of weeks for which program participants receive unemployment compensation; and
3. Employment and other outcomes for program participants consistent with State performance accountability measures provided by the State unemployment compensation program and performance outcome measures as defined in section 116(b) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3141(b)

Examples: In addition to information from formal evaluations, states may include information from other forms of analyses such as reviews of administrative data or analysis of quarterly reporting provided to DOL.  |
| 22i. Complete below chart providing additional information about RESEA component/activities, their causal rating, the costs associated with that component/activity, and what percentage it is of the current grant.

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| **EVIDENCE BASED FUNDING** |
| **RESEA Component/Activity****(a)** | **Causal Rating (Moderate; High)****(b)** | **RESEA Cost of Component/Activity****(c)** | **Percentage of Current Grant****(d)** |
| **1.** |  |  | $ |  |
| **2.** |  |  | $ |  |
| **3.** |  |  | $ |  |
| **4.** |  |  | $ |  |
| **5.** |  |  | $ |  |
| **6.** |  |  | $ |  |
| **7.** |  |  | $ |  |
| **8.** |  |  | $ |  |
| **9.** |  |  | $ |  |
| **10.** |  |  | $ |  |
| **11. Totals** |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_ % |

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