Rehabilitation Services Policy Manual

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Section 1 - Administrative Issues

DUfh'%'! 'Organizational Structure

Rehabilitation Services offers a variety of programs and services to meet the diverse needs of Kansans with disabilities.

- Vocational Rehabilitation (VR) services are the cornerstone of our efforts to empower Kansans with disabilities to become gainfully employed and selfsufficient.
- <u>Services for people who are blind or visually impaired</u> Programs include independent living services for persons who are age 55 or older, and the Business Enterprise Program (BEP).
- <u>Centers for Independent Living (CILs)</u>- Services include advocacy, independent living skills training, peer support, information/referral, and deinstitutionalization support.
- Kansas Commission for the Deaf and Hard of Hearing (KCDHH) -Services include information/referral, quality assurance screening for sign language interpreters, advocacy.
- <u>Disability Determination Services (DDS)</u> This program determines disability status for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claims filed in Kansas.

Unless otherwise specifically noted, the policies in this manual relate to the VR program as authorized through the <u>Rehabilitation Act, Public Law 93-112</u>.

Effective Date: October 1, 2002

DUfh'&'! 'Purpose of the Rehabilitation Act and Vocational Rehabilitation Services

Rehabilitation Act of 1973, as amended

The purpose of the Rehabilitation Act is to empower persons with disabilities to maximize employment, economic self-sufficiency, independence and inclusion and integration into society.

Reference: PL 93-112, Sec. 2(b)

Synopsis of federal regulation

The purpose of Title I of the Rehabilitation Act is to provide a comprehensive, coordinated, effective, efficient, and accountable program that is designed to assess, plan, develop, and provide vocational rehabilitation (VR) services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice, so that they may prepare for and engage in gainful employment.

Reference: §361.1

Effective Date: May 1, 1998

DUfh' '! 'Mission, Values and Goals

Rehabilitation Services (RS)

Our mission: Working in partnership with Kansans with disabilities to achieve their goals for employment and independence.

Our values and goals:

RS values the worth, rights and contributions of people with disabilities. Our goals are to:

- Guarantee meaningful participation in planning and obtaining services through informed choice and shared responsibility.
- Deliver rehabilitation services that meet or exceed the expectations of individuals served.
- Achieve high quality rehabilitation outcomes.
- Advocate the rights of persons with disabilities.

RS values competent, facilitative and responsive staff. Our goals are to:

- Use outcome oriented performance standards for all staff.
- Recruit, employ, support, develop and promote qualified staff, and compensate them equitably.
- Practice open communication and participation.
- Celebrate exemplary performance.

RS values a supportive and accountable organization. Our goals are to:

- Promote an organizational climate of trust and consistency.
- Establish management systems that support participation.
- Use management practices that emphasize outcomes.
- Use measures of consumer satisfaction and other outcomes to improve organization performance.

RS values responsive acquisition and accountable management of resources. Our goals are to:

- Allocate and manage all resources, including staff, in a timely manner according to the changing needs of Kansans with disabilities.
- Increase resources to improve and expand the scope and quality of services.
- Collaborate with others in the public and private sectors to insure that the needs of Kansans with disabilities are addressed.

RS values public support. Our goals are to:

- Involve persons with disabilities and other consumers in developing agency policy and legislation.
- Obtain the active participation of business and industry.
- Assist Kansas employers in meeting their workforce needs through referral of qualified individuals with disabilities.
- Inform and educate the public.

Effective Date: May 1, 1998; Updated October 1, 2002

DUfh'('! 'Public Input for Program Administration

Rehabilitation Services (RS) will seek and consider the views of a variety of stakeholders in matters relating to general policy development and implementation and in administration of the State Plan for vocational rehabilitation (VR) services. The State Plan describes the VR program and the plans and policies to be followed in carrying out the program. The Plan is submitted to the federal Rehabilitation Services Administration.

The stakeholders to be involved in this process include.

- Current and former consumers of VR services, or, as appropriate, their representatives
- 2. Personnel working in the field of VR.
- 3. Providers of VR services.
- 4. The director of the Client Assistance Program (CAP)
- 5. The State Rehabilitation Council
- 6. Others interested in VR, such as legislators, employers, educators, and the general public

Procedures used to obtain and consider stakeholder views include:

- Public forums conducted throughout the State.
- Meetings of advisory councils.
- Regulatory hearings when appropriate.
- Methods to measure consumer satisfaction, such as surveys, focus groups and problem solving teams.
- Staff involvement in various special focus commissions or task forces.
- Ongoing consultation with staff in CAP, and with administrative and direct service staff responsible for the VR program.
- Interaction with consumer advocacy and employer organizations.
- Participation in budget hearings and open meetings conducted by the Kansas Department for Children and Families.

Effective Date: May 1, 1998

DUfh') '! 'Workplace Violence and Safety

Synopsis of State of Kansas Workplace Violence Policy

The safety and security of State of Kansas employees and customers are very important. Threats, threatening behavior, acts of violence, or any related conduct which disrupts the organization's ability to execute its mission will not be tolerated.

Any person who makes threats, exhibits threatening behavior, or engages in violent acts on state-owned or leased property may be removed from the premises pending the outcome of an investigation.

Threats, threatening behavior, or other acts of violence executed off state-owned or leased property but directed at state employees or members of the public while conducting official state business will not be tolerated. Off-site threats include, but are not limited to, threats made via the telephone, fax, electronic or conventional mail, or any other communication medium.

Violations of this policy may lead to barring the individual from state-owned or leased premises, termination of business relationships with that individual, and/or prosecution of the individual.

Employees are responsible for notifying the local area management of the Kansas Department for Children and Families (DCF) and Rehabilitation Services (RS) Central Office of any threats that they have witnessed, received, or have been told that another person has witnessed or received.

Reference: Workplace Violence Policy, Kansas Department of Administration, January 22, 1997

Rehabilitation Services (RS) Policy

When an individual demonstrates by past or present actions that they pose a threat to RS staff, they have forfeited the right to receive vocational rehabilitation (VR) services. The Field Services Administrator in the RS Central Office should be consulted in all such cases.

- 1. If there is an open case, the case should be closed as "failure to cooperate." The individual should be notified in writing of the closure, the reason for the closure (the individual's behavior which was identified as violent or threatening), the State's workplace violence policy, and the standard rights to appeal.
- 2. Requests to open new cases or reopen previously closed cases should be assessed very carefully. The individual must provide independent evidence that they have received services or therapy to address the previously identified violent or threatening behavior. It is the individual's responsibility to provide such

evidence. Independent sources for such evidence and evaluation may be a psychiatrist, psychologist, medical doctor, or other professional whom the counselor deems qualified to assess such situations. Participation in such services or therapy alone does not equate to eligibility for VR services. The individual would still have to be determined eligible according to the standard eligibility policies and procedures. If a case is not opened or reopened, the individual should be notified in writing of the RS decision, the reason for the action, the State's workplace violence policy, and the standard rights to appeal.

Effective Date: May 1, 1998

DUfh'* '! 'Appeals

(Review of Rehabilitation Counselor Decisions)

Rehabilitation Services (RS) procedures

Applicants, clients or former clients who are dissatisfied with any determination by the rehabilitation counselor regarding the provision or denial of vocational rehabilitation (VR) services may request timely review of those determinations through a mediation process, informal resolution or formal hearing. A client's or applicant's representative may also make such a request. Such requests must be made within 30 days of the agency decision in question.

Applicants and clients are informed of their appeal rights in writing at key stages of the rehabilitation process. Key stages of the rehabilitation process include, but are not limited to, application, determination of eligibility, determination of ineligibility, Individualized Plan for Employment (IPE) development, IPE/service changes and case closure. The information on appeal rights must include the name and address with whom to file requests for reviews. Information about the Client Assistance Program (CAP) must also be provided. One method of providing this information is through the Handbook of Services. This information will be made available in an accessible mode of communication.

When exercising appeal rights, the individual or his/her representative may present evidence or information to support their position. The individual may be represented by an attorney, advocate or any other person selected by the individual if that is his/her choice.

Informal resolution: Individuals are encouraged to discuss any problems directly with their counselor or counselor's supervisor to see if the problem can be resolved. Often CAP facilitates such informal discussions. Or, an administrative review may be conducted by a RS Program Administrator who has not been involved in the case. Use of these informal methods is not required. If the individual chooses not to pursue informal methods, or if the issues were not resolved informally, the next step is a formal hearing which must be conducted within 45 days of the individual's original request for review.

Mediation: Applicants and eligible individuals may resolve disputes through mediation. Mediation services must be presented as an option whenever an individual requests a fair hearing.

- Mediation is voluntary.
- Mediation may not be used to deny or delay the rights of an individual to a fair hearing or to any other rights afforded that individual under Title I of the Rehabilitation Act.

- Mediation must be conducted by qualified and impartial mediators.
- Services, including assessment services and services authorized through an IPE, may not be suspended, reduced or terminated pending the mediation process. Exceptions to this requirement would include situations where the individual requests the change in services, or situations where the individual and/or his/her representative have obtained the services through misrepresentation, fraud or criminal conduct.
- RS will pay for all costs related to mediation.
- If an agreement is reached, the mediator will put the agreement in writing.
- All information learned during mediation is confidential and cannot be used in subsequent appeal actions.

Formal hearings (fair hearings): These hearings are conducted by Fair Hearing Officers from the Office of Administrative Hearings. These hearings must occur within 45 days of an individual's request for review, unless resolution is achieved or the parties agree to a specific extension of time. While such a hearing is pending, services being provided under an IPE may not be suspended, reduced or terminated unless requested by the client or unless there is evidence that the services have been obtained through misrepresentation or fraud.

During a fair hearing, the client or his/her representative and the agency have the opportunity to present evidence or witnesses and to question other witnesses and evidence. The client may be represented by an attorney or advocate if that is his/her choice. The hearings officer makes decisions based on the State Plan, the Rehabilitation Act, VR regulations and state policies. Decisions are provided to the individual and RS

Director within 30 days of the hearing.

In most situations, if the client is not represented by an attorney during fair hearings or other proceedings, RS will not be represented by an attorney. Exceptions will be made at the discretion of the RS Director. Staff may seek consultation or technical assistance from the DCF Legal Department or local office Attorneys prior to the hearings or proceedings if appropriate.

Review of formal hearings (fair hearings) decisions: Kansas has established the following procedures for the review of decisions of the fair hearings officer.

The client or the agency may request a review of the fair hearing decision. The authority for this review is vested in the Secretary of the Kansas Department for Children and Families (DCF), the director of the Designated State Agency. Per Kansas Statute 77-527, the Secretary delegates this authority to the State Appeals Committee. Such authority may not be delegated to RS, the Designated State Unit. Parties may submit additional evidence to the State Appeals Committee through legal briefs or presentation

of oral arguments. Appeals committee decisions are presented to the Secretary for review, approval and signature.

- The client or the agency must file a petition for a review of the fair hearing decision within 15 days of the date of the decision, if the decision is delivered in person; or within 18 days of the date of the decision, if the decision is mailed.
- After the request for an impartial review, reasonable time extensions may be granted for good cause.
- The State Appeals Committee reviews the decision of the hearings officer to assure consistency with the State Plan, the Rehabilitation Act, VR regulations, and state policies consistent with federal requirements. Any decision of the fair hearings officer that supports the position of the VR applicant or eligible individual can only be overturned or modified by the State Appeals Committee if there is clear and convincing evidence that the decision of the fair hearings officer was erroneous because it was contrary to the State Plan, the Rehabilitation Act, federal regulations, or state policies that are consistent with federal requirements.
- The decision of the State Appeals Committee/Secretary of DCF must be made within 30 days of receipt of legal briefs and oral arguments. A full written report of the decision and the rationale for the decision is provided to the applicant, eligible individual or his/her representative, and to RS.

District Court: The client may bring a civil action for review of decisions by hearings officers or the State Appeals Committee/Secretary of DCF. The civil action may be brought in any State court of competent jurisdiction or in a district court of the United States of competent jurisdiction without regard to the amount in controversy.

In such actions, the court:

- Shall receive the records related to the hearing and the records related to the state review;
- Shall hear additional evidence at the request of a party to the action; and
- Basing the decision of the court on the preponderance of the evidence, shall grant such relief as the court determines to be appropriate.

Effective Date: July 1, 2000

DUfh+! Confidentiality

(Protection, Use, and Release of Personal Information)

Rehabilitation Services (RS) will safeguard the confidentiality of all personal information, including photographs and lists of names. All applicants and eligible individuals and, as appropriate, those individuals' representatives, service providers, cooperating agencies, and interested persons are informed through appropriate modes of communication of the confidentiality of personal information and the conditions for accessing and releasing this information.

All applicants or their representatives are informed about the RS need to collect personal information and the policies governing its use, including:

- 1. Identification of the authority under which information is collected.
- 2. Explanation of the principal purposes for which RS intends to use or release the information.
- 3. Explanation of whether providing requested information to RS is mandatory or voluntary and the effects of not providing requested information.
- 4. Identification of those situations in which RS requires or does not require informed written consent of the individual before information may be released.
- 5. Identification of other entities to which information is routinely released.

An explanation of policies and procedures affecting personal information will be provided to each individual in that individual's native language or through the appropriate mode of communication.

The requirements listed above are met using the RS Handbook of Services.

Release to other programs in the Department for Children and Families (DCF)

RS staff may release client information without a signed release from the client to other programs within DCF on a need-to-know basis. A signed release is not necessary within DCF since all programs are part of the same state agency.

RS staff may release information without a signed release from the client to DCF contractors and service providers on a *need-to-know basis*. Contracts include assurances that the contractors, who are acting on behalf of RS and DCF, will use the information appropriately and maintain confidentiality standards.

If RS has obtained personal information about a client from another agency, provider or organization, such information may be released within DCF on a need-to-know basis. Restrictions on further release do not apply within DCF since all programs are part of the same state agency.

In analyzing "need-to-know", counselors shall consider whether entire reports or summary documents should be released, and whether the information is necessary for the purposes of the requesting program.

Release to programs outside of DCF

When programs outside of DCF which are not contractors of DCF request personal information, informed written consent of the client is required. Upon receiving the informed written consent of the individual or, if appropriate, the individual's representative, RS may release personal information to another agency or organization for its program purposes only to the extent that the information may be released to the involved individual or the individual's representative and only to the extent that the other agency or organization demonstrates that the information requested is necessary for its program.

Release to the Client Assistance Program

Informed written consent is required.

Requirements for release forms

See Section 8 / Part 7, Part 8, Part 9, Part 10 for copies of release of information forms approved by RS. RS staff may also accept release of information forms from other organizations. Whether using RS forms or forms provided by other organizations, the following informed written consent requirements must be met:

- The client's name and identifying information (such as the date of birth or Social Security Number) must be clearly stated.
- The information being requested or released must be specifically identified.
- The person or organization to receive the released information must be specifically identified.
- The purpose for the request or release must be specifically identified.
- The form must be signed, witnessed and dated.
- Specifications of the date, event or condition upon which the release expires must be clearly stated.

Release to applicants and eligible individuals

If requested in writing by an applicant or eligible individual, RS shall release all requested information in that individual's record of services to the individual or the individual's representative in a timely manner. Release may occur by making the record of services available to the individual to view, or by providing copies of information in the record of services, according to the individual's informed choice. There are two exceptions:

- 1. Release of information that may be harmful to the individual
 - Medical, psychological, or other information that RS determines may be harmful to the individual may not be released directly to the individual. However, this information must be provided to the individual through a third party chosen by the individual. The third party may include, among others, an advocate, a family member, or a qualified medical or mental health professional, unless a representative has been appointed by a court to represent the individual, in which case the information must be released to the court-appointed representative.
 - In such circumstances, counselors will inform the client and/or the client = s representative that specific records contain information which requires professional explanation and interpretation, and in the counselor's judgment, review by or release directly to the client would not be in the client = s best interests.
 - Counselors should discuss the option of having the client authorize release of the information to a physician or psychologist to facilitate interpretation of the information. If the client agrees with this approach, the counselor may assist the client in arranging such a meeting with the health care professional and in paying for it. If the client does not agree with this option, the counselor shall proceed in a timely manner to release the information to the client's representative. Note regarding release of such information to other programs: Medical or psychological information that RS determines may be harmful to the individual may be released to another program if the client has provided an informed written consent and if the other program assures RS that the information will be used only for the purpose for which it is being provided and will not be further released to the individual.
- 2. Further release of information that has been obtained from another agency or organization
 - If RS has purchased a medical/psychological assessment, exam or service on behalf of the client, then RS is considered to be the "owner"

of the related records. In such circumstances, RS may further release the records to other appropriate individuals or organizations on a need-to-know basis without other restrictions or conditions.

 If RS has obtained copies of personal information, such as medical/psychological assessments, exams or services, then such information may be released only by, or under the conditions established by, the other agency or organization.

Fees for copies provided by RS

RS may establish reasonable fees to cover extraordinary costs of duplicating records or making extensive searches. Questions on current fees should be directed to the Central Office Fiscal Officer.

Amending the record of services

An applicant or eligible individual who believes that information in the individual's record of services is inaccurate or misleading may request that RS amend the information. If the information is not amended, the request for an amendment must be documented in the record of services.

Release to authorities

Informed written consent (a signed release of information form) is not required in the following circumstances:

- RS shall release personal information if required by Federal law or regulations. Questions about this standard should be addressed to the Social and Rehabilitation Services (DCF) Attorney in the local office at the time a request for release is received.
- RS shall release personal information in response to investigations in connection with law enforcement, fraud, or abuse, unless expressly prohibited by Federal or State laws or regulations, and in response to an order issued by a judge, magistrate, or other authorized judicial officer.
- RS also may release personal information in order to protect the individual or others if the individual poses a threat to his or her safety or to the safety of others.

State Program Use

All personal information in the possession of RS must be used only for the purposes directly connected with the administration of the vocational rehabilitation program. Information containing identifiable personal information may not be shared with

advisory or other bodies that do not have official responsibility for administration of the program.

Release for audit, evaluation, and research

Personal information may be released to an organization, agency, or individual engaged in audit, evaluation, or research only for purposes directly connected with the administration of the vocational rehabilitation program, or for purposes that would significantly improve the quality of life for applicants and eligible individuals and only if the organization, agency, or individual assures that:

- The information will be used only for the purposes for which it is being provided.
- The information will be released only to persons officially connected with the audit, evaluation, or research.
- The information will not be released to the involved individual.
- The information will be managed in a manner to safeguard confidentiality.
- The final product will not reveal any personal identifying information without the informed written consent of the involved individual or the individual's representative.

Information in this Part is based on §361.38 and DCF guidance.

Effective Date: April 26, 2005

DUfh', '! Informed Choice

Rehabilitation Services (RS) Policy

Informed choice is a decision-making process in which the individual analyzes relevant information and selects, with the assistance of the counselor, vocational goals, intermediate objectives, services and service providers. The concept of informed choice flows through every aspect of the rehabilitation process.

RS will provide each applicant, including persons who are participating in an extended evaluation, and each eligible vocational rehabilitation (VR) client with opportunities to make informed choices throughout the rehabilitation process. Each applicant and eligible client work as active partners with counselors to select vocational goals, select Individualized Plan for Employment (IPE) intermediate objectives, identify services needed, select providers and choose the methods to secure needed services.

Decisions throughout the rehabilitation process must be consistent with the client's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. Staff and clients incorporate the concept of partnership in every step of the rehabilitation process. Both staff and clients bring strengths to this process.

- For example, staff bring skills in rehabilitation, knowledge about work, careers, technology, RS practices and federal regulations. Facilitating informed choice often requires innovative approaches within the rehabilitation process.
- 2. The client brings to this partnership a lifetime of experiences, goals and self awareness about the impact of disabilities, abilities, strengths and interests.
- 3. Families and others often also contribute to this partnership.

Each client or client's representative will receive information about informed choice as well as their responsibilities and opportunities to participate in decision-making. This information is provided by counselors and through the Handbook of Services. Information is provided through appropriate modes of communication based on the client's needs. Assistance is available for persons with cognitive or other disabilities as needed.

During eligibility, each applicant is asked to identify his/her current medical provider for available information. If additional diagnostic information is needed, each applicant may select which provider is used; in some areas there may be a limited number of providers available, or a limited number of providers who will accept RS fees.

RS will assist the client in accessing the information he or she needs to make an informed choice about services and providers of services. Choice in every aspect of

service delivery is not open-ended; rather it is related to what is required, not simply desired, to reach the vocational goal and achieve employment. This information will include data related to cost, accessibility and the duration of services. Qualification of provider personnel, scope of available services and the degree to which services are provided in integrated settings are also important components of informed choice.

Sources of such information will include lists of service providers; consumer satisfaction reports; referrals to consumers or groups qualified to discuss options with the individuals; and relevant information related to qualification of providers, such as accreditation or certification credentials. Resource directories developed by local transition councils may also be reviewed, if available.

Effective Date: May 1, 1998

DUfh-! Consultants

Consultants are a valuable source of information, expertise and professional medical opinions. They are available to assist counselors in clarifying medical information or in analyzing recommendations. As a general policy, consultant approval is not required before proceeding with service delivery. Decision-making at the local level is encouraged. Counselors may use their discretion in determining when to seek advice or information from one of the consultants. (EXCEPTION: The State Psychological Consultant must approve psychotherapy plans of 25 sessions or more.)

When requesting information or advice from the consultant, include the recommended course of treatment, physician reports or relevant materials that will help the consultant to analyze the situation.

The State Medical and Psychological Consultants are responsible for establishing a network of local medical and psychological consultants, staff training, review of newly developed medical or psychological treatments, advice on cost-effective procedures and development of effective administrative procedures.

Contact the Central Office for a listing of current consultants and addresses.

Effective Date: May 1, 1998

DUfh'%\$ '! 'Standards for Facilities and Service Providers

Synopsis of federal regulations

Accessibility of facilities: Any facility in which vocational rehabilitation (VR) services are provided must be accessible to individuals receiving services and must comply with the requirements of the Architectural Barriers Act of 1968, the Uniform Accessibility Standards and their implementing regulations in 41 CFR Part 101, Subpart 101-19.6, the Americans with Disabilities Act of 1990, and section 504 of the Act.

Personnel standards:

- 1. Qualified personnel. Providers of VR services shall use qualified personnel, in accordance with any applicable national or state-approved or -recognized certification, licensing, or registration requirements, or, in the absence of these requirements, other comparable requirements (including state personnel requirements), that apply to the profession or discipline in which that category of personnel is providing vocational rehabilitation services.
- 2. Affirmative action. Providers of VR services shall take affirmative action to employ and advance in employment qualified individuals with disabilities.
- 3. Special communication needs personnel. Providers of VR services shall:
- Include among their personnel, or obtain the services of, individuals able to communicate in the native languages of applicants and eligible individuals who have limited English speaking ability; and
- Ensure that appropriate modes of communication for all applicants and eligible individuals are used.

Fraud, waste, and abuse: Providers of VR services shall have adequate and appropriate policies and procedures to prevent fraud, waste, and abuse.

Reference: §361.51

Rehabilitation Services (RS) policy

Counselors will purchase services for clients only from those community rehabilitation programs approved for use by RS. Approval requires compliance with applicable federal and state statutes and regulations.

Service providers have the following responsibilities:

- 1. Provide the services described in the written agreement.
- 2. Keep current any state or local licenses, certifications, registrations or permits required for service providers.
- 3. Provide service only as authorized in advance by RS and only in the amounts authorized.
- 4. Not discriminate against any person served because of race, age, color, sex, national origin, or disability, and to provide reasonable accommodations if necessary to permit the person to fully participate in the service.
- 5. Receive approval from the RS counselor and client before making any change in the goals, objectives or services being provided.
- 6. Tell the client about the Client Assistance Program (CAP) if there is a complaint or grievance about the services provided.

RS will use only those professional service providers who meet applicable state licensure or certification requirements.

- 1. A psychiatric diagnosis can be provided by a Licensed Physician, a Licensed Ph.D. Psychologist, a Licensed Clinical Social Worker and a Licensed Master's Level Psychologist working in a Mental Health Center. Beginning July 1, 2000, all Master's Level Mental Health providers can apply for a Clinical credential, allowing them to diagnose and treat mental disorders. A diagnosis made by any Mental Health professional with this clinical certification may be accepted. The list of accepted providers for psychotherapy is the same as the list of providers who can make psychiatric diagnoses with a few additions. Licensed Family Therapists can provide psychotherapy for RS consumers provided that the main obstacle to employment relates directly to a marriage or family conflict. Certified Drug and Alcohol Treatment Counselors can also provide substance addiction services. When accepting services from these providers, it is important to pay especially close attention that the scope of their treatment does not go beyond the expertise of the treatment provider.
- Psychological evaluations should be accepted if provided by a Ph.D. or Master's Level Psychologist. Certified School Psychologists can provide psychological testing to document specific learning disabilities. Mental Health professionals other than Psychologists should not be accepted as qualified sources of psychological evaluations.
- 3. A general health appraisal must be performed or approved by a physician, registered physician assistant, certified school nurse, or advanced registered nurse practitioner who is certified by the Kansas State Board of Nursing to function in the expanded role of nurse clinician or nurse practitioner.
- 4. Individualized prescription and fitting of telecommunication, sensory and other technological aids and devices must be performed only by individuals

licensed in accordance with state licensure laws or by appropriate certified professionals.

Effective Date: July 1, 2000

DUfh'%%! Record of Services

Synopsis of Federal Regulation

Rehabilitation Services (RS) shall maintain for each applicant or eligible individual a record of services that includes, to the extent pertinent, the following documentation:

- 1. If an applicant has been determined to be an eligible individual, documentation supporting that determination.
- 2. If an applicant or individual receiving services under an Individualized Plan for Employment (IPE) has been determined to be ineligible, documentation supporting that determination.
- 3. Documentation that describes the justification for closing an applicant's or eligible individual's record of services if that closure is based on reasons other than ineligibility, including closure prior to eligibility determination.
- 4. Documentation supporting the determination that an individual has a significant disability or a most significant disability.
- 5. If an individual with a significant disability requires an exploration of abilities, capabilities, and capacity to perform in realistic work situations through trial work experiences or extended evaluations in order to determine whether the individual is an eligible individual, documentation supporting the need for and the plan for the trial work experience or extended evaluation, documentation supporting the periodic assessments conducted during the trial work experiences or extended evaluations, and the written plan developed during the trial work experience or extended evaluation.
- 6. The IPE and any amendments to the IPE. Documentation describing the extent to which the applicant or eligible individual exercised informed choice regarding the provision of assessment services and the extent to which the eligible individual exercised informed choice in the development of the IPE with respect to the selection of the specific employment outcome, the specific VR services needed to achieve the employment outcome, the entity to provide the services, the employment setting, the settings in which the services will be provided, and the methods to procure the services.
- 7. In the event that an individual obtains competitive employment, verification that the individual is compensated at or above the minimum wage and that the individual's wage and level of benefits are not less than that customarily paid by the employer for the same or similar work performed by nondisabled individuals.

- 8. Documentation concerning any action and decision resulting from a request by an individual for review of a rehabilitation counselor determination.
- 9. In the event that an applicant or eligible individual requests that documentation in the record of services be amended and the documentation is not amended, documentation of the request.
- 10.Documentation regarding referrals made by RS.
- 11.In the event an individual's record of service is closed as a successful rehabilitation, documentation that demonstrates the services provided under the individual's IPE contributed to the achievement of the employment outcome. In addition, documentation must show that all of the following requirements have been met:
 - The individual has achieved the employment outcome that is described in the individual's IPE and is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
 - The individual has maintained the employment outcome for an appropriate period of time, but not less than 90 days, necessary to ensure the stability of the employment outcome, and the individual no longer needs VR services.
 - At the end of the appropriate period, the individual and the qualified rehabilitation counselor employed by RS consider the employment outcome to be satisfactory and agree that the individual is performing well in the employment.
 - The individual is informed through appropriate modes of communication of the availability of post-employment services.
- 12.In the event that an individual's IPE provides for VR services in a nonintegrated setting, a justification to support the need for the non-integrated setting.
- 13.In the event an individual achieves an employment outcome in which the individual is compensated in accordance with the Fair Labor Standards Act or RS closes the record of services of an individual in an extended employment on the basis that the individual is unable to achieve an employment outcome or that an eligible individual through informed choice chooses to remain in extended employment, documentation of the results of the annual reviews required, of the individual's input into these reviews, and of the individual's (or representative's) acknowledgement that these reviews were conducted. (Note: Such closures would not meet the requirements for a Status 26 closure.)

Reference: § 361.47

RS Policy

Documentation is intended to meet, but not exceed, the federal requirements for records of service. RS staff will exercise professional judgment and discretion in determining the nature, scope and extent of relevant information to be included in the record. Information should be limited to that which is necessary and sufficient to show the basis and justification for eligibility decisions, order of selection designations, service decisions and the expenditure of public funds. The IPE should be written with sufficient detail to avoid any misunderstanding about the goal, services and responsibilities. Duplicate and extraneous materials do not need to be kept in the record. Documentation of a decision should be sufficient to show that the decision is reasonable, based on adequate fact and information, correctly applies policy, and that the client participated in the decision.

Generally, narratives should address:

- What occurred: (decision made, client reported progress, counseling and guidance occurred, information requested, etc.)
- An explanation of what occurred, if needed.
- A description of the client's involvement in what occurred.
- A brief notation of the next step.

Narratives are necessary only for information that cannot be found in other records.

Beyond the minimum documentation requirements, staff should focus time and effort on value-added activities, including counseling and guidance, which lead to quality employment outcomes.

If requested or otherwise necessary, a record of services will be transferred based upon the residence of the individual, the nature of the individual's disability, the availability of services, and the individual's choice. See Section 1 / Part 13.

Effective Date: October 1, 2001

DUfh' ! Documentation Guide

This Documentation guide contains the following sections:

General Requirements

Case File Organization

Referral

Application

Initial Interview

Eligibility

Order of Selection

Comprehensive Assessment

Individualized Plan for Employment

Substantial Counseling and Guidance

Progress Notes

Frequency of Contact

Employment Outcomes (Rehabilitated)

Supported Employment Outcomes

Other Outcomes

Records Retention

IMPORTANT NOTE REGARDING THIS DOCUMENTATION GUIDE

The provision of certain services often requires specific information to be researched and analyzed. The provision of certain services, or services which exceed standard cost caps, may also require exceptions to be approved by the RS Program Administrator for your Region, or by the Central Office. Policy and procedure on such issues are maintained in the RS Manual, which should be used as a reference by counselors in determining specific documentation requirements for such circumstances.

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General Requirements

When viewed as a whole, the case file (record of services) should reflect:

- The quality and substantiality of the services provided by VR.
- Evidence of counseling and guidance provided to promote the client's full involvement and participation in the rehabilitation process, to guide the client in exploration of options, to support and assist with problem solving, to refer to other appropriate services, and to coordinate services.

- Maintenance of appropriate and timely contact with the client, with no undue or unwarranted delays. (See <u>Section 9 / Part 9</u>.)
- Timeliness of services provided with no undue or unwarranted delays. The
 case file should show evidence that RS Staff responded to individuals in a
 timely way at each stage of the VR process and that services were delivered
 as expeditiously as possible.
- Evidence that the Client exercised informed choice throughout every aspect of the VR case. Examples include:
 - Summaries of initial interviews which identify how the client expects to be helped through the provision of VR services and the client's ideas related to employment options.
 - Narratives identifying options for vocational objectives, services, or service providers explored in a collaborative partnership between the counselor and the client. Narratives which reflect that the counselor provided information on these subjects and/or that the client conducted his or her own research on these subjects.
 - Narratives that reflect information provided or research conducted on the labor market.
 - Completion of the "<u>Customer/Client Guide to Developing the IPE,</u>".
 - Completion of KMIS screens related to extension of the timeframe for determining eligibility or developing the IPE. (The KMIS printout must be filed in the service record.)
 - Narratives reflecting counseling and guidance provided to help the client consider options and make choices.
 - Narratives which provide the counselor's rationale for supporting or denying the client's choice.
 - Narratives which document conversations in which the counselor explained state policies related to the parameters of services that can be provided.
 - Closure narratives that reflect the client's satisfaction with the job achieved and agreement that additional services are not needed.
 - See <u>Section 1/Part 8</u> of the RS Manual for more information on informed choice.
- That the overall case shows an emphasis on helping the client achieve a high quality employment outcome.

Any information used to evaluate or support casework decisions needs to be in the service record. Information must be sufficient to show that decisions were reasonable, were based on adequate fact, were considerate of the individual's circumstances, and correctly applied policy. Unless specified otherwise, documentation may be in the form of narratives, various reports, correspondence, copies of e-mail communications, KMIS printouts, completion of forms, and other sources of information. You must get the client's permission to file TTY printouts.

When necessary to organize and clarify multiple or vague sources of information, the counselor should use the narrative to provide an analysis of the information and a rationale which supports the decisions made. The counselor must provide an explanation of apparent discrepancies. (For example, medical information indicates that the client has difficulty walking across the room without getting out-of-breath. The VO is day care provider. This is an apparent discrepancy in that it is difficult to understand how a person with such a limitation would be able to work as a day care provider. Another example of discrepancies occurs when there are conflicting medical records or when medical and school records are not consistent.)

Narratives are necessary for information that cannot be found or not clearly shown in other records. Narratives are essential to recording the counselor's rationale for actions taken. Generally narratives should address: what occurred; the client's involvement; decisions made; client progress; counseling and guidance; information requested; each client contact; attempted client contacts: other party contacts, such as guardians, agencies, providers, employers; and suggested next steps.

Narrative entries should be dated with the current case status, and include the counselor's initials. If other staff add to the narrative, they should sign their full names.

Care should be taken to assure that other client names aren't inadvertently placed in a service record. For example, if multiple client names appear on an e-mail message to be filed in the service record, black out all names/information that do not relate to the specific client.

Progress notes from vendors (contractors/service providers) need to clearly identify the vendor as the source.

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Case File Organization

The information filed in the service record should be organized as follows:

Left section:

signed and date stamped application

- signed and dated IPE and IPE amendments
- Assurance letter for extended ongoing services in supported employment
- Economic need summary
- PELL information
- Medical and psychological information
- Vocational history and evaluation
- DDS referral and information
- Vocational assessment
- Rehabilitation teacher reports
- Social Security verification
- School IEP

Right section:

- Annual review
- KMIS screen print forms
- Client history (KMIS printout)
- Closure letter
- KMIS printout of closure screens (after implementation of revised screens)
- Case narrative, including determination of eligibility
- KMIS printout of eligibility/OS screens (after implementation of revised screens)
- Runctional limitations worksheet
- Initial interview
- Questionnaires (optional)
- Placement information
- Progressreports/service provider reports
- Correspondence, such as referral letters and authorization coverl etters

- Release of information forms
- Authorization and payment records
- Materials received reports
- Bid documentation

Counselors have the flexibility to divide each section described above into two parts for ease of handling of lengthy case files.

Information in the case file should be in chronological order, with the most recent information on top.

Reports of contact should be maintained with the related information. For example, a definitive medical report would be placed with medical information. A specific question answered by a psychologist would be placed with the other psychological information.

Every effort should be taken to keep the file folder free of duplicate and unnecessary information. For example, if there are multiple accounts of the same medical information, only one copy is needed. Records received that are not pertinent to the VR case can be destroyed. The counselor should note in the narrative what records are being destroyed and why.

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Referral

- For third party referrals, the record of services needs to provide evidence that the counselor responded as soon as possible but not more than 30 days after receiving the referral; evidence that the response included information about VR services and how to apply; copy of response letter in case file; narrative regarding responses if by phone or in person.
- For direct inquiries, the record must provide evidence that the VR staff provided immediate information about how to apply for VR services; evidence that an appointment was scheduled in a timely manner.

See Section 2 / Part 1.

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Application

Documentation requirements include:

- Application is signed and dated by the individual (or if appropriate, by the individual's representative), or the individual has otherwise requested services and provided necessary information.
- Application is date stamped when received in the VR office.
- Application is entered on KMIS.
- Evidence that the individual has received the *Handbook of Services*, as shown by the signed application form.

See Section 2 / Part 1.

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Initial Interview

In addition to the Rehabilitation Services application form, the following information, to the extent it will impact the VR process or employment, must be collected as part of the application process and recorded in the record of services.

- Applicant's description of the disability and how it impacts the ability to work and to complete daily activities.
- Employment history, such as work performed at home; paid work (employers, dates, wages, duties, job title, reason no longer working there); job duties the applicant can no longer perform; type of work the applicant wants to do; accommodations that may be required.
- Residential, domestic and family information (such as number in family, dependents, typical routine, support available through family, friends and social groups.)
- Medical history, such as names of hospitals, doctors, psychologists, social workers.
- Current medications.
- Transportation available? Driver's license? Ability to use public transportation, if available.
- Corrections history, including names of probation or parole officers.
- Child care arrangements.
- Media of choice.

- Does the client have a Ticket-to-Work? Is it available for assignment? Or, if the client has assigned it to another Employment Network (EN), identify the EN.
- How can VR help? What is the applicant's reason for applying?

Documentation must identify the name of the person who conducted the initial interview, if that person was someone other than the VR counselor.

See Section 2 / Part 1.

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Eligibility

The determination of an applican's eligibility for VR services must be based only on the following requirements:

- A determination by qualified personnel that the applicant has a physical or mental impairment.
- A determine by qualified personnel that the applicant's physical or mental impairment constitutes or results in a substantial impediment to employment for that specific individual applicant.
- A determination by the RS VR counselor that the applicant requires VR services to prepare for, secure, retain, or regain employment consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

It is presumed that the applicant can benefit in terms of an employment outcome from the provision of VR services unless there is clear and convincing evidence to the contrary.

An individual's financial status or economic need may *not* be used to determine eligibility. Economic need is used during the IPE development and process and throughout service delivery to determine whether the eligible individual will be asked to contribute financial to the cost of his/her rehabilitation plan.

Any applicant who has been determined eligible for SSI or SSDI is presumed eligible for VR services, and is considered to be an individual with a significant disability. (This means that these individuals are in *at least* Category 2 in the Kansas Order of Selection.)

Extended evaluation is not allowed for individuals eligible for SSI or SSDI since they are presumed eligible for VR.

Related to eligibility, the case file must address the following factors:

- Description of the applicant's primary and secondary impairments. [A physical or mental impairment means: any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculo-skeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.]
 - Descriptions of impairments are usually found in medical or psychological records, and may be enhanced by information in vocational assessments and/or the counselor's narrative description.
 - If the individual has a disability that can be verified by counselor observation or by information provided by the individual or family, they meet this first part of the eligibility criteria. In such cases, Part 1 of eligibility should not be delayed while medical or psychological information is gathered. Such information, however, may be necessary to develop an appropriate plan of services.
 - If the individual is not receiving SSI/SSDI and does not have an impairment that can be verified by counselor observation or information from the individual or family, then request medical information. The case must show that such requests were made in a timely manner. Delays must be explained in the narrative.
 - Documentation must show that existing information was used to the extent available, timely and adequate for eligibility determination.
 Information used must show the *current* functioning of the individual.
- A description written by the counselor that explains how the applicant's impairment constitutes or results in a substantial impediment to employment for that specific individual. The description should specify the impediment, how it results from the impairment, how it hinders employment, and why it is substantial for the individual. [Substantial impediment to employment means that a physical or mental impairment (in light of attendant medical, psychological, vocational, education and other related factors) hinders an individual from preparing for, entering into, engaging in, or retaining employment consistent with the individual's abilities and capabilities.]
- Documentation from the counselor that explains why the applicant requires VR services to prepare for, secure, retain or regain employment consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. (The counselor must presume that a person who has a disability which has been determined to constitute an impediment to employment can benefit from VR services in terms of an employment outcome unless there is clear and convincing evidence to the contrary.)

- Evidence that an applicant who has already been determined eligible for SSI or SSDI, or who has a Ticket-to-Work, is presumed to be eligible for VR. Notation of how this status was verified is required. Verification of this status may include a Ticket, an SSA award letter, a current check stub, the KMIS interface, or other verifiable evidence. Eligibility should be completed as soon as receipt of benefits is verified.
- Evidence that the eligibility determination was made as soon as possible, but no later than 60 days from the date of application (date stamped date). If the determination was not made within 60 days, there must be documentation of the reason for the delay, and evidence that the applicant agreed to a specific time extension. The KMIS time extension screens must be completed and the KMIS printout filed in the service record. Evidence of the individual's agreement may include a completed and signed form, or a counselor's narrative of a conversation. The extension must be completed, including the applicant's agreement, prior to expiration of the original 60 days.

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Order of Selection

Documentation requirements include:

- Completion of the functional limitations worksheet, including the counselor's rationale for identifying each limitation selected. List services that will address the limitations in terms of employment.
- Appropriate documentation supporting that the individual has a significant or most significant disability.
- Evidence that the individual was informed of their category designation. This may be conveyed in person or by phone, followed up with the appropriate brief narrative entry. This information may also be conveyed in writing, with a copy placed in the service record.
- Evidence that individuals receiving SSI/SSDI, or individuals with a Ticket, are automatically in at least Category 2.
- Documentation of referrals made on behalf of individuals who are placed on a
 waiting list. This may be conveyed in person or by phone, followed up with
 the appropriate brief narrative entry. This information may also be conveyed
 in writing, with a copy placed in the service record.

See Section 2 / Part 5.

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Comprehensive Assessment

- Documentation of any additional impairments and associated substantial impediments to employment that were not described during determination of eligibility and Order of Selection category.
- Information from a strengths-perspective which describes the assets (skills and abilities, interest in working, etc.), and resources the individual brings to the employment arena.

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Individualized Plan for Employment

- The IPE and amendments have been signed and dated by the individual (or if appropriate, by the individual's representative) and the counselor. A copy of the original IPE and any amendments have been given to the individual.
- Evidence that the plan was developed as soon as possible, but no later than 120 days from the date of eligibility (Status 10). If the IPE was not signed within 120 days,, there must be documentation of the reason for the delay, and evidence that the applicant agreed to a specific time extension. The KMIS time extension screens must be completed and the KMIS printout filed in the service record. Evidence of the individual's agreement may include a completed and signed form, or a counselor's narrative of a conversation. The extension must be completed, including the applicant's agreement, prior to expiration of the original 120 days.
- Narratives which clearly document how the consumer was involved in developing the IPE. Notes that describe the consumer's interests and employment goals. Evidence that the individual had informed choice in selecting the vocational objective. Information regarding availability of employment related to the VO. Evidence that the individual had sufficient information regarding alternatives to make informed choices about services and providers.
- The service record must support that the vocational objective is consistent with the assessment of the individual and his/her primary employment factors.
- A narrative discussion of how the services on the IPE address the individual's needs and relate to the individual's vocational objective. (This should result in evidence that all services listed on the IPE are necessary to achieve the employment goal.)
- Identification of the criteria that will be used to evaluate progress.

- Evidence that comparable benefits were considered and used as appropriate.
- IPE amendments are completed whenever a service was added or deleted. IPE amendments are also required whenever the vocational objective is changed. However, no amendment would be required if the individual accepts a job during the placement phase that is different than the job listed on the IPE. Such a change should be documented specifically in the closure letter. The letter must be labeled "IPE Amendment."
- Documentation of economic need. Policy requires counselors to obtain verification of information, such as income tax returns or current pay stubs.
- Were annual reviews of the IPE conducted? Is there evidence that the individual took part in such reviews? Was economic need updated annually?
- Documentation that the individual's progress is regularly updated/reviewed, and that sufficient contact is maintained with the client according to the individual circumstances of the case.
- Documentation of the Ticket-to-Work assignment process and outcome.
- For students receiving special education services, notation that the IPE is consistent with the transition portion of the student's Individualized Education Plan (IEP).

See Section 3 / Part 1.

- For supported employment cases, the record of services must include:
 - Description of the time limited services, not to exceed 18 months, to be provided by VR.
 - Description of the ongoing services needed by the individual and identification of the provider of ongoing support. In the event that identification of the source of ongoing services is not possible at the time the IPE is written, a statement explaining the basis for concluding that there is a reasonable expectation that such ongoing services will become available.
 - A provision for periodic monitoring to ensure satisfactory progress toward meeting the work goals by the time of transition to extended ongoing services.
 - The client's goal for the number of hours to work.
 - The criteria for job stabilization. Job stabilization shall be individually determined for each client. This criteria should describe the methodology that will be used to determine when VR funding should cease and ongoing support should take over.

 Projection of the number of hours of job coaching needed for the client to reach stabilization and case closure.

See Section 3 / Part 14.

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Substantial Counseling and Guidance

Documentation of substantial counseling and guidance (Service Code 370) must address specific, substantial counseling services provided directly by the VR counselor. These services must be vocational in nature and specifically designed to assist the individual in participating in the rehabilitation process or in reaching an employment outcome. Documentation must show multiple sessions, and show that issues such as the following were addressed:

- * Vocational exploration.
- * Career decision-making.
- * Establishment of a career path, including short- and long-term goals.
- * Self-advocacy in the work place.
- * Development of problem-solving skills.
- * Use of community resources related to employment.

Documentation should address outcomes achieved as a result of such counseling and guidance.

See Section 3 / Part 4.

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Progress Notes

Documentation must include identification of client's progress, and interventions or action plans used to address issues or concerns, if any. Progress notes may be found in counselor narratives or in reports from service providers.

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Frequency of Contact

Frequency of contact should be determined by individual circumstances and at critical points in the rehabilitation process. As a general rule, contact on a monthly basis is appropriate. More frequent contact should typically happen during assessment for eligibility, IPE development, initiation of services, and when employment begins. Less frequent contact might reasonably occur after the client

has stabilized in longer term services, such as when an individual has established good performance in a training program.

If services are interrupted or there is a loss of contact, the reasons must be entered in case narrative. The narrative should also reflect what is being done to resume the rehabilitation process.

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Employment Outcomes (Rehabilitated)

Documentation must address the following questions and issues:

- Did the services provided contribute significantly to achieving the employment outcome? (What substantial services were provided? Did the services provided by the agency make it possible for the person to be employed or achieve the specific job they have?)
- Was the employment outcome consistent with the individual's primary employment factors (strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice)?
- Did the individual maintain the employment outcome for an appropriate period of time, but not less than 90 days, necessary to ensure the stability of the employment outcome? (The date when employment began must be clearly identified.)
- Is there evidence that the individual no longer needs VR services?
- Was the employment in the most integrated setting possible, consistent with the individual's informed choice?
- Did the individual and the counselor agree that the employment outcome was satisfactory and the individual was performing well on the job?
- Discussion of the need for post-employment services.
- Evidence of the individual's wage, that the wages/benefits were comparable, that the work was in an integrated setting, and the work was the choice of the consumer.
- Closure letter is titled IPE Amendment, and specifically states the services provided, individual's dates of employment, wage, benefits, place of employment, views regarding closing the case, appeal rights including Client Assistance Program (CAP) services.
- When closing a case as a homemaker, the service record must document the appropriateness of the outcome based on the individual's needs and

circumstances. In order for homemaking to be considered as an employment outcome, the essential functions of the homemaker duties must be performed by the individual with or without a reasonable accommodation. There must have been benefits derived from VR services which contribute to the client's ability to function as a homemaker. This includes the individual for whom a change in the vocational objective to homemaker is determined to be most suitable given that services have contributed substantially to an improvement in homemaker abilities and client independence. Counselors and clients will work together to define the specific homemaker duties for each individual case, and these duties must be identified in the service record.

See Section 5 / Part 1 and Section 8 / Part 42.

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Supported Employment Outcomes

In addition to the employment closure requirements described previously, such closures should be based upon the following factors:

- The client was provided appropriate and substantial services in accordance with the IPE.
- The client is in paid employment.
- The client has made substantial progress toward working the number of hours per week specified in the IPE.
- The client's workplace offers opportunities for integration with non-disabled persons (not paid service providers) who may be supervisors, co-workers or customers.
- The community service system has assumed the responsibility for funding and providing the extended ongoing support services necessary to maintain employment.
- The client's performance meets the criteria for job stabilization defined in the IPE. Stabilization must be based on the following factors:
 - The client has reached a maximum level of work performance.
 - The agreed upon hourly work goal has been reached.
 - Job coaching and related support services have decreased to a level necessary to maintain the individual in employment through ongoing support.

- If the individual is stabilized in employment at a level of hourly work that is less than the goal established on the IPE, the client and counselor agree that the situation may be considered substantial and suitable employment.
- Placement is maintained for at least 90 days after making the transition to extended ongoing services. The ongoing supports being provided are adequate to meet the client's needs with respect to maintaining employment.

See Section 5 / Part 1 and Section 8 / Part 41.

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Other Outcomes

- The counselor has provided a rationale for closing the record of services.
- Rationale for ineligibility decisions. If ineligibility was based on severity of disability, was there clear and convincing evidence (based on more than assessments or testing) that the individual is incapable of benefiting from VR services in terms of an employment outcome.
- The consumer was given a written notice of case closure, which included reference to appeal rights and CAP services.
- The consumer has been referred to other appropriate services which then are documented in the case narrative.

See Section 5 / Part 2 and Section 5 / Part 3.

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Records Retention

Service records will be retained for five years after the closure of the case. Service records containing HIPAA information will be retained for six years.

At the end of each month and each calendar year, the Central Office will send the Field Office Records Retention Officers a list of cases closed during that period. These lists should be retained for future reference in determining which files can be destroyed.

At the end of each calendar year, the Field Office Records Retention Officers should prepare a list of records they intend to destroy. This list will be sent to the RS Central Office Records Retention Officer for approval prior to destroying any records.

DUfh% ! Miscellaneous Administrative Issues

This section contains the following topics:

Kansas Residency
Non-Discrimination
Out-of-State Services
Prior Authorization
Reporting Child Abuse and Neglect
Transfer of Cases
Use of Toll-Free Numbers (in lieu of accepting collect calls)

Kansas residency

Clients must maintain Kansas residency in order to continue receiving services from RS.

Reference: §361.42

Clients whose services are being provided out-of-state must complete a residency verification form annually. See <u>Section 8 / Part 28</u> for the Kansas Residency Verification form.

Non-Discrimination

All services shall be provided without regard to sex, race, age, creed, color, national origin or type of disability.

Out-of-State Services

Prior to including any out-of-state services in an IPE, the counselor must complete an analysis which:

- Identifies the specific rehabilitation need to be addressed by the services.
- Compares the ability of in-state and out-of-state services to meet the identified rehabilitation needs.

See Section 8 / Part 33 for a Comparative Analysis Worksheet.

Before an out-of-state service to be funded by RS is included in the IPE, the Comparative Analysis Worksheet must be completed by the Counselor and

forwarded for approval according to the Region's procedures. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. The worksheet indicating final action taken should be filed in the record of services.

If the analysis shows that comparable services are available in-state, the client may choose out-of-state services with the additional cost to be paid by the client. RS Regional Program Administrator approval is not required in this circumstance.

Prior Authorization

Prior approval/authorization is required before RS will pay for any goods or services. After the IPE is in place (Status 12) and in very limited circumstances, such as medical emergencies when it was not feasible for the client to get prior approval and no other source of funding is available, an exception may be approved. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both.

Reporting Child Abuse and Neglect

RS staff that has reason to suspect that a child has been injured as a result of physical, emotional, or sexual abuse or neglect shall report such situations. Reason to suspect means that there is credible evidence or a discrepant or inconsistent history in explaining a child's injury. Reporting is a request for an assessment into the condition of a child. The determination of whether abuse or neglect has actually occurred is the responsibility of DCF or appropriate law enforcement agencies. The report may be made orally and followed by a written report if requested by DCF or law enforcement agencies. Reports should include the name and address of the child, the child's parents or other individuals responsible for the child's care; the child's location; the child's condition, including the nature or extent of the injury; whether the alleged perpetrator has access to the child; and any other helpful information. Reports should be made to DCF or to a law enforcement agency if DCF is not open for business. Reports may also be made to the Child Abuse Hotline at 1-800-922-5330 or the Attorney General's Office at 785-296-2215.

Reference: KSA 38-1522

Transfer of Cases

A record of services may be transferred to another office or counselor with the approval of the RS Regional Program Administrators/Managers for the offices involved. Among the factors to be considered are:

- Residence of the client.
- The nature of the client's disability.
- The availability of services.
- The client's choice.

Prior to requesting a transfer, the transferring counselor must document recent contact with the client, the client's views on the transfer, the client's intention to continue VR services, and the client's new address, phone and contact information. The transferring counselor should also document counseling and guidance provided to the client related to the possibility that all current IPE services may not be available in the new community.

Use of Toll-free Numbers (in lieu of accepting collect calls)

With the availability of the Kansas Department for Children and Families (DCF) toll-free number, 1-888-369-4777 and the toll-free relay center number for persons with speech and hearing impairments, 1-800-766-3777, Rehabilitation Services (RS) will not accept collect calls from clients or applicants.

Effective Date: April 10, 2006

Section 2 - Application and Eligibility

DUfh'%! Referrals and Applications

Synopsis of Federal Regulation

Rehabilitation Services (RS) will assure the prompt and equitable handling of referrals of individuals for vocational rehabilitation (VR) services. RS must make good faith efforts to inform these individuals of application requirements and to gather information necessary to initiate an assessment for determining eligibility and priority for services.

RS must assure that once an individual has submitted an application for VR services, an eligibility determination will be made within 60 days, unless-

- Exceptional and unforeseen circumstances beyond the control of the agency preclude a determination within 60 days and the agency and the individual agree to a specific extension of time; or
- An extended evaluation is necessary.

An individual is considered to have submitted an application when the individual or the individual's representative, as appropriate:

- Has completed and signed an agency application form or has otherwise requested services; and
- Has provided information necessary to initiate an assessment to determine eligibility and priority for services; and
- Is available to complete the assessment process.

RS shall ensure that its application forms are widely available throughout the State.

Reference: §361.41

RS Policy Regarding Referrals

RS will assure the prompt and equitable handling of referrals of individuals for (VR) services. The maximum time frame for responding to third party referrals by providing information about VR and application procedures will be 30 days.

Referral sources can help make appropriate referrals to VR by considering the following information:

 VR is an employment program, and individuals who participate are expected to become employed as a result of services received through an Individualized Plan for Employment (IPE). Individuals must be available to pursue employment.

- Individuals who have disabilities or health conditions that hinder their employment should be referred for application and assessment to determine eligibility. Such individuals may be unemployed, underemployed or in need of services to maintain employment.
- To be eligible for VR services, an individual must:
 - Have a physical or mental impairment that results in a substantial impediment to employment;
 - Be able to benefit, in terms of an employment outcome, from VR services; and
 - Require VR services to prepare for, secure, retain or regain employment.

VR counselors analyze a variety of information to determine eligibility. Such information may include existing medical and school records; work history; determinations made by other organizations that provide services for people with disabilities; Social Security records; information provided by the individual and family; and counselor observations. Counselors may also authorize additional diagnostics or assessment if needed to help determine eligibility. Counselors have 60 days from the time of application to determine eligibility. Referral sources can assist the eligibility process by assisting applicants in providing records, such as those listed above, if that is the applicant's informed choice.

The VR program serves individuals with all different types of disabling conditions. The primary disabilities of individuals served include, but are not restricted to the following:

- Mental Illness
- Orthopedic
- Mental Retardation
- Learning Disabilities
- Blindness or Visual Impairment
- Deaf or Hard of Hearing
- Traumatic Brain Injury
- Cancer/Blood/Allergy Conditions
- Alcohol/Drug Abuse
- Amputation
- Epilepsy
- Deaf-blindness
- Individuals who have temporary health conditions, such as broken limbs or pregnancy, are not eligible for VR services on the basis of those conditions alone.

- Referrals should be made for individuals rather than entire families. However it is possible for the VR program to provide individualized services for more than one individual in a family. In addition, RS staff will collaborate with other sections of Kansas Department for Children and Families (DCF) to assure coordinated, integrated services for families.
- The functional limitations an individual experiences must be related to the disability in order to be eligible for services. Functional limitations caused by cultural issues, legal issues, lifestyle, primary languages other than English, lack of education or poor work history - in the absence of a disability - would not be sufficient to determine eligibility for VR services.
- If the VR program does not have sufficient resources to serve all eligible individuals who apply, an Order of Selection procedure and access list will be implemented which gives priority to serving individuals with the most significant disabilities. In the event of such a situation, counselors analyze the individuals' functional limitations, number of services needed, and length of services needed to assign them to the appropriate priority category level.
- VR is not a source for emergency medical or medical insurance coverage.

Referral sources are encouraged to contact the VR staff in their local communities directly to discuss specific referrals. Three quick questions to consider when discussing referrals are:

- 1. Is the disability a long-term or permanent condition that impacts the person's ability to get or keep a job?
- 2. Is the individual interested in pursuing employment?
- 3. Are the functional limitations an individual experiences related to the disability?

RS Policy Regarding Applications

Requested services means that the basic information required by the federal Rehabilitation Services Administration for data reporting has been obtained. This information includes: name, Social Security number, date of birth, date of application, sex, race, marital status, Hispanic origin, referral source, highest grade completed, type of institution, work status, weekly earnings, hours worked, Social Security Disability Insurance (SSDI) status, primary source of support, medical insurance coverage, insurance available on the job, farmer status, veteran status, migratory worker status, work for profit, and year last employed. The individual's address and phone number should be provided. This information may be provided through a variety of methods, including by phone or mail or in person. One of the

easiest ways to assure that all federally required information elements are collected is to complete the RS application form.

What information is needed to initiate an assessment? Medical records or documentation pertinent to the disability or a release of information to obtain disability documentation; work history; educational background; and the applicant's description of the impediment to employment.

How is "available to complete an assessment" defined? The individual can attend planned or scheduled activities required to determine eligibility.

When all three conditions of submitting an application have been met, the 60-day timeframe for determining eligibility begins. To assure that the standard releases on the application form are in effect, a signed application should be included in the service record at the earliest opportunity. However, determination of eligibility may not be delayed pending receipt of a signed application form if the three conditions of application have been met.

Each local office is responsible for developing outreach plans to referral sources, minorities and members of unserved or underserved disability groups in their communities.

Documentation (record of service) Requirements for the Application Process

In addition to the Rehabilitation Services application form, the following information, to the extent it will impact the VR process or employment, must be collected as part of the application process and recorded in the record of services.

- Applicant's description of the disability and how it impacts the ability to work and to complete daily activities.
- Employment history, such as work performed at home, and paid work (employers, dates, wages, duties, job title, reason no longer working there).
 Job duties the applicant can no longer perform. Type of work the applicant wants to do. Accommodations that may be required.
- Residential, domestic, and family information (such as number in family, dependents, typical routines, support available through family, friends and social groups).
- Medical history, such as names of hospitals, doctors, psychologists, social workers.
- Current medications.
- Transportation available? Driver's license? Ability to use public transportation, if available.

- Corrections history, including names of probation or parole officers.
- Does the client have a Ticket-to-Work? Is it available for assignment? Or, if the client has assigned it to another Employment Network (EN), identify the EN.
- Media of choice.
- How can VR help? What is the applicant's reason for applying?

Effective Date: April 26, 2005

DUfh'&! Eligibility

Synopsis of Federal Regulations

To determine whether an individual is eligible for vocational rehabilitation (VR) services and the individual's priority under an Order of Selection for services (if the State is operating under an Order of Selection), Rehabilitation Services (RS) will conduct an assessment for determining eligibility and priority for services. The assessment must be conducted in the most integrated setting possible, consistent with the individual's needs and informed choice, and in accordance with the following provisions:

Eligibility requirements: Determination of eligibility may be based only on the following requirements:

- 1. A determination by qualified personnel that the applicant has a physical or mental impairment.
- 2. A determination by qualified personnel that the applicant's physical or mental impairment constitutes or results in a substantial impediment to employment for the applicant.
- 3. A determination by a qualified VR counselor employed by RS that the applicant requires VR services to prepare for, secure, retain or regain employment consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

Presumption of benefit: RS must presume that an applicant who meets the eligibility requirements in Numbers 1 and 2 above can benefit in terms of an employment outcome unless it demonstrates, based on clear and convincing evidence, that the applicant is incapable of benefiting in terms of an employment outcome from VR services due to the severity of the applicant's disability.

Presumption of eligibility for Social Security recipients and beneficiaries: Any applicant for VR services who has been determined eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) is presumed eligible for VR services. Use of extended evaluation for the purpose of determining any aspect of eligibility is not permitted for applicants who are eligible for SSI or SSDI. Such an applicant is also considered to be an individual with a significant disability. If an applicant for VR services asserts that he or she is eligible for SSI or SSDI but is unable to provide appropriate evidence, such as an award letter, RS must verify SSI or SSDI eligibility by contacting the Social Security Administration. This verification must be made within a reasonable period of time that enables RS to determine the applicant's eligibility for VR within 60 days of application.

Prohibited factors:

- No duration of residence requirement is imposed that excludes from services any applicant who is present in the State.
- No applicant or group of applicants is excluded or found ineligible solely on the basis of the type of disability.
- The eligibility requirements are applied without regard to the age, gender, race, color, creed, or national origin of the applicant.
- The eligibility requirements are applied without regard to the particular service needs or anticipated cost of services required by an applicant or the income level of an applicant or applicant's family.

Review and assessment of data for eligibility determination: RS shall base its determination of each of the basic eligibility requirements on:

- A review and assessment of existing data, including counselor observations, education records, information provided by the individual or the individual's family, information used by the Social Security Administration, and determinations made by officials of other agencies; and
- 2. To the extent existing data do not describe the current functioning of the individual or are unavailable, insufficient, or inappropriate to make an eligibility determination, an assessment of additional data resulting from the provision of VR services, including assistive technology devices and services and worksite assessments, that are necessary to determine whether an individual is eligible.

Extended evaluation for individuals with severe disabilities:

- Prior to any determination that an individual with a severe disability is incapable of benefiting from VR services in terms of an employment outcome because of the severity of that individual's disability, RS shall conduct an extended evaluation to determine whether or not there is clear and convincing evidence to support such a determination.
- 2. During the extended evaluation period, which may not exceed 18 months, VR services must be provided in the most integrated setting possible, consistent with the informed choice of the individual.
- 3. During the extended evaluation period, RS shall develop a written plan for determining eligibility and for determining the nature and scope of services required to achieve an employment outcome. RS may provide during this period only those services that are necessary to make these two determinations.
- 4. RS shall assess the individual's progress as frequently as necessary, but at least once every 90 days, during the extended evaluation period.

- 5. RS shall terminate extended evaluation services at any point during the 18-month extended evaluation period if it is determined that:
 - There is sufficient evidence to conclude that the individual can benefit from the provision of VR services in terms of an employment outcome; or
 - There is clear and convincing evidence that the individual is incapable of benefiting from VR services in terms of an employment outcome.

Reference: §361.42

Regulatory Guidance

"Clear and convincing evidence" means that RS must have a high degree of certainty before it can conclude that an individual is incapable of benefiting from services in terms of an employment outcome. The "clear and convincing" standard constitutes the highest standard used in the civil system of law and is to be individually applied on a case-by-case basis. The term "clear" means unequivocal. Given these requirements, a review of existing information generally would not provide clear and convincing evidence. For example, the use of an intelligence test result alone would not constitute clear and convincing evidence. Clear and convincing evidence might include a description of assessments, including situational assessments and supported employment assessments, from service providers who have concluded that they would be unable to meet the individual's needs due to the severity of the individual's disability. The demonstration of "clear and convincing evidence" must include, if appropriate, a functional assessment of skill development activities, with any necessary supports (including assistive technology), in real life settings.

Reference: Note following §361.42

RS Policy

Existing records: Because of the time limitation for eligibility determination, the initial contacts with the applicant, significant others and/or referral source are especially important to determine what usable information is readily available and what other diagnostic procedures will need to be started immediately. If appropriate and possible, the applicant should assist in the information gathering process.

Eligibility certificate: The counselor must complete, sign and date a Certificate of Eligibility which documents that the applicant meets the eligibility criteria. In addition, the KMIS Certificate should be printed and filed in the record of services. The record of service must include information that supports the eligibility decision. (See Section 1 / Part 11, Record of Services.)

Effective Date: April 26, 2005

DUfh' ! Determination of Impairment for Individuals with Learning Disabilities

The first element of establishing eligibility for vocational rehabilitation services is a determination by qualified personnel that the applicant has a physical or mental impairment. (See <u>Section 2/Part 2</u> for additional information about eligibility determination.)

There are two options for determining that an applicant's impairment is a specific learning disability.

Option 1 - A written statement and explanation/analysis is provided by a licensed psychologist or certified school psychologist verifying that all three of the following criteria are met:

- 1. A full scale IQ, greater than or equal to 75.
- 2. A 22 point or more scaled score difference between IQ and Academic Achievement (i.e., at least a 1 ½ standard deviation difference).
- 3. A statistically significant (.05) difference (usually about 10 scaled score points) between different cognitive abilities (e.g., verbal IQ and performance IQ).

When using Option 1, the following requirements must be met:

- The statement from the psychologist must include an explanation and analysis, rather than merely asserting that the individual has a learning disability.
- This statement and analysis should be based on a review of existing records to the greatest extent possible. However, if existing records are not sufficient for this analysis, RS may purchase the psychological evaluations necessary to verify these three criteria.
- If such a statement and analysis cannot be obtained from the licensed psychologist or certified school psychologist, but raw assessment/testing scores are available, such evidence should be sent to the regional or state psychological consultant for analysis. RS counselors will not interpret testing or assessment scores to verify that these criteria are met.

Option 2 - Option 2 is available only when all three criteria in Option 1 are not specifically met. In such cases, certification from a licensed psychologist, certified school psychologist, or an RS psychological consultant may be used in lieu of Option 1 if a reasonable rationale is provided. This rationale must include a description and analysis of the individual's characteristics which are related to the presence of a learning disability.

Consideration must be given to the following additional factors when assessing presence of a specific learning disability:

Use of determinations made by schools

Because of the variance in practices among diverse school districts, Rehabilitation Services will not presume the presence of a learning disability based only on the local education authority's identification of learning disability for special education purposes.

Preferred assessment methods

When purchasing a learning disability assessment, the preferred measure of intellectual functioning is the Wechsler Adult Intelligence Scale-III (WAIS-III). The Woodcock-Johnson psycho-educational battery (WJ-R) is the preferred measure of academic achievement. It is considered best practice for RS staff to request that the school provide updated academic achievement test results. Other standardized IQ and achievement tests are acceptable provided that they are well standardized and widely used. State or local psychological consultants may assist counselors in determining whether such other tests are acceptable. The Adult Learning Disabilities Screening Instrument may be used only to determine if additional diagnostic or assessment services are needed. This screening tool may not be used to establish a diagnosis.

Qualified personnel

For VR purposes, only licensed psychologists or certified school psychologists are qualified to diagnose a specific learning disability.

Determining eligibility for VR services

The presence of a specific learning disability alone does not establish VR eligibility. VR eligibility for a specific learning disability is established in the same manner that VR eligibility is determined for any other disability. (See Section 2/Part 2) There must be clear evidence that a learning disability interferes with the consumer's ability to achieve or maintain employment that is commensurate with their abilities. Specific learning disabilities often impose impairments in addition to academic delays. These deficits often can be more impairing and more difficult to accommodate than academic delays. Deficits in the following areas may be the result of a learning disability and cause significant functional limitations: visual perception, attention, memory, motor skills, information processing, verbal expression, spatial orientation and social skills.

Recent testing

The testing should be recent enough to describe current functioning. As a general rule, academic achievement scores should be done within the past two years. IQ testing should be done within two years of VR eligibility determination or after the age of 16. With reasonable explanation, counselors may make exceptions to this guideline. For example, it may be appropriate to waive the above requirements for current testing, if the

learning disability is extremely pronounced and/or if there is other current evidence of functional limitations (e.g., teacher report, job placement, or Individualized Education Plan) that are very descriptive.

Consultation

Counselors who have questions regarding determination of impairment for individuals with learning disabilities, the need for current testing, or related issues may contact the State or Regional psychological consultant for technical assistance.

Effective Date: April 26, 2005

DUfh'('! 'Procedures for Ineligibility Determination

Synopsis of Federal Regulation

If Rehabilitation Services (RS) determines that an applicant is ineligible for vocational rehabilitation (VR) services or determines that an individual receiving services under an Individualized Plan for Employment (IPE) is no longer eligible for services, RS shall:

- Make the determination only after providing an opportunity for full consultation with the individual or, as appropriate, with the individual's representative;
- Inform the individual in writing, supplemented as necessary by other appropriate modes of communication consistent with the informed choice of the individual, of the ineligibility determination, including the reasons for that determination, and the means by which the individual may express and seek remedy for any dissatisfaction, including the standard appeal procedures;
- Provide the individual with a description of services available from the Client Assistance Program (CAP) and information on how to contact the program; and
- Review within 12 months and annually thereafter if requested by the individual or, if appropriate, by the individual's representative any ineligibility determination that is based on a finding that the individual is incapable of achieving an employment outcome. This review need not be conducted in situations in which the individual has refused it, the individual is no longer present in the State, the individual's whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal.

Reference: §361.43

Effective Date: May 1, 1998

DUfh') ! Order of Selection

Synopsis of Federal Regulation

An Order of Selection must be based on a refinement of the three criteria in the definition of individual with a severe disability.

Individual with a severe disability means an individual with a disability:

- Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, selfdirection, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;
- Whose vocational rehabilitation (VR) can be expected to require multiple VR services over an extended period of time; and
- Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and VR needs to cause comparable substantial functional limitation.

An Order of Selection may not be based on any other factors, including:

- Any duration of residency requirement, provided the individual is present in the State;
- Type of disability;
- Age, gender, race, color, creed, or national origin;
- Source of referral;
- Type of expected employment outcome;
- The need for specific services or anticipated cost of services required by an individual; or
- The income level of an individual or an individual's family.

Reference: § 361.36

Rehabilitation Services (RS) Policy

If there are insufficient resources to provide VR services to all eligible individuals who apply, RS will assure that those individuals with the most severe disabilities are selected for service before other individuals with disabilities. RS will ensure that its funding arrangements, including grants, contracts, or cooperative agreements, are implemented consistent with the Order of Selection.

RS will periodically determine whether there are sufficient funds to serve all eligible persons who apply. Factors to consider in this determination include:

- Availability of state general funds to match available federal VR funds.
- Application, referral and caseload trends.
- Adequacy of staff coverage.
- Costs of purchased services, such as diagnostics, medical, restoration and training.
- Estimated costs of continuing services under existing Individualized Plans of Employment (IPEs).
- Emphasis on serving persons with severe disabilities.
- Timeliness of determination of eligibility and provision of services.
- Outreach efforts.
- Unserved or underserved groups.

RS will not delay, through waiting lists or other means, determinations of eligibility, the development of IPEs for individuals determined eligible, or the provision of services for eligible individuals for whom IPEs have been developed in order to avoid closing categories of services in Order of Selection.

After eligibility has been determined and before the IPE is written, each client is assigned to a category group. The client will be assigned to the highest priority category for which he or she is qualified and a rationale will be documented in the case file. If the client's circumstances change or new information is acquired, the category designation can be changed to a higher priority category. Category designation changes will not be made if the change would place the individual in a lower priority category. Clients will be notified of the right to appeal their category assignment.

Eligible individuals who cannot be served under the Order of Selection will be advised that their record will be placed on a waiting list. They will be notified should funding become available to provide the services.

If there is a need to close one or more categories for services:

- RS will set aside sufficient funds to purchase services necessary to determine eligibility. Applications for services will be accepted without restriction.
- The closure of one or more categories will not affect individuals who already have signed IPEs. IPE services will continue.
- Persons who need post-employment services will not be affected.
- Implementation of the closure will be made statewide.
- Except for additional assessment or diagnostic services needed to analyze
 whether an individual can be moved to a higher category, VR services
 (purchased or provided by Staff) may not be provided for individuals on the
 waiting list. Exceptions to this provision are not allowed.

Category 1: Eligible individuals with a most severe physical or mental impairment that seriously limits two or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills) in terms of an employment outcome, whose VR can be expected to require multiple VR services over an extended period of time. In the event that VR services cannot be provided to all eligible individuals in Category 1, a waiting list based upon the date of application will be activated.

Category 2: Eligible individuals with a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills) in terms of an employment outcome; whose VR can be expected to require multiple VR services over an extended period of time; and who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined, on the basis of an assessment for determining eligibility and VR needs, to cause comparable substantial functional limitation. In the event that VR services cannot be provided to all eligible individuals in Category 2, a waiting list based upon the date of application will be activated.

Category 3: Eligible individuals with non-severe disabilities. In the event that VR services cannot be provided to all eligible individuals in Category 3, a waiting list based upon the date of application will be activated.

Multiple services means more than one service as listed on the IPE. Support services (maintenance, transportation, and services to family members) may not be counted toward multiple services. Routine counseling and guidance to facilitate participation in the VR process may not be counted toward multiple services. Significant services which are not provided by RS but which are related to the disability and employment outcome, and which are essential to the accomplishment of the IPE may be counted toward multiple services.

Extended period of time means at least four months of services between Status 12 and closure.

Information and Referral

In the event that one or more categories of services are closed through Order of Selection and a waiting list for services is established, RS shall provide information and referral services for those eligible individuals who cannot be served. The information and referral service provided should be adequate to ensure that the individual with a disability is provided accurate VR information and guidance, using appropriate modes of communication, to assist them in preparing for, securing, retaining or regaining employment.

An appropriate referral shall be to federal, state or other programs, including programs carried out by other components of the statewide workforce investment system, best suited to address the specific employment needs of the individual with a disability. For each referral, the individual shall be given:

- A copy of the notice of referral that RS will send to the other program, including a specific point of contact within the other program.
- Information and advice regarding the most suitable services to assist the individual to prepare for, secure, retain or regain employment.

Referrals should be documented in the record of services.

Effective Date: April 26, 2005

Section 3 - Service Delivery

DUfh'%! Individualized Plan for Employment (IPE)

Synopsis of Federal Regulation

Rehabilitation Services (RS) must assure that an IPE is developed and implemented in a timely manner for each individual determined eligible for vocational rehabilitation (VR) services or, if RS is operating under an Order of Selection, for each eligible individual who can be served. (RS policy: The IPE shall be developed as soon as is reasonably possible, but no later than 120 days after determination of eligibility. This timeline may be extended with the agreement of the client.)

Services will be provided in accordance with the provisions of the IPE.

RS must conduct an assessment for determining VR needs for each eligible individual or, if operating under an Order of Selection, for each eligible individual for whom RS is able to provide services. The purpose of this assessment is to determine the employment outcome, and the nature and scope of VR services to be included in the IPE.

The IPE must be designed to achieve a specific employment outcome that is selected by the individual consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

- Employment outcome means entering or retaining full-time, or if appropriate, part-time competitive employment in the integrated labor market, supported employment, or any other type of employment in an integrated setting, including self-employment, telecommuting or business ownership.
- Competitive employment means work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting, and for which an individual is compensated at or above the minimum wage, but not less that the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

The eligible individual, or as appropriate, the individual's representative, may develop all or part of the IPE without assistance from RS or any other entity, or with assistance from a qualified VR counselor employed by RS, a qualified VR counselor not employed by RS, or other resources.

RS must provide the following information to each eligible individual (or representative) in the appropriate mode of communication:

Information to assist the individual or representative in developing the IPE.

- Information describing the full range of components that must be included in the IPE.
- An explanation for determining the individual's financial commitments under the IPE.
- Information on assistance to complete the required forms.
- Additional information that the individual or representative requests.
- A description of the individual's rights and the appeal process.
- Information about the availability of the Client Assistance Program (CAP).

RS must assure that:

- The IPE is a written document.
- The IPE is developed and implemented in a manner that gives the eligible individual opportunity to exercise informed choice in selecting the employment outcome, the settings in which services will be provided, the entity or entities that will provide VR services and the methods for procuring services.
- The IPE is agreed to and signed by the eligible individual, or as appropriate, by the individual's representative.
- The IPE is approved and signed by a qualified VR counselor employed by RS.
- A copy of the IPE and a copy of any amendments to the IPE are provided to the eligible individual, or the individual's representative if appropriate. Copies are provided in the native language or mode of communication of the individual or representative.
- The IPE is reviewed at least annually by a qualified VR counselor and the eligible individual (or representative) to assess the individual's progress in achieving the identified employment outcome.
- The IPE is amended as necessary by the individual (or representative) in collaboration with a qualified VR counselor employed by RS if there are substantive changes in the employment outcome, the VR services to be provided, or the providers of the VR services.
- Amendments to the IPE do not take effect until agreed to and signed by the individual (or representative) and by the qualified VR counselor employed by RS.
- An IPE for a student with a disability receiving special education services is developed in consideration of the student's Individual Education Plan.

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Data for preparing the IPE

- 1. Preparation without comprehensive assessment:
 - To the extent possible, the employment outcome and the nature and scope of rehabilitation services to be included in the individual's IPE must be determined based on the data used for assessment of eligibility and priority for services.
- 2. Preparation based on comprehensive assessment:
 - If additional data are necessary to determine the employment outcome and the nature and scope of services to be included in the IPE of an eligible individual, RS must conduct a comprehensive assessment of the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, including the need for supported employment services, of an eligible individual, in the most integrated setting possible, consistent with the informed choice of the individual.
 - In preparing the comprehensive assessment, RS must use, to the maximum extent possible and appropriate, existing information that is current as of the date of the development of the IPE, including: information available from other programs and providers, particularly information used by education officials and the Social Security Administration; information provided by the individual and individual's family; and information obtained under the assessment for determining the individual's eligibility and VR needs.

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Content of the IPE

The IPE must include:

- 1. A description of the specific employment outcome that is chosen by the eligible individual that is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, career interests, and informed choice.
- 2. A description of the specific rehabilitation services that are needed to achieve the employment outcome, including, as appropriate, the provision of assistive technology devices or services and personal assistance services, including training in the management of these services. Services must be provided in the most integrated setting that is appropriate for the services involved and is consistent with the informed choice of the individual.
- 3. Timelines for the achievement of the employment outcome and for initiation of services.
- 4. A description of the entity or entities chosen by the individual (or representative)

that will provide the VR services, and the methods used to procure these services.

- 5. A description of the criteria that will be used to evaluate progress toward achievement of the employment outcome.
- 6. The terms and conditions of the IPE, including the rights and responsibilities of RS and the individual, the extent of the individual's financial participation in paying for the cost of services, the responsibility of the individual regarding applying for and securing comparable benefits, and the responsibility of other entities.

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Supported Employment Requirements

The IPE for individuals with the most significant disabilities for whom an employment outcome in a supported employment setting has been determined to be appropriate will also contain:

- 1. A description of the specific supported employment services to be provided by RS.
- 2. A description of the specific extended services needed, which may include natural supports.
- 3. Identification of the source of extended services, or, to the extent that it is not possible to identify the source of extended services at the time the IPE is developed, inclusion of a description of the basis for concluding that there is a reasonable expectation that those sources will become available.
- 4. A provision for periodic monitoring to assure that the individual is making satisfactory progress toward meeting the weekly work requirement established in the IPE by the time of transition to extended services.
- 5. A provision for the coordination of services provided under an IPE with services provided under other individualized plans established under other federal or state programs.
- 6. To the extent that job skills training is provided, a verification that the training will be provided on site.
- 7. A provision indicating that placement will be in an integrated setting for the maximum number of hours possible based on the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of an individual with a most significant disability.

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Post-Employment Services

The IPE for each individual must contain, as determined to be necessary, statements concerning:

- 1. The expected need for post employment services prior to closing the record of services for an individual who has achieved an employment outcome.
- 2. A description of the terms and conditions for the provision of any post employment services.
- 3. If appropriate, a statement of how post-employment services will be provided through other entities through comparable benefits and services arrangements.

Coordination of services for students with disabilities who are receiving special education services

The IPE for a student with a disability who is receiving special education services must be coordinated with the Individual Education Plan (IEP) for that individual in terms of the goals, objectives, and services identified in the IEP.

References: § 361.5, 361.45, 361.46

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RS Policy

Development of the IPE: Counselors will promote the individual's full involvement and participation in the development of the IPE. The counselor's role in providing information about and guiding the individual in exploration of options is critical to supporting informed choice of the individual. The employment outcome will be emphasized throughout the IPE development and the rehabilitation process.

Timelines for prompt development of an IPE: Client follow through is a determining factor in the time needed to develop an IPE. The IPE shall be developed as soon as is reasonably possible, but no later than 120 days after determination of eligibility. This timeline may be extended with the agreement of the client.

Revisions to the IPE: In keeping with federal regulatory guidance stated above, minor changes to an individual's program of services do not have to be recorded in a revision to the IPE. If the client and counselor agree to a substantive revision of the IPE by phone, the counselor may note this in the case record and proceed with providing services under the revised IPE. The client may sign the revised IPE during the next visit to the office or the revised IPE may be mailed to the client for signature.

Vocational objectives: The vocational objective should be stated with sufficient specificity to be meaningful to the client considering his or her level of vocational development and the employment opportunities available to the person in the local labor market or labor market to which the person is willing to relocate. Initial goals, particularly for transition students, may be stated in terms of a particular type of career or industry, such as clerical work, and subsequently revised as the person focuses on specific employment goals. If more than one choice is appropriate, list a vocational objective that is as close as possible. In the narrative list the other vocational objectives being considered. As the case develops, if a different vocational objective is more appropriate, the IPE may be amended. General vocational objectives such as "to be determined" or "competitive employment" may not be used. If an individual is interested in a vocational objective which requires a license, background check or drug screening test, the ability of the client to meet those requirements must be addressed periodically at appropriate stages of the

rehabilitation process, including when the vocational objective is being selected, before development of the IPE is completed (Status 12) and when the client is ready for job placement.

Effective Date: April 26, 2005

DUfh'& ! Scope of Available Services

Synopsis of Federal Regulation

The following vocational rehabilitation (VR) services are available:

- 1. Assessment for determining eligibility and priority for services by qualified personnel, including if appropriate an assessment by personnel skilled in rehabilitation technology.
- 2. Assessment for determining VR needs by qualified personnel, including if appropriate an assessment by personnel skilled in rehabilitation technology.
- 3. VR counseling and guidance, including information and support services to assist an individual in exercising informed choice.
- 4. Referral and other services necessary to help applicants and eligible individuals secure needed services from other agencies, including other components of the state workforce system, and to advise those individuals about the Client Assistance Program (CAP).
- 5. Physical and mental restoration services, to the extent that financial support is not readily available from a source other than RS (such as through health insurance or a comparable benefit/service).
- 6. Vocational and other training services, including personal and vocational adjustment training, books, tools, and other training materials, except that no training or training services in an institution of higher education (universities, colleges, community or junior colleges, vocational schools, technical institutes, or hospital schools of nursing) may be paid for with funds under this part unless maximum efforts have been made by Rehabilitation Services (RS) and the individual to secure grant assistance in whole or in part from other sources to pay for that training.
- 7. Maintenance for additional costs incurred while participating in rehabilitation.
- 8. Transportation in connection with the rendering of any VR service.
- VR services to family members of an applicant or eligible individual if necessary to enable the applicant or eligible individual to achieve an employment outcome.
- 10.Interpreter services, including sign language and oral interpreting for individuals who are deaf or hard of hearing, and tactile interpreting services for individuals who are deaf-blind.
- 11.Reader services, rehabilitation teaching services, and orientation and mobility services for individuals who are blind provided by qualified personnel.

- 12. Job-related services, including job search and placement assistance, job retention services, follow-up services and follow-along services.
- 13. Supported employment services.
- 14. Personal assistance services.
- 15.Post-employment services.
- 16.Occupational licenses, tools, equipment, initial stocks, and supplies
- 17.Rehabilitation technology, including vehicular modification, telecommunications, sensory, and other technological aids and devices. Rehabilitation technology must be discussed and provided, if needed, at each stage of the rehabilitation process.
- 18. Transition services.
- 19.Technical assistance and other consultation services to conduct market analyses, develop business plans, and otherwise provide resources to eligible individuals who are pursuing self-employment or telecommuting or who are establishing a small business operation as an employment outcome.
- 20.Other goods and services determined necessary for the individual with a disability to achieve an employment outcome.

Reference: § 361.48

Effective Date: January 17, 2001

DUfh' ! Limits, Nature and Scope of Services

Synopsis of Federal Regulations

The provision of services is based on the rehabilitation needs of each individual as identified in that individual's Individualized Plan for Employment (IPE) and is consistent with the individual's informed choice. Arbitrary limits on the nature and scope of vocational rehabilitation services to be provided to the individual to achieve an employment outcome may not be established.

Reference: §361.50

Rehabilitation Services (RS) Policy

Services shall be provided in the most cost-effective manner in order to prepare the client for employment that is consistent with his or her strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

Out-of-state and private services:

- RS has established a preference for in-state services, provided that the
 preference does not effectively deny the client a necessary service. If the
 client chooses an out-of-state service at a higher cost than an in-state
 service, if either service would meet the client's rehabilitation needs, RS is
 not responsible for those costs in excess of the cost of the in-state service.
- Approval is required for out-of-state services funded by RS. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Approval must be given before including such services on the IPE. See <u>Section 1 / Part 13</u>, Miscellaneous administrative issues and <u>Section 8 / Part 33</u> for a comparative analysis worksheet.
- See Section 3, Part 17 for more information on training.

Duration of services: The duration of each service needed by an individual must be determined on an individual basis and reflected in that individual's IPE.

Effective Date: April 10, 2006

DUfh'('! 'Service Codes and Related Information

The counselor is responsible for the entry of accurate and consistent service codes and descriptions of the services on Kansas Management Information System (KMIS). When entering Individualized Plan for Employment (IPE) services on KMIS, the counselor must enter a brief description or the system will enter the generic description assigned to that code. In either case, the description needs to be specific enough for the client and others to clearly understand what is being provided.

In addition, service codes are used to organize the variety of services provided by RS into groups required for federal reporting. RS creates additional codes to enable reasonable analysis of case service expenditures and to supply specific service related information to the Kansas Legislature, Kansas Department for Children and Families (DCF), disability advocacy groups and others.

Use of a service code does not mean that RS will automatically pay for the service. Some services are provided through comparable benefits or at no cost. In some situations, such as the Payment-for-Performance Placement Model, the service code may only be used with contracted providers.

The following is a brief description of the service code groups and examples of services for each code. Numerical and alphabetical lists of service examples and codes are provided in subsequent sections of this manual. Also, see Section 11 for service codes and service descriptions for contracted services.

Contracted Services

Assessment

Restoration (Treatment of Impairments)

Counseling and Guidance Provided by the VR Counselor

Rehabilitation Technology Services

Training

Job Finding/Placement Services

Maintenance

Transportation Services

Personal Assistance Services

Other Services

Services to Family Members

Effective Date: April 10, 2006

DUfh'(U'! 'Service Codes - Contracted Services

See Section 11.

001 Customer Support Services

025, 026, 027 IPE Research

028, 029 IPE Case Coordination

030, 031, 032 Purchasing Support

150 Vocational Assessment

155 Community-Based Work Assessment

551, 552, 553, 554 Work Training with Placement

575 Intensive Employment Support Services

601, 602, 603 Supported Employment (3 Components)

604, 605, 606, 607 Supported Employment (4 Components)

611, 612, 613 Job Placement Services

655 Community-Based Job Tryout

DUfh'(U'! 'Service Codes - Assessment

Assessment means services provided and activities performed to:

- Determine an individual's eligibility for vocational rehabilitation (VR) services.
- Assign an Order of Selection Category.
- Determine the nature and scope of VR services to be included in the IPE or IPE amendments.

The services in this group will usually be provided prior to the IPE because they typically supply the assessment information needed to determine eligibility or to develop the IPE. Note that it is possible to authorize for assessment services after the IPE is developed to evaluate previously unknown conditions or circumstances that may impact IPE objectives and services. In such situations, it is not necessary to amend the IPE to provide these assessment services. If the assessment identifies the need for additional IPE services, an IPE amendment will be necessary to add those services.

120 Radiology and Laboratory

Examples:

Blood levels

CAT scan

Chemical profile

CT scans

EKG/ECG

Imaging service

Lab work

MRI

Myelogram

Panoramic X-ray

TB test

Urinalysis

X-rays

130 Medical (physical) Assessment

Exams or evaluation by a qualified person to determine if a person has a physical impairment and/or to determine the person's current functional capacity.

Examples:

Audiological exam

ENT exam

Eve exam

Functional capacity evaluation

General medical exam

Hearing assessment

Low vision exam

Neurological exam

Occupational evaluation
Optical exam
Orthopedic exam
Physical exam
Physical therapy evaluation
Tympanometry

140 Records

In addition to copies of records or existing reports, this section also includes reports or written summaries prepared by qualified sources based primarily on a review of records.

Examples:

Addiction recovery summary

Addiction treatment records

Alcohol and drug records

Audiologist's records

Copy charges, hospital

Court records

Definitive Medical Summary

Doctor's notes

Hospital records

Mental health center information

Medical history

Medical records

Optometrist's records

Patient records

Police report

Post secondary school records

Probation or parole reports

Psychiatric hospital records

Psychiatrist's notes

Psychological records

Psychotherapy notes

Treatment records

Transcript

Written medical summary

150 Vocational Assessment

The process of identifying and appraising an individual's level of functioning in relation to vocational preparation and employment decision making. The outcomes of assessment are: (1) to help identify and plan for services or activities needed to assist the person in his/her career goals and (2) to increase the individual's knowledge of his/her capabilities and jobs so appropriate occupational choices can be made. See Section 11.

Examples:

CDC assessment

Vocational assessment

Vocational evaluation

Situational assessment Interest/achievement/aptitude testing

155 Community Based Work Assessment (CBWA)

Vocational assessment with report based on the person's performance at a work site in the community. CBWA is usually initiated relatively close to the start of the VR process to answer questions about one's functional abilities, adaptive or content transferable skills, or stamina. The assessment service is used to find data to answer questions for which you have no answer and is not expected, or likely, to result in employment with the employer providing the work site. See Section 11. Examples:

CBWA

Community site work assessment
Job site assessment
Client compensation for participating in CBWA
Payment to provider to set up a CBWA, monitor site and prepare report

170 Psychological/Psychiatric/Alcohol Drug Assessment

Exams or evaluation by a qualified person for the purpose of determining the existence of a mental impairment, alcohol or drug related impairment, and the current functional capacity of the individual in relation to the impairment. Examples:

Addiction evaluation
Alcohol or drug assessment
Intelligence testing
Definitive psychiatric summary
Mental status exam
Personality assessment
Neuropsychological assessment
Psychiatric diagnostic exam
Psychological testing

110 Other Assessment

Examples: Independent living assessment Driver's evaluation Living skills assessment

RELATED INFORMATION FOR ASSESSMENT

- Not subject to the economic needs test.
- Exempt from comparable benefits search.

DUfh'(U'! 'Service Codes - Restoration (Treatment of Impairments)

Restoration (physical or mental) includes corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment.

NOTE: Devices provided to improve or maintain the individual's ability to function would be recorded under Assistive Technology Devices.

Physical Restoration

200 Health insurance payments

Time-limited or partial payments for client's health insurance coverage are allowed. The rationale for the need, cost-effectiveness and contribution to the employment outcome must be clearly documented in the record of services.

Examples:

Medical insurance premium Working Healthy premium Health insurance payment

210 Drugs and supplies

Includes medication prescribed by a qualified source and related supplies. Over the counter medication must also be prescribed by a qualified source.

Examples:

Co-pay for prescription
Diabetic testing supplies
Insulin
Non-prescription medication
Over-the-counter medication
Pharmacy supplies
Pill dispenser
Prescription medication
Syringes

220 Surgery (surgeons' fees)

Corrective surgery that is likely, within a reasonable period of time, to correct or modify an impairment that constitutes a substantial impediment to employment. Note that other services, such as hospitalization, anesthesia and radiology are frequently associated with surgery and coded separately.

Examples:

Assistant surgeon charge Cataract surgery Chemotherapy Dialysis Laser surgery Pain management treatment Surgeon fees

230 Anesthesia

Examples:

Anesthesiologist fee

Anesthesiology charge

240 Medical Treatment (office visits and rechecks)

Examples:

Follow-up eye exam

Follow-up visit with Dr

Physician's office visit

Recheck

245 Intercurrent illness treatment

An unexpected illness or injury that arises during rehabilitation and constitutes a hazard to the determination of eligibility, participation in IPE services or the achievement of the vocational objective.

Examples:

Treatment for a broken bone

Treatment of flu

Appendectomy

250 Hospital Care (inpatient or outpatient)

Necessary hospitalization in connection with surgery or treatment.

Examples:

Emergency room charge

Hospital fee

Inpatient fee

Inpatient care

Outpatient hospitalization

Recovery room charges

Room charges

Surgery hospital supplies

Surgical care

260 Chiropractic Services

Example:

Chiropractor fees

280 Dental services (not devices)

Examples:

Crown

Dental exam

Dental services

Fillings

Orthodontic repairs

Root canal

Teeth cleaning
Tooth extraction

350 Physical & Occupational therapy

Examples:

Occupational therapy Physical therapy Therapeutic exercise Electrical stimulation

360 Speech/Hearing Therapies

Examples:

Audiological training Phonetics training Speech evaluation Speech therapy

Mental Restoration

320 Psychiatric Treatment

Treatment for mental and emotional disorders by a psychiatrist.

Examples:

Psychiatric medication check

Psychiatric services

Psychiatric therapy sessions

Psychiatric treatment

330 Alcohol/Drug services

Examples:

Addiction treatment Alcohol/Drug treatment Drug screening/urinalysis Recovery services

340 Psychological Services

Treatment for mental and emotional disorders provided by a qualified psychologist, social worker or other qualified provider.

Examples:

Counseling sessions

Group therapy

Individual therapy

Mental health center services

Psychotherapy (other than psychiatrist)

RELATED INFORMATION FOR RESTORATION

· Fee schedule applies to specific services.

- · In-patient alcohol/drug treatment is limited to a maximum of 25 days.
- The Counselor's spending authority (cost cap) for the treatment of an intercurrent illness is \$6,750 for the life of the case. See Section 3 / Part 8 for additional information.
- · Specific conditions apply to the provision of surgery. See Section 4 / Part 11.

DUfh'(U'! Service Codes - Counseling and Guidance Provided by the VR Counselor

General: In all cases, counselors develop a collaborative relationship with each applicant and eligible individual and promote the individual's full involvement and participation in the rehabilitation process. The counselor's role in providing information about and guiding the individual in exploration of options is critical to supporting informed choice of the individual. Vocational counseling and guidance also includes support and assistance with problem solving and clarification of values, as well as information about and referral to community resources and coordination of services. Such counseling and guidance may not be considered a "countable" service for Order of Selection purposes.

Substantial: If required by the individual, the counselor will provide discrete, substantial counseling services that are vocational in nature and are specifically designed to assist the individual in participating in the rehabilitation process and in reaching an employment outcome. Such vocational counseling will involve multiple sessions, be included in the IPE, and address issues such as vocational exploration, career decision making, establishment of a career path including short and long term goals, self-advocacy in the work place, development of problem-solving skills, and use of community resources related to employment. This substantial level of service is distinct from the general counseling relationship that exists between the counselor and the client throughout the rehabilitation process. Such substantial counseling and guidance may be considered a "countable" service for Order of Selection purposes. (Note: This is not mental restoration services provided by qualified sources. See codes 320, 330 and 340.)

The level of service is determined according to the VR needs of the individual consistent with his or her informed choice.

365 Counseling and guidance - general

370 Counseling and guidance - substantial (not mental restoration)

RELATED INFORMATION FOR COUNSELING AND GUIDANCE PROVIDED BY THE VR COUNSELOR

- Not subject to economic needs test.
- Exempt from comparable benefits search.

DUfh'(U'! Service Codes - Rehabilitation Technology Services

Rehabilitation Technology Services represent the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities in areas which include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services. Note: Rehabilitation engineering does not have a separate service code. If it is provided, use one of the following codes which is the best match.

Assistive Technology Devices (ATD)

These devices include any item, piece of equipment, or product system, whether acquired commercially or off the shelf, or modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an individual with disabilities.

270 Visual aids/optical devices

Examples:

Braille labeler

Brailler

Cane, folding

CCTV

Contact lenses

Digital voice recorder

Dome magnifier

Eye glasses

Large print overlay

Lens

Low vision magnifier

Recorder

Screen readers

Speak dictionary

Talking calculator

Talking compass

Talking watch

Tinted lenses

Video magnifier

White cane

Zoom text

290 Hearing aids/audiological devices

Examples:

Amplifier, telephone
Batteries for hearing aid
Doorbell amplifier
Ear molds
Flasher alarm
Hearing aids
Signalers
Sonic Boom alarm clock

TTD TTY

380 Prosthetic appliances (including dentures)

Examples: Artificial limb Bridge, dental Dentures Eye, prosthetic Partial denture

Prosthesis

390 Orthotic appliances

Examples:
Brace, knee
Cane (for support)
Compression stocking
Crutches
Orthotic shoes
Shoe inserts
Sit/stand stool
Special shoes-foot conditions
Support stocking
Walker

410 Other assistive technology devices (not already listed)

Examples:

ATV for accessibility

Back cushion

Bath lift

Communication boards

Docking stand

Large print

Measuring cups

Liquid level indicator

Utility vehicle for accessibility

411 Wheelchairs

Examples:

Custom seating

Footplates Power wheelchair Three wheel scooter Wheelchair, manual

412 Vehicle modification

Examples: Chairlift, rooftop Hand Controls Power door conversion Vehicle accessibility modifications

413 Computer equipment

Include the hardware and software necessary for the use of the computer.

Computers are a state contract item.

Examples:

Computers Disks

Hardware, computer

Internet connection

Keyboard

Motherboards

Mouse arm

Power supply

Printer

Scanner

Software, computer

Wrist rest

414 Home modification

Examples:

Accessibility remodeling

Door widening

Grab bar installation

Ramp installation

416 Equipment repairs

Examples:

Computer repair

Hearing aid repair

Hearing aid re-programming

Repair CCTV

Service contract purchase

Wheelchair parts

Wheelchair repair

Service calls for equipment repairs

Assistive Technology Services

These are services that directly assist an individual in the selection, acquisition, or use of an assistive technology device. Such services include:

- Evaluating the needs of individuals, including a functional evaluation of the individual in his or her customary environment.
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices.
- Coordinating and using other therapies and interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs.
- Training or technical assistance for the client or, where appropriate, the client's family.

417 Assistive Technology Services

Examples:
Assistive technology assessment
Hearing aid dispensing fee
Prosthesis fitting
Job site modification
Wheelchair modification

RELATED INFORMATION FOR REHABILITATION TECHNOLOGY SERVICES

- Exempt from comparable benefits search.
- The Counselor's spending authority (cost cap) for the general Assistive Technology category is \$11,250 for the life of the case. See <u>Section 3 / Part</u> 8 for additional information.
- The Counselor's spending authority (cost cap) for home modifications is \$9,000 for the life of the case. See Section 3 / Part 8 for additional information. Requests to modify rental property must be submitted to the Central Office for approval. Such requests must address portability of the modification, the property owner's agreement to the modification, the client's rental history (frequency of moves), and evidence that the client intends to remain at the residence for a reasonable period of time.
- The Counselor's spending authority (cost cap) for vehicle modifications is \$13,500 for the life of the case. See <u>Section 3 / Part 8</u> for additional information.
- Hearing aids are subject to a tiered fee schedule.
- The Counselor's spending authority (cost cap) for eye glass frames is \$100 per purchase. Lenses are paid at the Medicaid rate.

DUfh'(U'! 'Service Codes - Training

Training is a service designed to enable the client to improve educationally or vocationally or to adjust to the effects of his or her disability. Five broad types of training have been identified. If a client receives more than one type of training, each type should be recorded.

College and University Training

510 College and University

Examples:
College/University tuition/fees
Community college
Junior College program
Post-secondary degree program

Business and Vocational Training

525 Wilson Reading System Instruction

Because this service is part of a federal demonstration grant, it is currently available in the Kansas City Metropolitan Region only. Use of this service code is therefore restricted to staff in that region.

526 Road to Success Classes

Because this service is part of a federal demonstration grant, it is currently available in the Kansas City Metropolitan Region only. Use of this service code is therefore restricted to staff in that region.

530 Vocational/Business/Technical School Training

Examples:

Automotive technician

Barber school

Chef School

Computer skills training related to work

Cosmetology training

Diesel mechanics training

Technical drafting

Truck driving school

CNA training through area vo-tech

Non-degree post-secondary education

580 Occupational Training (not tools)

Examples:

CNA training (from employer)

OTAP Training
Peer Specialist Training

Books and Training Supplies

540 Training Books and Supplies

Examples:
Books
Calculator for class
Camera equipment for class
Cap and gown
Class supplies
Day planners
Parking permits
School supplies
Textbooks

Adjustment Training

This type of training (personal/vocational adjustment, work training services with placement, comprehensive job-coach and intensive employment support) may be provided (if needed) to any eligible person. However, it is likely that a person needing these intensive, multifaceted types of services will be significantly disabled or most significantly disabled.

550 Personal/Vocational Adjustment Training

Training to prepare an individual for the world of work (e.g., appropriate work behaviors, getting to work on time, appropriate dress and grooming, increasing productivity). Do not use this code for intensive employment supports, job coaching or other supports provided after employment.

Examples:

Braille training
Dyslexia remediation
Job preparedness training
Job readiness training
Job success classes
Mobility training
Orientation and mobility training

Work Training Services with Placement

551 Use only with providers contracted for this service. See Section 11. 552

553554

570 Comprehensive Job Coach

This service provides both individualized job finding and time limited support once the job is found. The services include skill training to enable the worker to learn the needed job tasks, mentoring until the worker is performing the job effectively or at an appropriate level, and assistance in resolving personal and other issues that would interfere with successful employment. Comprehensive job coach services provide job finding/job placement in addition to the intensive employment support services described under code 575.

Examples:

Comprehensive job coaching
Job coaching/placement
Job coaching on the job, including finding the job

575 Intensive Employment Support

These individualized support services are intended to lead to successful employment stabilization and case closure in competitive, integrated employment. Services must be defined in an action plan with progress measures, and services may include:

- Facilitating training opportunities to assist the client in learning specific job tasks and problem-solving skills.
- Working with the client to identify support needs, and then helping the client to become aware of natural supports and community resources, to develop a support network, and to learn to use the support network and community resources independently.
- Mentoring to assist the client in adjusting to the specific place of employment, and to support the client in appropriate interaction with the employer and co-workers.
- Facilitating social integration to achieve good co-worker relationships.
- Training on transportation options for maximum independence.
- Training on self-advocacy, especially related to requests for reasonable accommodations.
- Working with the employer, client and RS to analyze whether specific disability awareness training for supervisors and co-workers would be needed to facilitate the successful integration of the client into the workplace.
- Promoting a partnership between the client, the employer and RS.

 Seeking feedback from the client and employer on their satisfaction with the job and work performance. See Section 11.

Examples:

Job coaching only Job coaching on the job, not including job finding

Supported Employment (3 Components)

601 Use only with providers contracted for this service. See Section 11.

602

603

Supported Employment (4 Components)

604 Use only with providers contracted for this service. See Section 11.

605

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607

On-the-Job Training

560 On-the-job training (OJT) / Apprenticeship

Training in specific job skills by a prospective employer. Generally the individual is paid during this training and will remain in the same or a similar job upon successful completion. Also include apprenticeship training programs conducted or sponsored by an employer, a group of employers, or a joint apprenticeship committee representing both employers and a union.

Note: Job Coaching, Trial Work Experiences or community based job tryouts are not OJT.

Examples:

OJT On job training

Miscellaneous Training

520 Other Academic - specialized/secondary/elementary

Examples:

GED classes

GED skills training

Schools for the deaf

Schools for the blind and visually impaired

590 Living Skills Training

Examples:

Independent living skills training

Living skills training

630 Training Services Not Listed

Examples:
CPR training
Driver education course
Driver training
Tutor

RELATED INFORMATION FOR TRAINING

- Some vocational training services, such as personal and vocational adjustment training, books, alternative format books, tools and other training materials are exempt from the comparable benefits search. However, no training in an institution of higher education (university, college, community college, vocational or technical school, or school of nursing) may be paid for with VR funds unless maximum efforts have been made to secure assistance from other sources in whole or in part to pay for the training.
- Tutors may be paid \$10 per hour. See <u>Section 3 / Part 8 for additional information</u>.
- Training services not subject to determination of economic need include:
 - Personal/vocational adjustment training.
 - Work training services with placement.
 - Comprehensive job coaching.
 - o Intensive employment support.
 - Supported employment component services.
 - On-the-job training.
- Use only RS approved and contracted providers.

DUfh'(U'! Service Codes - Job Finding and Placement Services

609 Special Accommodation Fee for Job Placement

This service code is limited in use to previously authorized providers in the Kansas City Metropolitan Region only.

610 Job Finding Assistance

Includes activities that support and assist a consumer in searching for an appropriate job. Job finding may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer. This service may be provided by the RS counselor or another provider.

Examples:

Employer development
Job placement
Employer contacts
Interview skills development
Job finding
Job finding/retention
Job development
Resume preparation

Job Placement Services

611 Use only with providers contracted for this service. See Section 11.

612

613

655 Community Based Job Tryout (CBJT)

CBJT is used at the end of the VR process when the person served already knows strengths and capabilities and wants to "get a foot in the door" or "try out" the job. The tryouts are used after you have a good idea that the person is "job ready" and you want to test out a possible placement area. See Section 11.

Examples:

Community based job tryout

Compensation to client for participation

Payment to provider for set-up, monitor the tryout and report

RELATED INFORMATION FOR JOB FINDING/PLACEMENT SERVICES

- · Not subject to economic needs test.
- · Exempt from comparable benefits search.
- · Use only RS approved and contracted providers.

DUfh'(U'! Service Codes - Maintenance

Defined as monetary support provided for those expenses such as food, shelter and clothing, that are in excess of the normal expenses of the individual, and that are necessitated by the individual's participation in an assessment for determining eligibility and VR needs or the individual's receipt of VR services under an IPE.

- Maintenance may be a one time payment or may be set up as regular monthly payments for a specified time period.
- The amount of maintenance must be justified based on the individual's specific circumstances. The maximum amount may not automatically be provided unless justified by the individual's need.
- Clients receiving SSA benefits or other support intended for subsistence can receive maintenance only when maintenance requirements are increased because of the individual's participation in a VR plan.
- At the time of application/initial interview, counselors should determine how the applicant is meeting subsistence needs. Those without a means of support should immediately be referred and assisted as needed to apply for available subsistence help.
- Counselors shall clearly document the lack of subsistence support and the ineligibility for support from other sources, and monitor changes that may impact future availability.

Examples of maintenance expenses include, but are not limited to:

- a. the cost of a uniform or other suitable clothing required for an individual's job placement or job seeking activities;
- b. the cost of short-term expenses, such as food and shelter, that are required in order for an individual to participate in assessment activities or vocational training at a site that is not within commuting distance of an individual's home:
- the initial one-time costs, such as security deposits or charges for the initiation of utilities, that are required in order for an individual to relocate for a job placement; and
- d. the costs of an individual's participation in enrichment activities related to that individual's training program.

700 Maintenance Services

Examples:
Dorm costs
Haircuts (for interviews, jobs)

Interview clothes
Living expenses during plan
Maintenance
Rent deposits
Room/board while at school
Utility deposit/payment
Work clothes

Enrichment activities while in school, such as: club dues (degree related) while in school; field trips (extra cost); honor society dues.

750 Emergency food/shelter for eligible individuals

It is possible to provide short-term emergency financial assistance to eligible individuals who are homeless or deinstitutionalized when it is necessary for the individual to achieve an employment outcome. Beyond the emergency situation, however, RSA guidance indicates that welfare and other social service agencies are better equipped to support the everyday living expenses of the homeless or deinstitutionalized. [Reference: Regulatory guidance, Page 6313, Federal Register, February 11, 1997 and 361.48(a)(20)]

RELATED INFORMATION FOR MAINTENANCE

- Support services provided ONLY in conjunction with other core VR services.
- The Counselor's spending authority (cost cap) for basic subsistence is no more than \$450 per month. See Section 3 / Part 8 for additional information.
- Other allowable maintenance services are not subject to this cost cap.

DUfh'(U'! Service Codes - Transportation Services

Transportation is a support service and will be provided only in conjunction with other rehabilitation services. Transportation means travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service. This service may include, but is not limited to:

- Mileage, parking fees and road tolls.
- Short-term travel related expenses, such as food and shelter, incurred by an individual when participating in authorized services.
- Use of public transportation.
- Taxi or bus fares.
- Limited vehicle repairs and maintenance essential to the operation of a personal vehicle used to participate in other IPE services.
- Limited vehicle purchase when there is no cost effective alternative and when necessary to participate in the IPE or to achieve employment.
- Relocation expenses incurred by an individual who will be permanently relocating in connection with participation in IPE services or a job placement that is a significant distance from the person's current residence.

800 Transportation payments to individuals (clients)

Include any payment to the client for transportation

Examples:

Bus coupons

Cab tickets

Fuel charge

Gas money

Meals for drivers

Mileage

Taxi

Travel expense for personal care attendant

Relocation expense connected to job placement significant distance away

801 Mileage for vendors

810 Vehicle purchase (including sales tax)

Vehicles may be purchased as a transportation service for clients if necessary to carry out the rehabilitation plan or achieve the employment outcome. Purchase of vehicles may be considered only if no other cost-effective transportation alternative exists. Purchase of vehicles may also be considered if the total cost of the purchase

and related fees would be less than alternative monthly transportation fees when considered over the life of the case. The feasibility of other alternatives, such as public transportation or transportation provided by family, co-workers, friends or other students or the use of drivers, must be explored and documented in the record of services. Under these circumstances, the purchase of a vehicle is available to any eligible client, regardless of significance of disability, as long as the individual is in an open category of service through Order of Selection. RS may pay for sales tax and insurance as additional expenditures separate from the purchase price.

Examples:

Vehicle (car, van, truck)

Kansas sales tax

820 Vehicle insurance, property tax, tags

Examples:

Insurance

Liability insurance

Personal property tax, vehicle

Registration fees

Tags Vehicle inspection

830 Vehicle repair

There may be instances when repairs are needed for a vehicle owned by the individual. If use of the vehicle is essential for the individual's participation in the IPE or for achievement of the employment outcome, vehicle repairs may be authorized if no other source exists to finance the needed repairs.

Examples:

Labor and parts

Repair estimate

Vehicle repair

Tires (automotive)

Towing charges

RELATED INFORMATION FOR TRANSPORTATION

- Support service provided ONLY in conjunction with other core VR services.
- Mileage rate for clients is no more than 20 cents a mile, and no more than \$450 a month. See Section 3 / Part 8 for additional information. Mileage rates should be negotiated based on actual costs to be incurred by the client.
- The mileage rate for vendors is no more than 25 cents a mile. See <u>Section 3 / Part 8</u> for additional information.
- The Counselor's spending authority (cost cap) for vehicle purchase is no more than \$1,999 for the life of the case. See Section 3 / Part 8 for additional information.
- The Counselor's spending authority (cost cap) for vehicle repair is no more than \$1,000 for the life of the case. See Section 3 / Part 8 for additional information.

DUfh'(U'! Service Codes - Personal Assistance Services

Personal assistance services are a range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability. Such services should be designed to increase the individual's control in life and ability to perform everyday activities on or off the job. Personal assistance services may include personal care assistance with grooming, hygiene, dressing and eating, or driving the person to and from work or rehabilitation services. These services may also include training in managing, supervising, and directing personal assistance services. These services must be necessary to the achievement of an employment outcome and may be provided only when the client is receiving other VR services.

These services may be provided through VR if they are not available through another source. It is important to determine whether such services are available as a comparable benefit through any other program. When the individual will need continuing personal assistance after VR case closure, it is essential to identify and plan for other programs that will provide the long-term support.

Note: If the same person provides two or more of these services, indicate all services.

915 Sign Language Interpreter Services

Services for individuals who are deaf, hard of hearing or deaf-blind. Do not include foreign language interpretation in this category (use code 910).

Examples:

Note taking

Oral interpretation

Real-time captioning

Sign language interpreters

Tactile interpretation

Note: For mileage for interpreters, use code 801.

916 Sign Language Interpeter Reimbursement for Travel Time

See Section 3 / Part 18 on travel and Section 3 / Part 8 on mileage for vendors.

920 Reader Services

Services for individuals who cannot read print because of blindness or other disability. Reader services are generally for individuals who are blind or deaf-blind, but may also include individuals unable to read because of serious neurological disorders, specific learning disabilities, or other physical or mental impairments.

Examples:

Reading aloud

Sound recording of print

Transcription of print to Braille

930 Personal Attendant Services

Personal attendant services are those personal services that an attendant performs for an individual with a disability.

Examples:

Attendant services

Bathing

Dressing

Feeding

Mobility support

Personal care attendant

935 Other Personal Assistive Services to Clients

Examples:

Assistive animals

Drivers

Guide dog

Note taking other than interpreters

RELATED INFORMATION FOR PERSONAL ASSISTANCE SERVICES

- Support service provided ONLY in conjunction with other core VR services.
- Economic need does not apply when these services (such as sign language interpreters, reader services or personal assistance services) are needed by the individual in order to participate in the VR program.
- A detailed fee schedule for sign language interpreting is based on the interpreter's skill level and can be found in <u>Section 3/Part 18</u>.
- Readers may be paid minimum wage not to exceed 30 hours per week.
- Drivers may be paid minimum wage.
- Notetakers may be paid minimum wage not to exceed 30 hours per week.

DUfh'(U'! 'Service Codes - Other Services

This category is provided to allow classification of rehabilitation services that cannot be recorded elsewhere. Do not include reader and interpreter services here, but rather, under Personal Assistance Services.

620 Occupational Tools/Equipment/Initial Stock

These services are provided when necessary to increase an individual's opportunity for successful employment following completion of the other components of the IPE. Examples:

Clippers
Initial stock
Mechanic tools for job
Tool chest
Trimmers

621 Licenses

Occupational licenses include: licenses, registrations or permits required by a state, city or other governmental unit to enter or engage in an occupation or business. The need for occupational licenses must be clearly established, based on state and local requirements, employer requirements for hiring or job retention, and requirements of the trade or profession.

Examples:

Commercial Drivers License Driver's license fee Nursing license Occupational license Social work license renewal

622 Business Establishment

Technical assistance and other consultation services to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes.

Examples:

Accounting Services
Advertising
Business startup expenses
Deposit on business property
Internet services for business
Liability insurance for the business
Office supplies for the business

910 Foreign language Interpreter

Examples:

Foreign language interpreters

Language interpreter

Note: For mileage for interpreters, use code 801.

940 Other Services to Clients

Services included are not otherwise defined but are directly related to participation in the IPE or achieving an employment outcome. This category should NOT include services more accurately coded elsewhere, such as:

- Utility deposit, code 700.
- Work clothing, code 700.
- Child care, code 955.
- Emergency food or shelter, code 750.
- Treatment of intercurrent illness, code 245.
- Foreign language interpreter, code 910.
- Maintenance (one-time or ongoing), code 700.

RELATED INFORMATION FOR OTHER SERVICES

- The Counselor's spending authority (cost cap) for occupational tools and equipment is \$2,700 for the life of the case. See Section 3 / Part 8 for additional information.
- The Counselor's spending authority (cost cap) for business establishment is \$2,000 for the life of the case based on the business plan and budget. This service may be used in conjunction with initial stocks and supplies, and occupational tools and equipment.
- Foreign language interpreters are paid at the usual and customary rate available in the local area. This service is not subject to economic need when it is required by an individual in order to participate in the VR program.
- The Counselor's spending authority (cost cap) for initial stocks and supplies is \$900 for the life of the case. See Section 3 / Part 8 for additional information.

DUfh'(U'! 'Service Codes - Services to Family Members

Services to family members of applicants and eligible individuals are intended to promote family participation and remove family barriers to the individual's full participation in the rehabilitation process. Services to family members should be viewed as a limited service that does not duplicate the services available within the community. Services to family members are supports necessary to the adjustment and rehabilitation of the person. These services may include, but are not limited to:

- Training in personal assistance techniques to care for the individual.
- Child care for minor children while the individual is engaged in training or other rehabilitation services.
- Family members are defined as a relative or guardian of an individual with a
 disability or another individual living in the same household who has a
 substantial interest in the well-being of the individual and whose receipt of
 VR services is necessary to enable the person to achieve the employment
 outcome.

955 Child Care

Care of children necessary for the client to participate in and benefit from RS services.

Examples:

After school care

Babysitters

Childcare

Childcare tuition

Daycare

950 Other Family Services

Services to the individual's family necessary for the individual to participate in and benefit from RS services.

Examples:

Training in personal care techniques

RELATED INFORMATION FOR SERVICES TO FAMILY MEMBERS

Support service provided ONLY in conjunction with other core VR services.

DUfh') ! Service Codes Quick List

Code	Title
001	Customer Service
025	IPE Research Component #1: Referral
026	IPE Research Component #2: Employment Plan
027	IPE Research Component #3: IPE/Signed
028	IPE Case Coordination Component #1: Referral
029	IPE Case Coordination Component #2: Quarterly Intervals
030	Purchasing Support Component #1: Referral
031	Purchasing Support Component #2: Purchase Authorization
032	Purchasing Support Component #3: Item Delivered
110	Other Assessment
120	Radiology and Laboratory
130	Medical Assessment
140	Records
150	Vocational Assessment
155	Community Based Work Assessment
170	Psychological/Psychiatric/Alcohol/Drug Assessment
200	Health Insurance Premium
210	Drugs and Supplies
220	Surgery
230	Anesthesia
240	Medical Treatment
245	Treatment of Intercurrent Illness
250	Hospital Care (Inpatient or Outpatient)
260	Chiropractic Services
270	Glasses/Optical Devices
280	Dental Services (Not Devices)
290	Hearing Aids/Audiological Devices
320	Psychiatric Treatment
330	Alcohol/Drug Services
340	Psychological Services
350	Physical/Occupational Therapies
360	Speech/Hearing Therapies
365	Counseling & Guidance - General
370	Counseling & Guidance - Substantial

380	Prosthetic Appliances (Including Dentures)
390	Orthotic Appliances Orthotic Appliances
410	Other Assistive Technology Devices (Not Already Listed)
411	Wheelchairs
1	· · · · · · · · · · · · · · · · · · ·
412	Vehicle Modification
413	Computer Equipment
414	Home Modification
416	Equipment Repairs
417	Assistive Technology Services
510	College and University
520	Other Academic-Specialized/Secondary/Elementary
525	Wilson Reading System Instruction - KC Region only
526	Road to Success Classes - KC Region only
530	Vocational/Buisness/Technical School Training
540	Training Books and Supplies
550	Personal/Vocational Adjustment Training
551	Work Training with Placement Component #1: Development of Plan
552	Work Training with Placement Component #2: Completion of Plan Objective
553	Work Training with Placement Component #3: Placement in Permanent Job
554	Work Training with Placement Component #4: Successful Closure
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570	Comprehensive Job Coaching
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602	Supported Employment-3 Component #2: Job Placement
603	Supported Employment-3 Component #3: Successful Closure
604	Supported Employment-4 Component #1: Referral
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606	Supported Employment-4 Component #3: Stabilization
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609	Special Accommodation Fee for Job Placement - KC Region only
610	Job Finding Services
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620	Occupational Tools/Equipment/Initial Stock
621	Licenses
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630	Training Services Not Listed
655	Community Based Job Tryout
700	Maintenance Services
750	Emergency Food/Shelter
800	Transportation Payments to Individuals; Mileage for Clients
801	Milage for Vendors
810	Vehicle Purchase including Sales Tax
820	Vehicle Insurance/Property Tax/Tags
830	Vehicle Repair
910	Foreign Language Interpreter
915	Sign Language Interpreter Services
916	Sign Language Interpreter Reimbursement for Travel Time

920	Reader Services (for persons who are blind or visually impaired)
930	Personal Attendant Services
935	Other Personal Assistive Services to Client
940	Other Services to Clients
950	Other Family Services
955	Child Care

Effective Date: April 26, 2005

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DUfh'+ ! Service Codes in Numerical Order

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- 540 School supplies
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- 655 Payment to provider to set-up a tryout, monitor the tryout, and report

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- 700 Dorm costs
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- 700 Haircuts (for interviews, jobs)
- 700 Interview clothes
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750 Emergency food/shelter for eligible individuals

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Effective Date: April 26, 2005

DUfh, '! Summary of Spending Authorities (Cost Caps)

Rehabilitation Services (RS) Policy

Expenditures should be individually negotiated in all cases based on the client's needs and the Individualized Plan for Employment (IPE), reasonable cost and prudent use of public funds.

This Section lists the Counselor's maximum spending authority for specific categories of services. Counselors or clients may initiate requests for exceptions. Approvals above the Counselor's spending authority must be reasonable and based on individual circumstances, an identified vocational rehabilitation need, and IPE services.

- Rehabilitation Managers have the authority to approve expenditures of no more than \$1,999 above the Counselor's spending authority as well as authority to approve exceptions to established rates on an individualized client-by-client basis.
- RS Regional Program Administrators have the authority to approve expenditures of no more than \$4,999 above the Counselor's spending authority. Each RS Regional Program Administrator will establish a procedure for routing such exception requests specifying whether the request must first go through the RS Manager or whether the request can be made directly to the RS Program Administrator. RS Program Administrators may also approve exceptions to established rates.
- Requests for approval of higher amounts should be directed to the RS Field Liaison in the Central Office. Such requests must include the RS Program Administrator's recommendation.

In all circumstances, the standard Exceptions Request Form (<u>Section 8 / Part 54</u>) must be completed. Upon final action (approval or denial) the form must be routed to the Policy Specialist at the Central Office. This information will be used for an ongoing review of the appropriateness of the spending authority levels, statewide consistency, and for program evaluation.

Services are listed in alphabetical order.

Assistive technology (rehabilitation technology)

Service Code: 270 (excluding eye glasses), 290, 380, 390, 410, 411, 413, 416, 417 Counselor's Spending Authority: \$11,250 for the life of the case.

Business establishment

Service Code: 622

Counselor's Spending Authority: \$2,000 for the life of the case based on the

business plan and budget.

Notes: May be used in conjunction with initial stocks and supplies, and occupational tools and equipment.

Drivers

Service Code: 935

Counselor's Spending Authority: Current minimum wage.

Notes: As of May 1998, minimum wage is \$5.15 per hour. Provided as a reasonable

accommodation to allow participation in the IPE services.

Eye glass frames

Service Code: 270

Counselor's Spending Authority: \$100 per purchase.

Eye glass lenses

Service Code: 270

Counselor's Spending Authority: Medicaid rate

Foreign language interpreting

Service Code: 910

Counselor's Spending Authority: Usual and customary rate available in the local

area.

Home modifications

Service Code: 414

Counselor's Spending Authority: \$9,000 for the life of the case.

Notes: Home modifications are intended to remove barriers to access and fuctioning as needed to achieve the employment outcome. Requests to modify rental propperty must be forwarded by the RS Program Administrator to Central Office for approval. Such recommendations must address portability of the modification, the property owner's agreement to the modification, the client's rent history (frequency of moves), and evidence that the individual intends to remain at the residence for a reasonable period of time.

Initial stocks and supplies

Service Code: 620

Counselor's Spending Authority: \$900 for the life of the case.

In-patient alcoholism treatment

Service Code: 330

Counselor's Spending Authority: May be purchased for a maximum of 25

attendance days.

Notes: Use the Addiction and Prevention Services (AAPS) referral process.

Intercurrent illness

Service Code: 245

Counselor Spending Authority: \$6,750 for the life of the case.

Land or building purchases

Service Code: N/A

Counselor's Spending Authority: N/A

Notes: Not allowed.

Lodging and meals

Service Code: 800

Counselor's Spending Authority: Current approved rate for state employees.

Maintenance

Service Code: 700; use Code 750 for emergency food and shelter Counselor's Spending Authority: No more than \$450 a month for basic subsistence needs. *Notes:*

- The maintenance authority may also be used to purchase client interview or work clothes. Clothing expenditures may be considered separately (not include in the Counselor spending authority monthly maximum).
- Maintenance may be provided any time after diagnostic services have begun through the time when post-employment services are being provided. During job placement (Status 20), maintenance may be paid for only three months or until the first paycheck.
- Maintenance includes costs for incidentals. Clients participating in facility-based services should have access to funds for incidentals, whether it is from maintenance or their own resources. The amount should be individually negotiated based on the IPE and client need. RS does not necessarily have to be the source of funds for incidental expense if the client has access to other resources.
- Counselors may authorize emergency maintenance for individuals who are homeless for one month only. Additional months require Regional approval.

Mileage for clients

Service Code: 800

Counselor's Spending Authority: No more than 20 cents per mile AND no more than a total of \$450 a month.

Notes: The milage rate for clients is intended to reimburse for reasonable expenses for gasoline only. The vehicle repair expenditure authority may be used for maintenance and repair costs in lieu of a higher mileage rate. Mileage rates should be negotiated based on actual costs to be incurred by the client.

Mileage for vendors

Service Code: 801

Counselor's Spending Authority: No more than 25 cents per mile.

Notes: Since vendors are not eligible to use the vehicle repair expenses available to clients, vendors are eligible for a higher mileage rate.

Non-medical care attendants

Service Code: 930

Counselor's Spending Authority: \$7.45 per hour, not to exceed 30 hours per week.

Notetakers

Service Code: 935; use Code 915 when related to sign language interpreting. Counselor's Spending Authority: Current minimum wage, not to exceed 30 hours per week.

Occupational tools & equipment

Service Code: 620

Counselor's Spending Authority: \$2,700 for the life of the case.

Readers

Service Code: 920

Counselor's Spending Authority: Current minimum wage, not to exceed 30 hours

per week.

Notes: As of May 1998, minimum wage is \$5.15 per hour.

Rental property modifications

Service Code: 414

Counselor's Spending Authority: N/A

Notes: Requests to modify rental property must be forwarded by the RS Program Administrators to Central Office for approval. Such recommendations must address portability of the modification, the property owner's agreement to the modification, the client's rent history (frequency of moves), and evidence that the individual intends to remain at the residence for a reasonable period of time.

Surgery

Service Code: 220

Counselor's Spending Authority: \$10,000 for hospital and primary doctor fees (excluding radiology, anesthesia, and related expenses) for the life of the case. *Notes: Specific analysis is required prior to including surgery on the IPE. See Section 4 / Part 11.*

Tutors

Service Code: 630

Counselor's Spending Authority: \$10 per hour.

Vehicle modifications

Service Code: 412

Counselor's Spending Authority: \$13,500 for the life of the case.

Vehicle purchase

Service Code: 810

Counselor's Spending Authority: \$1,999 for the life of the case.

Notes: License and Kansas sales taxes can be paid in addition to the vehicle counselor spending authority. Use Code 810 for purchase and sales tax. Use Code 820 for insurance, personal property tax, inspection, and license tags.

Vehicle repair

Service Code: 830

Counselor's Spending Authority: \$1,000 for the life of the case.

Effective Date: April 10, 2006

DUfh-! Economic Need

Rehabilitation Services (RS) will consider the economic need of eligible individuals or individuals with an IPE who are receiving services during an extended evaluation for purposes of determining the extent of their participation in the costs of vocational rehabilitation (VR) services. The RS policy is based on the individual's financial need, including consideration of disability-related expenses paid by the individual.

This policy will be applied uniformly to all individuals in similar circumstances. Exception: Individuals determined eligible for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) because of their disability are exempt from a determination of economic need. Their family resources may not be considered.

For Kansas residents, the economic or financial needs test will apply to all services except:

- Assessment for determining eligibility and priority for services, except those non-assessment services that are provided during an extended evaluation for an individual with a severe disability.
- Assessment for determining vocational needs.
- Vocational rehabilitation counseling, guidance, and referral services provided by the RS counselor.
- Customer support services.
- IPE research.
- IPE case coordination.
- Purchasing support.
- Personal/vocational adjustment training.
- Work training services with placement.
- Comprehensive job coaching.
- Intensive employment support.
- Supported employment.
- On-the-job training.
- Job placement services.

- Services provided through a RS grant to a community rehabilitation program.
- Services provided at the Rehabilitation Center for the Blind and Visually Impaired.
- Any auxiliary aid or service (such as sign language interpreter services, foreign language interpreter services, reader services, personal assistance services) that an individual requires in order to participate in the VR program. (The distinguishing feature of these access services is that participation in the VR program is not possible without these services being made available.)

These exemptions do not apply for non-Kansas residents who are participating in Kansas services or programs on a fee basis.

Determination of economic need involves negotiation and counselor judgement. The Economic Needs Summary is used to compute the amount of financial assistance provided by RS and the amount of financial participation expected of the client. RS must still seek and use comparable services and benefits to pay for exempted services.

- Independent status and consideration of parents' income
- For purposes of economic need, individuals are considered independent if they meet one or more of the following criteria:
- The individual's own earnings constitute a majority of his or her financial support.
- The individual is 23 years old or older.
- The individual is married.
- The individual contributes financially to child support.
- The individual is an orphan or ward of the court or DCF.
- The individual has been discharged from U.S. military service.

The income of parents will not be considered when determining economic need for individuals who are considered independent under these standards. Parents' income will be considered an available resource for individuals who do not meet these standards.

Determination of available resources:

 The wages of adult wage earners in the family unit will be included in the calculation of available monthly resources. In the case of a client who lives with the parents and is claimed as a dependent, both the client's and parents' earnings will be included as available resources.

- Benefits received by adults in the family unit will be included in the calculation of available monthly resources. This includes:
 - Retirement benefits.
 - Social Security Survivor benefits.
 - SSI or SSDI when it is received by an adult in the family other than the client.
- If a child in the family is receiving SSI, these funds are not considered available resources for purposes of Economic Need. However, the child is counted when determining the number in the family in order to identify the cost of living standards.
- For clients who are married and living with the spouse, the incomes of both are available resources. For clients who are divorced or separated, only the client's income is an available resource.
- In addition to monthly income, savings and other negotiable instruments which may be readily converted into cash will be considered available resources. This includes checking accounts, money on hand, trust funds, savings, certificates of deposit, and other investments.
- Weekly benefits from workers compensation (Temporary Total Disability payments) are also considered available resources.
- Workers compensation or legal settlements designated for training are an available resource.
- Workers compensation or legal settlements are exempt when they compensate for disability or injury, loss of future earnings or loss of workrelated functioning.
- Legal settlements for back wages are an available resource.
- IRAs, deferred compensation accumulations and other tax-deferred assets specifically designed for retirement that existed prior to application for VR services. Additional deposits made after application for VR services are not exempt.
- Funds deposited, matching funds received, and interest earned in Individual Development Accounts are exempt.
- The client may exempt up to \$2,500 in cash assets and up to \$500 in cash assets for each member of the family unit.

Figuring Income Reduction

Income may be reduced by payments for disability related expenses (medical supplies, medication, therapies, etc.), child support and alimony. Monthly payment for health insurance may also count toward income reduction unless they were previously deducted when determining net income. Child care expenses may not be used for income reduction.

Effective dates

The purchase of a durable good is subject to economic need for at least three months. Examples of durable goods include, but are not limited to, home modifications, assistive technology devices and vehicles. Economic need standards will be applied for each month of the Individualized Plan for Employment (IPE). The Economic Need Summary may cover a maximum of 12 months, after which time it must be redetermined. Economic need must also be redetermined if financial resources change.

Cost of living standards

For purposes of determining economic need, the following cost of living standards will be applied.

- 1 person family, \$890 per month for cost of living standard
- 2 person family, \$1,200 per month for cost of living standard
- 3 person family, \$1,510 per month for cost of living standard
- 4 person family, \$1,820 per month for cost of living standard
- 5 person family, \$2,130 per month for cost of living standard

For each additional family member, add \$310 per person per month for cost of living standard.

Number in family

The number in the family is based upon the number of exemptions on the latest federal income tax return.

- In the case of a client who is a parental dependent and age 22 or younger, the number in the family will be based on the number of exemptions claimed on the parents' tax return.
- An unmarried client who is age 23 or older with no dependents is considered a family of one.
- For clients who are single, separated or divorced, family size is based upon the number of exemptions on the client's latest tax returns.

- For married clients filing separate income tax returns, family size will be determined by the total number of exemptions claimed on both returns.
- Determination of dependency status and family size must be reviewed each year. A change in dependency occurs when the client's earnings constitute a majority of financial support and the client would no longer qualify as a dependent.

Verification

Counselors must request verification of information, such as income tax returns or current pay stubs. Tax forms will be the only source for identifying income of self-employed individuals.

Relationship between economic need and maintenance

It is not the intent of RS to supplement a client's resources up to the cost of living standard when the payment of maintenance is involved, but rather to address the client's needs and increased expenses that are a result of the rehabilitation plan.

Effective Date: April 26, 2005

DUfh'%\$'!'Comparable Services and Benefits

Synopsis of Federal Regulation

Prior to providing any vocational rehabilitation (VR) services to an eligible individual, or to members of the individual's family, Rehabilitation Services (RS) shall determine whether comparable services and benefits exist under any other program and whether those services and benefits are available to the individual.

If comparable services or benefits exist and are available to the eligible client at the time needed to achieve the rehabilitation objectives in the individual's Individualized Plan for Employment (IPE), RS shall use those comparable services or benefits to meet, in whole or in part, the cost of vocational rehabilitation services.

If comparable services or benefits exist under any other program, but are not available to the client at the time needed to satisfy the rehabilitation objectives in the individual's IPE, RS shall provide VR services until those comparable services and benefits become available.

Exceptions: The following services are exempt from a determination of the availability of comparable services and benefits:

- 1. Assessment for determining eligibility and priority for services. Assessment for determining VR needs.
- 2. VR counseling, guidance, and referral services.
- 3. Vocational and other training services, such as personal and vocational adjustment training, books (including alternative format books accessible by computer and taped books), tools, and other training materials. Exception: No training or training services in an institution of higher education (universities, colleges, community or junior colleges, vocational schools, technical institutes or hospital schools of nursing) may be paid for with VR funds unless maximum efforts have been made by RS and the client to secure grant assistance in whole or in part from other sources to pay for that training.

Reference: §361.48(a)(6)

- 4. Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services.
- 5. Rehabilitation technology.
- 6. Post-employment services consisting of the six services listed above.

It is not necessary to complete a search for comparable benefits if the determination of the availability of comparable services and benefits under any other program would interrupt or delay:

- The progress of the individual toward achieving the employment outcome described in the IPE.
- An immediate job placement.
- The provision of VR services to any individual who is determined to be at extreme medical risk, based on medical evidence provided by an appropriate qualified medical professional.

Reference: §361.53

RS Policy

Services that are exempt from a comparable benefits search may still be subject to the RS Economic Need policy.

Effective Date: January 17, 2001

DUfh'%%'! 'Small Business and Self-Employment

Small businesses are a significant component of the economy and can provide gainful opportunities for employment of people with disabilities. Self-employment is a legitimate vocational rehabilitation (VR) objective.

Self-employment or small business entrepreneurship may be appropriate for a client when he or she has experience operating a business; when he or she requires a work setting or schedule under his or her own control; when the client has a marketable business idea with sound prospects for success; or when the competitive labor market is tight and placement is otherwise unlikely.

If a client is interested in such an employment opportunity, the following steps are required:

- Assess the client's business potential. Assessments may include vocational and psychological testing. Informal assessments include observations of the client's planning skills, ability to formulate a marketing and business plan, degree of enthusiasm, initiative and the ability to meet deadlines.
- Develop the business idea, explore its feasibility, and conduct a market analysis. The client should be responsible for the majority of this work, but should have resources to assist with the development, such as information from the counselor, the Small Business Administration, a business development consultant, a market analysis expert, etc. The client should research the market to determine the need for the business and who the customers would be. Counselors may also use this step to assess the client's initiative and commitment by expecting him or her to perform many of these steps with minimum guidance. Such initiative is a key characteristic of successful entrepreneurs. If the counselor does not feel the individual is performing these steps as expected, it should be discussed with the client.
- The client obtains needed education or training. The client is expected to be knowledgeable about the product or service being offered and all aspects of running a business such as personnel, management, bookkeeping and marketing. Attending seminars, participating in training courses, or working in another business are some of the ways this step can be accomplished.
- The client obtains technical assistance for every aspect of the business, such as funding sources, loans, tax information, licensing, use of attorneys, inventory, and insurance. Sources of technical assistance include similar businesses, industry associations, chambers of commerce, banks, economic development programs, community colleges or universities and the Small Business Administration (SBA).
- A business plan is developed. Development of a comprehensive small business plan is an essential step for prospective small business owners or entrepreneurs, and is an integral part of an Individualized Plan for

Employment (IPE) that has a small business or entrepreneurial vocational objective. Adequate time must be allowed for development of the plan and consultation with available business development resources. The plan is used as a basis of evaluating the request for funding from VR and other sources. Significant points that should be included in a business plan are the following:

- Description of the proposed business
- Market analysis (including proprietary features of the products of services and target customers)
- Marketing plan (advertising and promotion)
- Financial plan (breakeven analysis, cashflow analysis, balance sheet, plan for bookkeeping, identification of loans and financial assistance)
- Operating budget
- Analysis of needs for initial inventory or equipment
- Legal issues, such as zoning or licenses
- Analysis of possible risks and competition from similar existing businesses
- Implementation schedule.
- Explore and apply for resources available from other sources. Financial participation in the costs of establishing a small business enterprise is required. If personal financial resources are not available, the plan must clearly state the investments of time and effort on the part of the client. The client should apply for funding from other sources, such as venture capital, banks, SBA, etc.
- Agency reviews plan. The entire plan should be reviewed by one or more individuals knowledgeable about the proposed business, the geographic and market areas, and small business operation. The projected income should be adequate to make a meaningful contribution to the client's self-sufficiency and there should be reasonable prospects for success of the business. Rehabilitation Services (RS) staff may seek assistance from business consultants in reviewing plans if appropriate.
- Follow up should include a review of the business profit and loss statements by individuals who are qualified to judge such issues. This review should be done on a periodic basis until the case is closed.

IPEs with vocational objectives in small business or self-employment must define the point of stability at which time the 90-day employment period prior to case closure will begin. Considerations in defining stability may include:

- Implementation of the business plan to a specific step.
- Measurable income contributing to the client's self-sufficiency.
- The likelihood that no additional VR services will be needed.

(Reference: NIDRR #G0087C0228, Research and Training Center on Rural Rehabilitation Services, Montana University Affiliated Rural Institute on Disabilities, January 1996)

Effective Date: April 26, 2005

DUfh' ? Vocational Rehabilitation (VR) Services for Transition-Aged Students with Disabilities

Synopsis of Federal Regulations

Rehabilitation Services (RS) shall facilitate the transition of students who are receiving special education services from the provision of a free appropriate public education under the responsibility of an educational agency to the provision of VR services under RS responsibility.

The Individualized Plan for Employment (IPE) must be developed and signed before the student leaves the school setting for each student determined to be eligible for VR services or, if RS is operating under an order of selection, for each eligible student able to be served under the order. The IPE must, at a minimum, identify the long-term rehabilitation goals, intermediate rehabilitation objectives, and goals and objectives related to enabling the student to live independently, to the extent these goals and objectives are included in the student's individualized education program. (RS policy: If the student makes an informed choice not to apply or pursue receipt of services, an IPE does not have to be developed.)

RS shall also ensure that students with disabilities who are not receiving special education services have access to and can receive VR services, if appropriate, and shall ensure outreach and identification of these students. (RS policy: IPEs for these students must be developed as soon as there is sufficient information for vocational planning.)

Reference: §361.22

Additional federal regulatory guidance related to responsibilities of education agencies and RS during the transition period

The overall purpose of transition services, as defined by the Rehabilitation Act and implementing regulations, is to ensure that all students who require VR services receive these services in a timely manner. There should be no gap in services between the education system and the VR system. These provisions are not intended in any way to shift the responsibility of service delivery from education to VR during the transition years. School officials will continue to be responsible for providing a free and appropriate public education as defined by the Individual Education Plan (IEP). The role of the VR system is primarily one of planning for the student's years after leaving school.

Reference: Senate Report No. 102-357 as noted following §361.22

RS Policy

RS and the Kansas Department of Education have signed an interagency agreement with the following intents:

- Facilitate the integration and coordination of services to all secondary students with disabilities, including those receiving special education services and those who are not receiving special education services.
- Integrate the activities of education and VR to provide seamless services with the outcome of appropriate employment and independent living.
- Create a flexible system by using available resources that focus on the provision of opportunities for students with disabilities while minimizing obstacles to learning and post-school goals.

The Local Education Agency/Authority (LEA) is not relieved of any responsibility to provide transition services until the student formally exits the public school program and as long as the student remains eligible for and receives special education services.

RS procedure

Although LEAs must ensure that transition services are in place for students with disabilities when they reach age 14, RS carries no responsibility to serve students at this age. Within available resources, RS will accept applications for VR services from transition students approximately 18 months or three semesters prior to their completion or exit from school. In individual cases, the RS Program Administrator may grant an exception to begin providing VR services for a student prior to the 18-month or three semester timeline if there are extenuating circumstances which require RS involvement.

Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (Section 8 / Part 54) is required.

RS may provide technical assistance, such as participation in IEP meetings or referral to community resources, for students prior to this 18-month or three semester timeline, only if the RS Regional Program Administrator for the local area determines that existing staff resources are available to make this possible.

• The local education authority refers a student with a disability to RS to apply for VR services. The referral from the school will include the name and address of the student with a disability (both those in special education as well as other students who have disabilities but who are not receiving special education services) who may benefit from VR services. The need for this notification to RS will be determined solely by the IEP team when considering the special education student's needs, interests and preferences concerning employment and related independent living needs. Referrals for students with disabilities who are not in special education will be made by the

appropriate school official. Information that accompanies this referral will include the student's latest IEP for those students in special education and pertinent and available assessment information, such as psychological evaluations, vocational evaluations, medical information, work histories, the expected date of graduation or exit from high school, and other relevant information which would facilitate coordination of vocational planning.

- Following standard referral procedures, RS will mail an informational packet about VR services to the student (and parents or guardians, if applicable) within 30 days of receiving the notification, sooner if possible. Information may also be provided in person or over the phone if that is the most effective means of communicating, and as long as the same level of information is provided as that which is included in the informational packets. This packet will include a standardized informational card as well as a personal letter from the counselor inviting the student to apply for VR services if the student is expecting to exit school in the next 18 months or three semesters. Students who are not expecting to exit school in the next 18 months or three semesters will be advised to re-contact RS at the appropriate time. They may return a postage-paid post card requesting that we send them a reminder notice at approximately 18 months or three semesters before exit from school.
- Additional interaction from RS will occur as follows:
 - In response to a call or correspondence from the student or family expressing interest in applying for VR services.
 - In response to information from the education authority requesting additional contacts from RS in individual cases.

Note: It is the responsibility of the student or parents to respond to the informational packet from RS (described in Step 2). Because of limited staff resources, no further attempts to contact the student or parents will be initiated by RS.

• In order to provide equitable services statewide for students who want to receive VR services, counselors will accept VR applications 18 months or three semesters prior to the expected exit date from school or when the counselor becomes aware of the student's interest if less than 18 months before exit from school. Exceptions to this policy may be authorized by the RS Program Administrator for specific individual cases when there are extenuating circumstances which require earlier interaction from the VR system.

Maintaining records: In compliance with KSA 75-53,101, RS will maintain a case file regarding each student referred for VR services. This case file will include the referral information provided by the LEA, a copy of the referral letter provided to the student, and any other information determined

relevant by the counselor. These case files will be maintained according to standard record retention procedures.

Eligibility and Order of Selection: A student's status in special education does not necessarily mean that the student is eligible for VR services, or if eligible that the student is an individual with a most significant or significant disability. This determination will be made in accordance with the RS eligibility and order of selection policies.

Vocational goals/objectives: In development of the IPE for students, the vocational goal will be as specific as reasonably possible. If the student is uncertain of the vocational goal, a more general goal, such as a general job group of "clerical," may be indicated. In such instances, assessment services should be considered as services on the IPE to help identify a more specific vocational objective. Once the specific vocational objective is identified, the IPE should be amended.

Purchase of equipment or provision of VR services while the student is still in school: Local education authorities continue to be responsible for providing a free and appropriate education as defined by the IEP during the transition years.

- However, if equipment is needed for post-high school training or a job and cannot be funded through other sources, counselors have the flexibility to authorize such purchases for eligible students while they are still in school as long as the service is identified on the IPE. (Note that the IPE being in place means that the student is NOT on a waiting list through Order of Selection.)
- Services may be initiated while an eligible student is still in school provided that the services are identified on the IPE and related to achievement of employment. For example, on-the-job training, community job tryouts, work experience, referral to community resources, benefits analysis/planning, and career counseling and guidance, may be provided while the student is still in school if this will result in work skills consistent with the vocational objective on the IPE. As with any IPE, RS will consider availability of appropriate comparable benefits in the provision of services.

Effective Date: April 10, 2006

DUfh'% ! Extended (Sheltered) Employment

Synopsis of Federal Regulations

Reference: Sec. §361.5

The regulatory definition of employment outcome under the vocational rehabilitation (VR) program has been amended to refer to outcomes that occur in integrated settings. Here are several pertinent definitions:

Employment outcome means, with respect to an individual, entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market, supported employment, or any other type of employment in an integrated setting, including self-employment, telecommuting, or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Sec. 361.5 (b) (16)

Extended employment means work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act.

Reference: Sec. §361.5 (b) (16)

Competitive employment means work:

- (i) In the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and
- (ii) For which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

Reference: Sec. §361.5 (b) (11)

Integrated setting means, with respect to an employment outcome, a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to those applicants or eligible individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons.

Reference: Sec. §361.5 (b) (33) (ii)

In addition, the federal regulations now:

 Require Rehabilitation Services (RS) to refer to local extended employment providers:

- Any individual with a disability who makes an informed choice to pursue extended employment as his or her long-term employment goal.
- Any individual who is determined ineligible (through the clear and convincing evidence standard) based on a finding that the individual is incapable of achieving an employment outcome in an integrated setting.
- Any individuals who were initially found eligible for VR services, but are later determined unable to work in an integrated setting.
- Require that, before referring to local extended employment providers an individual with a disability who chooses to pursue extended employment, RS must:
 - Explain to the individual that the purpose of the vocational rehabilitation program is to assist individuals to achieve an employment outcome in an integrated setting.
 - Provide the individual with information concerning the availability of employment options, and of vocational rehabilitation services, in integrated settings.
 - Inform the individual that services under the vocational rehabilitation program can be provided to eligible individuals in an extended employment setting if necessary for purposes of training or otherwise preparing for employment in an integrated setting.
 - Inform the individual that, if he or she initially chooses not to pursue employment in an integrated setting, he or she can seek services from the designated State unit at a later date if, at that time, he or she chooses to pursue employment in an integrated setting.
 - Refer the individual, as appropriate, to the Social Security
 Administration (SSA) in order to obtain information concerning the
 ability of individuals with disabilities to work while receiving benefits
 from the SSA.
- Permit State VR agencies to serve individuals in extended employment settings for purposes of preparing those individuals for employment in integrated settings. The key change is that extended employment, for purposes of participating in the VR program, represents an interim step in the rehabilitation process rather than an end point of that process. Justification for providing services in non-integrated settings must be included in the Individualized Plan for Employment (IPE). Participants in the VR program who receive VR training services on a transitional basis in an extended employment setting may also receive other VR services necessary for their rehabilitation.

- Acknowledge that some persons with disabilities may prefer to work in extended employment facilities long-term. In recognition of that fact, the regulations assure that those wanting to work in extended employment can access the services they need directly from local extended employment facilities.
- Acknowledge that many jobs obtained by individuals with disabilities under certain types of set-aside contracts authorized by the Javits-Wagner-O'Day Act (JWOD) satisfy the definition of "employment outcome" under the VR program. More specifically, those service-related and other jobs performed under JWOD contracts or other programs that satisfy the definition of "integrated setting" would constitute an "employment outcome" for purposes of the VR program under these regulations.
- State that the determination as to whether any job, including those obtained under JWOD contracts, meets the regulatory definition of "integrated setting", and therefore qualifies as an "employment outcome" for purposes of the VR program, must be made by State units on a case-by-case basis.
- Require annual reviews when:
 - An individual achieves an employment outcome in which the individual is compensated in accordance with section 14(c) of the Fair Labor Standards Act.
 - The State unit closes the record of services of an individual in extended employment on the basis that the individual is unable to achieve an employment outcome as defined by regulations.
 - An eligible individual through informed choice chooses to remain in extended employment.
 - For each of these circumstances, RS must:
 - Annually review and reevaluate the status of each individual for 2 years after the individual's record of services is closed (and thereafter if requested by the individual or, if appropriate, the individual's representative) to determine the interests, priorities, and needs of the individual with respect to competitive employment or training for competitive employment.
 - Enable the individual or, if appropriate, the individual's representative to provide input into the review and reevaluation and must document that input in the record of services, with the individual's or, as appropriate, the individual's representative's signed acknowledgment that the review and reevaluation have been conducted.

 Make maximum efforts, including identifying and providing vocational rehabilitation services, reasonable accommodations, and other necessary support services, to assist the individual in engaging in competitive employment.

RS Policy

Determination as to whether any job meets the regulatory definition of integrated setting, and therefore qualifies as an "employment outcome" for purposes of the VR program, must be made on a case-by-case basis. There is no set ratio of people with disabilities to people without disabilities in the workforce that would by definition constitute an integrated work setting. Level of pay and benefits, while they are often measures of quality and consumer choice, are not pertinent to the determination of whether a workplace meets the criteria for an integrated setting.

The counselor makes this determination of whether a workplace meets the criteria for an integrated setting. Factors to be considered and documented in the record of services include the following:

- Is the employment environment similar to that of the typical workplace in the community? (Compare similar industries. For example, compare a manufacturing firm to a typical manufacturing firm in the community. Compare a retail outlet to a typical retail outlet in the community. Compare a fast food restaurant to the typical fast food restaurant, etc.)
- How does the percentage of workers with disabilities compare to other typical workplaces in the community? Consider how employees are assigned to specific production lines, work teams, or shift work. (Again, compare similar industries.)
- Do workers with disabilities have the opportunity to routinely interact with co-workers who are not disabled?
- Are the non-disabled workers functioning as typical co-workers, or as job coaches, or in some other support capacity?
- Are the opportunities for social interaction inherent in the workplace integrated? (For example, break schedules, break rooms, company functions.)

Federal Ruling Regarding Center Industries, Wichita

The U.S. Office of Special Education and Rehabilitation Services has ruled that Center Industries Corporation, Wichita, satisfies the requirements for the definition of "integrated setting." Therefore, placements at Center Industries constitute allowable employment outcomes (Status 26s) under the VR program when the conditions for Status 26 have otherwise been met. This ruling applies to Center Industries only, and may not be applied to other entities. When placing individuals

in employment at Center Industries, the analysis and documentation requirements specified in the RS Policy section above are waived. (Reference: correspondence from John H. Hager, received February 24, 2005.)

Referance: Federal Technical Assistance Circular RSA-TAC-06-01: Factors State Vocational Rehabilitation Agencies Should Consider When Determining Whether a Job Position Within a Community Rehabilitation Program is Deemed to be in an "Integrated Setting"

(See Section 13 / Part 12)

Effective Date: April 10, 2006

DUfh'%('! 'Supported Employment

Supported employment is competitive employment with ongoing support services for clients with the most severe disabilities for whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of a severe disability; and who, because of the nature and severity of their disabilities, needs intensive time-limited services from Rehabilitation Services (RS) and extended ongoing services after transition in order to be employed. Supported employment includes transitional employment for individuals with the most severe disabilities due to mental illness.

Intensive time-limited services from RS may include:

- Job development and placement in a competitive setting for the maximum number of hours possible for the client based on the client's unique strengths, resources, interests, concerns, abilities and capabilities.
- Intensive on-the-job skills training and other training provided by job coaches, coworkers or other qualified individuals.
- Regular observation and supervision of the client to encourage success on the job.
- Follow up services, such as contact with employers and others in order to reinforce and stabilize the job placement.
- Facilitation of natural supports.
- Social skills training.
- Other services needed to achieve and maintain job stability.
- Post-employment services that are not available from the ongoing service provider and that are needed to maintain the job placement, such as job station design, repair and maintenance of assistive technology, or replacement of prosthetic or orthotic devices.

Such services may be provided by RS for a period not to exceed 18 months unless there are special circumstances and the counselor and client agree that a longer period is needed to achieve job stabilization. Sufficient monitoring (at least twice monthly) at the work site must be done to adequately assess employment stability. Off-site monitoring may be approved when requested by the client and when circumstances warrant. (Federal supported employment regulations establish the minimum requirements for off-site monitoring to consist of two meetings with the client and one meeting with the employer each month.)

In addition to the standard Individualized Plan for Employment (IPE) requirements, an IPE for individuals with the most severe disabilities for whom a vocational goal in

a supported employment setting has been determined to be appropriate will also contain:

- 1. A description of the time-limited supported employment services to be provided by RS.
- 2. A description of the extended ongoing services needed and identification of the source of extended ongoing services or, in the event that identification of the source is not possible at the time the IPE is developed, a statement explaining the basis for concluding that there is a reasonable expectation that services will become available.
- 3. A provision for periodic monitoring to ensure satisfactory progress toward meeting the work goals by the time of transition to extended ongoing services.
- 4. The client's goal for number of hours to work.
- 5. The criteria for job stabilization. Job stabilization shall be individually determined for each client. This criteria should describe the methodology that will be used to determine when vocational rehabilitation (VR) funding should cease and ongoing support will take over.
- 6. Projection of the number of hours of job coaching needed for the client to reach stabilization and case closure.

Closure as rehabilitated in supported employment should be based upon the following factors:

- The client was provided appropriate and substantial services in accordance with the IPE.
- The client is in paid employment.
- The client has made substantial progress toward working the number of hours per week specified in the IPE.
- The client's workplace offers opportunities for integration with non-disabled persons (not paid service providers) who may be supervisors, co-workers, customers.
- The community service system has assumed responsibility for funding and providing the extended ongoing support services necessary to retain employment.
- The client's performance meets the criteria for job stabilization defined in the IPE. Stabilization will be based on the following factors:
 - The client has reached a maximum level of work performance.

- The agreed upon hourly work goal has been reached.
- Job coaching and related support services have decreased to a level necessary to maintain the individual in employment through ongoing support.
- If the individual is stabilized in employment at a level of hourly work that is less than the goal established in the IPE, and the client and counselor agree, the situation may be considered substantial and suitable employment.
- Placement is maintained for at least 90 days after making the transition to extended ongoing services. The ongoing supports being provided are adequate to meet the client's needs with respect to maintaining employment.

In order for the employment outcome for the individual to be considered competitive, it must be in an integrated setting and the client must be paid at or above the minimum wage but not less than the wages and benefits customarily paid by the employer for the same or similar work performed by non-disabled individuals. RS shall annually review and re-evaluate the status of individuals in supported employment who have achieved an employment outcome that does not meet the definition of competitive employment. The review will focus on determining progress toward competitive employment. The review will include input from the individual or the individual's representative regarding his or her interests, priorities and needs.

Transitional employment: Transitional employment is an authorized supported employment model that may be used for clients with severe and persistent mental illness. Transitional employment consists of a series of temporary job placements in integrated competitive work with ongoing support services, including continuing sequential job placements. This model is useful in helping the client accomplish work-related objectives, such as overcoming anxieties related to work; developing work tolerance; evaluating work behaviors related to the vocational objective; testing the feasibility of a specific vocational objective; and providing intermediate non-threatening steps toward permanent placement. The purpose is to enable the client to achieve job stability and transition to extended ongoing services. RS shall be responsible for the provision of the intensive time-limited services. Transitional employment cases may be closed in Status 26 in temporary placements if appropriate. After transition to extended ongoing services, the responsibility is with the community extended service provider to provide continuing sequential job placements until job permanency is achieved.

Effective Date: May 1, 1998

DUfh'%) '! 'Coordination with Economic and Employment Support (EES)

Rehabilitation Services (RS) staff will work collaboratively with staff of the EES Section to provide effective services leading to employment for Temporary Assistance for Families (TAF) participants who are eligible for vocational rehabilitation services. Joint interviews and development of Self-Sufficiency Agreements (SSA) and Individualized Plans for Employment (IPEs) are encouraged when feasible.

When meeting with mutual participants and when developing an IPE for an eligible individual, counselors must discuss the 60 calendar month limit on TAF assistance. Clients should be aware of the number of months of assistance that remain for them, and should use this information when making informed decisions about rehabilitation plans and vocational objectives. IPEs that will extend beyond the client's 60 months of TAF assistance must address how the client will meet his or her basic living needs once TAF assistance has ended.

TAF participants who are referred to RS will not be assigned other work activities such as applicant job search. These individuals will be placed in an EES work component called Disability Employment Services (DES). At the time of referral, the DES component will indicate zero hours of participation. Once the IPE is developed (Status 12) for eligible individuals, the DES component will reflect 20 hours of participation per week.

Individuals who are found ineligible will be referred back to EES to receive appropriate services.

Individuals who are already RS applicants or clients when they apply for assistance from EES will be considered DES component participants.

Support services will be provided by RS during the application, eligibility and IPE development stages. Once the IPE development is completed (Status 12), EES will provide support services such as child care, transportation and other special services as allowed.

Communication between RS and EES staff is essential for the effective delivery and coordination of services. Local staff has flexibility to address individual client needs.

RS staff will be responsible for determining whether clients are making progress on their rehabilitation plans and whether they are complying with expectations for participation in the DES component. RS staff will discuss the expectations for participation and the possible consequences of failure to participate with each client.

Determination that a client is not participating or not making progress is an issue of counselor discretion. If such a determination is made, it will be reported promptly

to EES staff. EES staff will accept the RS counselor's determination and take appropriate action to implement penalties, which could close the TAF and food stamp cases.

Staff should communicate quarterly to update each other on progress. Information on employment, case closure and non-compliance will be reported immediately.

Effective Date: May 1, 1998

DUfh'%* '! 'Post-Employment Services

Rehabilitation Services (RS) Policy

The potential need for post-employment services should be assessed and reviewed with the client throughout the planning process and during service provision. The final determination of the potential need for post-employment services should occur when the client is approaching stable performance on the job and/or at the point of case closure. Agencies, organizations and resources that will be available to meet such needs, if they arise, should be discussed. The discussion should include information on how the client could access such resources.

Post-employment services are vocational rehabilitation (VR) services provided when:

- The individual has achieved an employment outcome and the record has been closed.
- Additional services are needed to assist the individual in maintaining, regaining or advancing in employment, consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities and interests, and there are no other personal, family, employer or community resources available to assist the individual.
- Needed services are limited in scope and duration, are related to services previously provided and are not a new set of comprehensive services.

When a year or longer has elapsed since provision of VR services, the counselor will carefully reassess facts to determine the exact nature of services needed and whether post-employment services are appropriate. The period of time after which post-employment services will be provided will not be arbitrarily limited but will be determined on an individual basis. If post-employment services are appropriate, an amendment to the original Individualized Plan for Employment (IPE) will be developed. If it is determined that the individual's needs would be better met through reopening the case, the standard application and eligibility procedures will be followed.

Factors to be considered in closing a post-employment case include the following:

- Consultation with the individual.
- Satisfactory solution to the issue that required post-employment services.
- Attainment of sufficient independence to function without continuing services.
- Employment continues at a suitable level or can be realized by the individual's own initiative.

• The individual's condition or situation suggests that post-employment services cannot maintain the individual's employment. Consideration should be given to reopening the case or referral to community providers for services to address the issues impeding performance in employment.

Effective Date: May 1, 1998

DUfh'%+! Training

Post-Secondary Education

Clients enrolled in any training program must maintain a cumulative minimum grade average equivalent to 2.0 on a 4.0 scale. In addition, clients whose vocational objectives require them to apply for entry into any professional or advanced level curriculums must maintain at least the minimum admission standards for those curriculums. In some cases, this will require the clients to maintain a grade point average higher than 2.0 on a 4.0 scale.

If a client's grade average falls below these minimum standards, the counselor may fund one additional quarter or semester during which the client has the opportunity to bring the grade average up to the minimum standards. Failure to improve the grade average to the minimum standards will result in discontinued funding for training and related expenses through Rehabilitation Services (RS). In the event of such circumstances, counselors will work with clients to reassess service options and to amend the Individualized Plan for Employment (IPE). Clients, of course, have the choice to continue training using other resources which may be available to them. If they do so and improve their grade average to the minimum standards, counselors may re-establish RS funding.

Clients enrolled in college or university programs must complete at least 30 hours per year. Year is defined as a 12-month period, which includes two semesters and summer school. Please note that this policy does not require participation in summer school if the 30-hour minimum requirement can be otherwise met. Exceptions may be considered. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (Section 8 / Part 54) is required.

- If a student drops classes resulting in failure to meet the 30-hour minimum, an exception must be approved according to Regional procedures to allow continuation of RS funding for the training plan.
- There may be occasions, such as illness, which would cause a student's IPE or participation in training to be suspended for a period of time. In such circumstances, the 30-hour annual minimum will be prorated at a rate of 12 hours each per semester and six hours per summer school session.

Clients enrolled in other post-secondary training must meet the full-time requirements of those programs. Exceptions must be allowed by the school and approved according to Regional RS procedures. Use of the Exceptions Request Form (Section 8 / Part 54) is required..

After completion of the first year of school, when transfer to a different school is contemplated, or when a change of major is contemplated, clients will be required

to work with the institutions of higher education to analyze their transcripts and develop plans for completing course work necessary to complete the degree. This analysis and plan must be submitted for approval to the counselor as an expectation of the IPE.

IPEs will specifically note the grade or performance level and number of hours that must be maintained and identify how progress will be monitored. IPEs will also note the requirement for clients to consult with their counselors prior to dropping any classes.

IPEs supporting graduate studies will not be considered until the client has completed the prerequisite degree and admission requirements. Once those requirements have been met, the IPE for advanced studies may be developed if it is designed to meet a specific employment outcome that is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

Textbook buy-back

Funds received for books originally purchased by RS and then returned at the end of a semester or other training period will be credited or returned directly to RS. Students may choose to keep textbooks that relate to their major field of study.

Tuition and fees at private or out-of-state institutions

Tuition and fees for private or out-of-state educational institutions will be paid at a rate not exceeding the current per credit hour rate at any Kansas public institution or Kansas Board of Regents University. If a specific training program necessary to meet a client's rehabilitation needs is not available at a Kansas public institution of higher learning, out-of-state or private educational institution tuition and fees can be paid at the usual and customary rate. In cases where education costs would be less at a private or out-of-state educational institution than they would be at a similar in-state educational institution, counselor discretion and client choice will be considered. Such circumstances could include, but are not limited to, those cases requiring attendant care, specialized housing, transportation, medical expenses or other accommodations. Another factor which may be considered is the availability of courses within the timeframe of the IPE and goals for achieving employment. Out-of-state services funded by RS require the prior approval of the RS Regional Program Administrator. See Section 1 / Part 13.

Travel for students participating in out-of-state services

If out-of-state training is approved for a client because comparable services or programs are not available in Kansas , RS may pay reasonable travel expenses for one round trip between Kansas and the school per semester or term. (For example, RS will pay for travel to the school at the beginning of the semester and for return home at the end of the semester.) Such travel is subject to economic need.

If a client is participating in out-of-state training when comparable services or programs are available in Kansas, RS will not be responsible for any travel expenses.

Student loans and grants

The intent of the Rehabilitation Act is that vocational rehabilitation (VR) resources are used only as a last resort to pay for training in institutions of higher education. Within this context, however, a client cannot be required to take a student loan as a condition for receiving training or other VR services. Clients must make maximum efforts to secure grant assistance. Therefore, a client who owes a refund on a grant or who has defaulted on a student loan should proceed to clear the obligation in order to be eligible for additional student financial aid. If an individual decides not to repay a loan although financially able to do so, it could be concluded that the individual has failed to carry out his/her responsibility to make maximum efforts to secure grant assistance, and RS would be prohibited from paying the individual's training costs. True hardship cases may exist where an individual has limited or no financial resources and is not able to work out a satisfactory repayment agreement. Under such circumstances it can be concluded that maximum efforts have been made to secure grant assistance and that comparable benefits and services are not available. In such an instance, VR funding for training may be appropriate. (RSA-PD-92-02)

Scholarships

Merit-based scholarships are not considered a comparable benefit.

On-the-job training

On-the-job training requires a written agreement between the client, counselor, and employer, which stipulates the hourly wage, training to be provided by the employer, and any other conditions of employment. Job coaching may be provided in conjunction with on-the-job training if it does not duplicate the work-related training being provided by the employer.

Alternative methods of training delivery

Correspondence courses, outreach courses, private business or technical schools, and training which uses the Internet as the primary delivery mechanism may be authorized with the following considerations:

- The training specifically meets the client's needs, and is consistent with the rehabilitation plan and vocational objective.
- The training is consistent with the client's informed choice.

- The counselor and client have verified the credentials of the institution, such as accreditation, use by other related programs such as the Veteran's Administration (VA), eligibility for federal financial aid, and the placement success rate of graduates.
- The choice is cost effective.

Effective Date: April 10, 2006

DUfh'% '! 'Sign Language Interpreter Services

Kansas Department for Children and Families (DCF) Policy

DCF staff and DCF grant-funded programs will schedule and authorize payment for certified or qualified sign language interpreters for appointments with people who are deaf or hard of hearing who use sign language for communication. They may require at least 24 hours notice to find a qualified interpreter. The Kansas Commission for the Deaf and Hard of Hearing (KCDHH) may identify qualified interpreters and schedule them as a purchased service. Written communication with persons who are deaf or hard of hearing is acceptable only:

- If used to set up appointments;
- If used to inform the person that an interpreter will be present at the appointment; or
- If specifically requested by the person who is deaf or hard of hearing.

Reference: Secretary's Letter 472

Rehabilitation Services (RS) Procedures

Interpreters must be on the state registry at the KCDHH, as required by state law, H.B. 2257 effective 7-1-93.

In situations where an interpreter is not listed on the state registry, the interpreter must contact KCDHH at (785) 267-6100 or toll-free at 1-800-432-0698 to register. Registration may be made over the phone by providing name, address, telephone number, certifications, and the sign language or sign systems that the interpreter can use, or by completing and mailing a registration card. The most common sign language or sign systems are American Sign Language (ASL), Pidgin Sign English (PSE), Conceptually Accurate Signed English (CASE), Sign Exact English (SEE) II, and oral. KCDHH will encourage interpreters who register to become involved with the certification screening process within two years.

Who can schedule interpreting services? When RS is providing interpreting services, RS staff have the discretion to decide the best practice of scheduling such services. Staff may call interpreters directly, may use KCDHH or a local referral agency, independent living center or private vendor agency. However, RS does not pay for interpreter coordination in addition to the interpreter hourly rates and this information must be communicated to any referral agency when contacted.

When calling to schedule an interpreter, the following information is required:

- Date, time and location of appointment or appointments.
- Estimated length of appointment. Note: RS pays a two-hour minimum so you may want to schedule clients in clusters to conserve funds. When appointments are expected to last more than 3 hours, rest breaks for the interpreter will be required; or two interpreters rotating every 20 to 30 minutes may be scheduled.
- Topic or type of setting.
- Name of the individual(s), language preference or the need for special communications, specific interpreter selected by the individual(s), if known and appropriate. Note: Family members, roommates or individuals with other personal relationships may not be appropriate to use as interpreters. Staff should use discretion and consult with the client if possible. The Interpreter Code of Ethics requires the interpreter to decline the job if inappropriate.
- Contact person's name and phone number.
- Billing information such as the party responsible for payment, purchase order number or special billing instructions.

KCDHH process: Requests for interpreter services may be scheduled through KCDHH with 72 hours advance notice (3 working days). Emergency requests will be given priority regardless of advance notice. Significant lead time is needed for workshops and conferences. Here is how the process works:

- RS Staff Requests interpreter services from KCDHH office or other referral source.
- KCDHH Referral Coordinator Locates qualified interpreters with the necessary level for the type of assignment and confirms availability with RS staff.
- Interpreter Submits billing to RS staff following completion of appointment.
- RS Staff Processes payment.

Fees: Fees are based on certification level. Counselors may contact KCDHH to verify registration and/or certification levels for sign language interpreters. (KCDHH phone numbers are 785-267-6100 or 1-800-432-0698.) Counselors may also ask to see the interpreter's certification card in order to verify qualifications and the appropriate fee. After the two hour minimum, additional fees are charged at 30 minute increments. Full day assignments, conference rates, and long term assignments may be negotiated for a fee below hourly rates. Multiple clients may be served within the two-hour minimums.

 Hourly fee for registered but not certified in Kansas Quality Assurance Screening (KQAS) certification is \$15.

- Hourly fee for KQAS certification level I, II, or III is \$20.
- Hourly fee for KQAS certification level IV is \$25.
- Hourly fee for KQAS certification level V is \$30.

Client "no shows:"The interpreter will stay 20 minutes and may leave with counselor approval. The counselor may substitute other interpreting duties. Payment will be made for the two-hour minimum. For client "no shows" at conferences or workshops, payment will be made for the time scheduled.

Interpreter is late: Interpreters are expected to be on time but in the event that the interpreter is late, the two-hour minimum can be reduced by RS staff. Additionally, after 20 minutes, the counselor and client may reschedule and use a different interpreter if that is their preference with no payment to the interpreter who was late.

Interpreter "no shows:" No payment and the incident is reported to KCDHH or other referring agency.

RS cancellations with notice 24 hours* before appointment or start of the conference or workshop:No charge.

RS cancellations with less than 24 hours* notice:Payment for the two-hour minimum for appointments or for first day of conference or workshop.

* This refers to 24 clock hours and has no relationship to federal, state, or local government work days or work week.

Travel: Door-to-door round trip mileage may be paid within the city or between cities using the Department of Transportation mileage map. Mileage rates paid will be in accordance with the RS Cost Cap for vendor mileage. See Section 3 / Part 8.

Reimbursement for travel time:

- RS will not pay a fee for the first 30 miles (each way) of an interpreter's travel to an assignment.
- After the first 30 miles (each way) RS will pay one-third of the interpreter's hourly rate for actual travel time.

Special communications: RS staff may consult with interpreters in determining whether a client requires special communication. Assignments requiring special communications such as with individuals who are deaf-blind, multiply disabled or have minimal language skills, will pay an additional \$2.50 hour. (Minimal language skills refers to individuals who are functionally illiterate in English and possess only rudimentary skill in Sign Language.)

Critical considerations which counselors need to convey to KCDHH or designee for interpreting for individuals who are deaf-blind include:

- Interpreter dressing appropriately (contrasting clothing to skin and avoidance of stripes, plaids or patterns on clothing, appropriate make-up and jewelry).
- Familiarity with visual field limitations and care to sign within the client's visual field.
- Attention to appropriate lighting in regard to the client's needs.
- Ability to perform hand-to-hand or other tactile methods of interpreting when necessary.

Effective Date: April 26, 2005

DUfh'% '! 'Functional Descriptions of Kansas Quality Assurance Screening (KQAS) Certification Levels

This information is provided as a general reference regarding KQAS certification levels.

Level I, Entry Level Beginner

Should be used for:

- One-on-one situations of a non-technical nature where communications can be interrupted as needed for clarification and feedback. Limited voicing. Limited American Sign Language (ASL) interpreting. Stronger Pidgin Signed English (PSE) or English transliterating.
- Should not be used for: Legal, mental health, educational, platform, serious medical, critical situations of any nature. Because Level I represents apprentice level skills, Kansas Commission for the Deaf and Hard of Hearing (KCDHH) generally does not recommend use of interpreters at this level.

Level II, Intermediate Level Beginner

Should be used for:

 One-on-one situations where communication can be interrupted easily for clarification. Limited voicing. Limited platform. Limited group sessions. Acceptable for job applications, orientation sessions, basic tutoring and nontechnical medical exams.

Should not be used for:

 Legal, mental health, educational, serious medical, critical situations of any nature. Because Level II represents apprentice level skills, KCDHH generally does not recommend use of interpreters at this level.

Level III, Advanced Level Beginner

Should be used for:

 one-on-one situations and most group or workshop situations that do not require extensive voicing.

Should not be used for:

 Legal, mental health counseling, serious medical, critical situations of any nature.

Level IV, Accomplished Level

Should be used for:

Most situations.

Should not be used for:

• Legal. Discretion should be used based on situational factors and language level of consumer.

Level V, Master Level

Should be used for:

Majority of situations.

Should not be used for:

• No restrictions are indicated. Interpreter should use professional judgment in accepting assignments.

DUfh'&\$! Placement

The counselor may provide or facilitate placement services for clients.

Disclosure of disability information to employers: Both the Rehabilitation Act and the Americans with Disabilities Act (ADA) restrict counselor use of confidential information with employers and in any pre-employment inquiries by employers.

As the employer only needs to know whether the client has any functional limitations which will impact on job tasks, the counselor must limit the discussion to any potential functional limitations that will impact on the client's ability to perform the job tasks or functions identified by the employer. This discussion may also include identifying reasonable accommodations which have been provided or which could be provided.

An employer cannot ask whether the applicant is a person with a disability. An employer cannot ask about the nature or severity of the disability. However, the employer may make pre-employment inquiry into an applicant's ability to perform job-related tasks or functions. The employer may ask the applicant to demonstrate or explain how, with or without reasonable accommodation, he or she would perform job-related functions.

Effective Date: October 1, 2003

DUfh&%! Job Modifications

With the passage of the Americans with Disabilities Act (ADA), employers now have a greater responsibility in providing reasonable accommodation for qualified workers who are disabled. Rehabilitation Services (RS) staff need to negotiate with employers in providing assistive technology to effect job modifications which make a job more accessible. Employers are generally responsible for providing the "tools of the trade" which are related to the company's function such as computer hardware and software.

RS staff and the employer need to mutually decide who will purchase assistive technology, such as voice synthesizer, screen magnifier, or other device, which will make the computer, other company equipment or job function accessible. If the job modification for the worker who is disabled makes the job function easier for most employees, then the employer should bear a greater share or all of the cost. Smaller companies may have limited resources for reasonable accommodation. In this instance, the agency would want to share or be totally responsible for the cost to secure placement of the client.

Generally, exterior entry into the business or worksite is an employer's responsibility.

DUfh'&&'! 'Vehicle Modifications, Purchase and Repair

Rehabilitation Services (RS) Policy on Vehicle Modifications

Vehicle modification may be provided if necessary to enable the individual to participate in IPE services or achieve an employment outcome. Under these circumstances, such modifications are available to any eligible client, regardless of significance of disability, as long as the individual is in an open category of service through Order of Selection. Prior to authorizing such services, the counselor and individual should discuss whether the individual owns or has use of another vehicle which would already meet the individual's transportation needs. In some instances, it may be appropriate to secure a driving evaluation to determine whether the individual will be capable of driving the vehicle once it is modified. Consideration of the age and mileage of the vehicle should be made before authorizing the service, and in some instances it may be appropriate to secure a mechanic's inspection prior to authorizing the service.

Vehicle modification is an assistive technology service. Use Code 412. The overall cost cap for vehicle modifications is \$13,500 for the life of the case.

RS Policy on Vehicle Purchase

Vehicles may be purchased as a transportation service for clients if necessary to carry out the rehabilitation plan or achieve the employment outcome.

- Purchase of vehicles may be considered only if no other cost-effective transportation alternative exists.
- Purchase of vehicles may be considered if the total cost of the purchase and related fees would be less than alternative monthly transportation fees when considered over the life of the case.

The feasibility of other alternatives, such as public transportation or transportation provided by family, co-workers, friends or other students or the use of drivers, must be explored and documented in the record of services.

Under such circumstances, the purchase of a vehicle is available to any eligible client, regardless of the significance of the disability, as long as the individual is in an open category of service through Order of Selection.

If the counselor and client determine that purchase of a vehicle is the only alternative, the following procedures shall be followed:

 All transportation services are support services and can only be provided in conjunction with non-support services. (Vehicle purchase is not a stand-alone service.)

- The client should have a valid driver's license or have access to a licensed driver prior to purchase of the vehicle.
- The vehicle shall be inspected by a professional auto mechanic who is not involved in the sale prior to the purchase. RS will pay for this inspection. <u>See</u> <u>Section 8 / Part 47</u>.
- The current Counselor's spending authority (cost cap) for purchase of vehicles is \$1,999 for the life of the case. Use Code 810. See <u>Section 3 / Part</u> 8.
- RS may pay for sales tax and insurance as additional expenditures separate from the purchase price.
- The vehicle must be paid for in its entirety. RS funds may not be used as a down payment; but RS funds may be used in conjunction with other resources provided by the client.
- Economic Need policy applies to vehicle and related purchases.
- RS will authorize payment to the seller of the vehicle.
- RS will use imprest funds to secure a check to the seller as payment for the vehicle. The counselor will arrange to release the check in exchange for the signed title. (This process is intended to allow for a direct exchange of the payment for the title, rather than having the owner hold the title until a state warrant is mailed.)
- The client will have title to the vehicle.
- During the life of the case, the client may not dispose of the vehicle without prior written approval of the counselor. The client will be required to sign the Vehicle Purchase Agreement. See Section 8 / Part 48.
- If RS purchases the vehicle, or if the client already owns a vehicle, RS may pay for liability insurance, personal property tax and the license plates/vehicle registration during the life of the case if needed to assure that the client can participate in his/her IPE services or to facilitate achievement of the employment goal. Only the minimum legally required liability insurance will be funded by RS. The rehabilitation plan should address how the client will participate financially in accordance with Economic Need policies and the counselor and client should discuss how such expenses can eventually be assumed by the client.

RS Policy on Vehicle Repairs

There may be instances when repairs are needed for a vehicle owned by the individual. If use of the vehicle is essential for the individual's participation in the

IPE or for achievement of the employment outcome, vehicle repairs may be authorized if no other source exists to finance the needed repairs.

Vehicle repair is a support service (transportation) and may only be provided in conjunction with non-support services. The Counselor's spending authority (cost cap) for the life of the case is \$1,000. See <u>Section 3 / Part 8</u>. Use Code 830.

RS Policy on Purchase of All Terrain Vehicles (ATVs)

ATVs may be purchased when necessary for participation in the IPE or achievement of an employment outcome, and no reasonable alternative exists. ATV purchase is an assistive technology service. Use Code 410. The Counselor's spending authority (cost cap) for all assistive technology services is \$11,250 for the life of the case. See Section 3 / Part 8.

DUfh&'! Maintenance

Maintenance means monetary support provided to an eligible individual or an individual receiving extended evaluation services for those expenses, such as food, shelter, and clothing, that are *in excess of the normal expenses of the individual and that are necessitated by the individual's participation in a program of vocational rehabilitation services.* Maintenance is a support service and will be provided only in conjunction with other VR services.

- The amount of maintenance must be justified based on the individual's specific circumstances. The maximum amount may not automatically be provided unless justified by the individual's need.
- It is possible to provide short-term emergency financial assistance to eligible individuals who are homeless or de institutionalized not as maintenance but as "other services" that are necessary for the individual to achieve an employment outcome. Beyond the emergency situation, however, RSA guidance indicates that welfare and other social service agencies are better equipped to support the everyday living expenses of the homeless or de institutionalized. When services are provided in this situation, use service code 750. [Reference: Regulatory guidance, Page 6313, Federal Register, February 11, 1997 and §361.48(a)(20)]
- Clients receiving SSA benefits or other support intended for subsistence can receive maintenance only when maintenance requirements are increased because of the individual's participation in a vocational rehabilitation plan.
- At the time of application/initial interview, counselors should determine how the applicant is meeting subsistence needs. Those without a means of support should immediately be referred and assisted as needed to apply for available subsistence help.
- Counselors shall clearly document the lack of subsistence support and the ineligibility for support from other sources, and monitor changes that may impact future availability.

Frequent Questions and Answers

Question 1: Can we provide money for living expenses for people who are homeless?

Answer: Yes, it is possible to provide short-term emergency financial assistance for eligible clients (in Status 10 or above) until they secure other sources of funding for everyday living expenses or until they are found ineligible for support from other sources. Transactions may be handled through local imprest funds. In no circumstances should the monthly financial assistance exceed the current maintenance spending authority (cost cap). This emergency service is available one time only unless an exception is approved. Each RS Program Administrator will

establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (Section 8 / Part 54) is required. Every effort should be made to develop the plan, and if the plan creates a need for ongoing subsistence expenses, these needs should be met following normal maintenance policies and procedures.

Question 2: What service codes should be used to pay for work or interview clothes? For everyday clothes?

Answer: Use code 700 for all clothing.

Question 3: Is there still a \$200 limit on clothing purchase?

Answer: No, such a spending authority (cost cap) is not currently in effect. Follow the prudent person concept, as you would in all purchasing.

Question 4: Can a counselor authorize more than the cost cap if the need is there? Answer: No, you cannot exceed the spending authority (cost cap) without being granted an exception. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (Section 8 / Part 54) is required. Exceptions must be justified based on the IPE and client's needs. (A specific exception for college dorm room and board is noted in Section 3 / Part 8 of the RS Manual.) Maintenance is not intended to meet all of an individual's living expenses, but to cover the additional expenses that are necessitated by the individual's participation in a program of vocational rehabilitation services.

Question 5: A client is not eligible for any welfare in TAF or GA, etc. They present you with a budget of bare necessities: rent of \$300; food of \$200; utilities of \$150. Total \$650. In this case is \$450 OK?

Answer: First, look at how the individual was meeting the bare necessity budget before they came to VR. If they have no current means of support, it is possible to pay up to the spending authority (cost ca)p amount to cover the additional expenses that are necessitated by the individual's participation in a program of vocational rehabilitation services.

Question 6: Client has been living with grandmother who has limited resources. The client has no source of income and has not been contributing to any household expenses. The client will continue living with grandmother. Is it OK to provide maintenance to help with basic subsistence?

Answer: Yes, if necessary for the client to successfully participate in his or her rehabilitation plan. The counselor should also consider whether referral to other sources of public assistance would be of benefit.

Question 7: Client has to quit his part-time job in order to fully participate in VR plan. Is it OK to pay maintenance?

Answer: Yes, keeping in mind that the amount must be justified based on the individual's circumstances and the increased needs of the rehabilitation plan.

Question 8: My concern is about maintenance and who is eligible to receive these services. There are situations which I feel those who receive SSI, SSDI and other

state assistance should be able to receive maintenance. If this is a service that is needed to help them become successfully employed then I feel it is worth it. I heard several comments like, if the clients are receiving \$450 per month already, why would we given them more? Not many of us could live on \$450 per month and try to find employment or be trained. I feel it is short-term maintenance with successful long-term employment and independence achieved.

Answer: Clients receiving SSA benefits or other support intended for subsistence can receive maintenance only when maintenance requirements are increased because of the individual's participation in a vocational rehabilitation plan.

Question 9: Can maintenance be paid during placement?

Answer: Yes, maintenance can be provided during job placement (Status 20) for three months or until the first full month of pay has been received, whichever comes first. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (Section 8 / Part 54) is required.

Question 10: Do we only pay maintenance if someone has to move out of town, for example to go to training as part of their plan?

Answer: No, maintenance may be paid for expenses, such as food, shelter, and clothing, that are in excess of the normal expenses of the individual and that are necessitated by the individual's participation in a program of vocational rehabilitation services.

Question 11: Is maintenance subject to economic need? Answer: Yes.

Question 12: Are the cost of living standards used for determining economic need (for example, \$890 for a family of one) used in deciding the amount of maintenance a person can receive?

Answer: No. It is not the intent of RS to supplement a client's resources up to the cost of living standard when payment of maintenance is involved, but rather to address the client's needs and increased expenses that are a result of the rehabilitation plan.

Question 13: If a person is receiving SSI or SSDI, is it possible to also provide maintenance?

Answer: Yes, it is possible when there are additional expenses necessitated by the individual's participation in his or her VR plan. The total amount of SSI/SSDI AND maintenance cannot exceed the maintenance spending authority (cost cap). However, since SSI and SSDI are intended to meet basic subsistence needs, the need for maintenance funding must be carefully considered and documented in the case file.

Question 14: If a person is receiving SSI or SSDI, do they have to report maintenance as income to the Social Security Administration? Will their benefit amounts be reduced?

Answer: No, it is not necessary to report it. No, their benefit amounts will not be

reduced. (Social Security Program Operations Manual SI 00815.050) However, income a client earns must be reported and will result in a reduction in benefits.

Question 15: A student's VR plan calls for them to move away from home and attend school at KU. The cost of living in Lawrence is high, and the cheapest apartment the student can find is \$500 rent a month. The student receives \$500 in SSI. In this situation, can maintenance be paid?

Answer: The RS policy is that total amount of SSI AND maintenance cannot exceed the maintenance spending authority (cost cap). However, exceptions can be approved. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (Section 8 / Part 54) is required.

Question 16: If a person has income from earnings, is it possible to also provide maintenance?

Answer: Yes, it is possible when there are additional expenses necessitated by the individual's participation in his or her VR plan. The total amount of the individual's earnings AND maintenance cannot exceed the maintenance spending authority (cost cap).

Question 17: Can you pay room and board at college, plus give maintenance money?

Answer: Counselors may authorize the Regents, Gallaudet, and NTID rates for dorm room and board, even if it exceeds the monthly maintenance cost cap. However, any additional requests for maintenance would require prior approval. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (Section 8 / Part 54) is required.

Question 18: Is a spouse's income counted when considering whether a VR client needs maintenance money? For example, a VR client has lost his job and come to VR for services to regain employment. His spouse earns \$600 a month. Can maintenance be paid to the client?

Answer: A spouse's income is considered an available resource to cover subsistence expenses. Maintenance could not be paid to the client in this situation.

Question 19: If there are many children in a family, can an exception be made in order to pay more maintenance?

Answer: No. The number of children in the family is not related to the increased costs due to the rehabilitation plan.

Question 20: Are other maintenance services, such as clothing and enrichment activities, subject to the spending authority (cost cap)?

Answer: No. The spending authority (cost cap) applies only to basic subsistence needs.

Question 21: When a VR client receives maintenance, is it considered income by Economic and Employment Support (EES) or is it exempt?

Answer: Maintenance payments are considered reimbursement and are exempt for all EES programs.

Question 22: When the cost of room and board at a Regent institution exceeds the maintenance spending authority (cost cap), what procedure should be followed? Answer: Counselors may authorize the Regent's rate without getting an exception from the RS Regional Program Administrator. If the dorm costs exceed the maintenance cost cap and if additional maintenance is requested for incidental expenses, an exception must be approved. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (Section 8 / Part 54) is required.

Effective Date: April 10, 2006

DUfh'&('! 'Child Care

Payment for child care is an allowable vocational rehabilitation (VR) expenditure when all four of the following conditions are met:

- Other core VR services are being provided. (Child care is a support service and therefore may not be provided as a stand-alone service. Support services may be provided only in conjunction with core VR services.)
- Child care is necessary to allow the client to participate in the VR process or to participate in IPE services.
- Child care services may be provided only for the legal dependents of the client.
- Child care services are subject to economic need.

Authorization and payment procedures

Child Care payments, when allowable according to RS Policy, will be made using the standard authorization and payment process on KMIS. Payments should be made directly to the child care provider. Imprest payments for child care will not be allowed.

Child care authorizations and payments shall be consistent with the fee structure established through Economic and Employment Support for the Department for Children and Families. RS payments for child care may not exceed this fee/rate schedule. This fee/rate structure may be found at: http://content.dcf.ks.gov/EES/KEESM/Appendix/C-18_ProviderRateCht.pdf.

Effective Date: August 22, 2012

Section 4 - Medical Services

DUfh'%'! 'Hearing Aids

Rehabilitation Services (RS) Policy and Procedure

Counselors shall discuss provision of hearing aids with clients and help clients determine which aids and audiological services best meet their needs. Clients (age 18 or older) who do not wish to wear aids when there would be no improvement in the ability to understand speech may make that determination. Or they may elect to use only one hearing aid for sound awareness. They may make this choice even though an audiologist or licensed hearing aid specialist may have recommended two aids. Counselors should assure that clients have the information needed to make an informed choice in such circumstances. Trial periods may be appropriate to help some clients determine if they can benefit from aids.

Clients should be shown the Client Hearing Aid Satisfaction Questionnaire. See Section 8 / Part 25. It should be explained that no payment will be made to the vendor until the client is satisfied. The consumer should complete the questionnaire and the audiologist should return the completed questionnaire to RS along with the billing.

Purchase of hearing aids should be done within an Individualized Plan for Employment (IPE), either as a service provided to an accepted client (Statuses 14, 16 or 18) or as part of an extended evaluation (Status 06). Hearing aids should not be provided in Status 02.

Use of the state audiological consultant is permitted whenever a counselor needs clarification of hearing aid recommendations. (Approval by the state audiological consultant is not required.) When requesting information or advice from the consultant, *Sections I (Medical and Hearing Examinations) and II (Certification for Hearing Aid Dispensing) of the Hearing Aid Provision Forms* and other physician reports or relevant materials should be attached to the *Report of Contact* (see Section 8 / Part 40) for the state consultant.

Prior to dispensing a hearing aid, a hearing evaluation must be completed by an audiologist or a licensed hearing aid specialist if an audiologist is not available in the community. The hearing aid provider may recommend a medical examination by a licensed physician as required by the federal Food and Drug Administration to assure that all medically treatable conditions which may affect hearing are identified and treated before the hearing aid is purchased. The FDA requires the exam to be completed within the previous six months. Such a medical exam is required for all children. The FDA regulations permit a fully informed adult (age 18 or older) to sign a waiver statement declining the medical evaluation. Section II of the Hearing Aid Forms lists the eight medical conditions which indicate that referral for a medical exam is appropriate.

Hearing Aid Forms

Hearing Aid Provision, Medical Examination - Section Ia: If the hearing aid provider discovers a hearing disorder with an unresolved medical problem, a medical exam by a physician is required. Persons under the age of 18 must be examined by a physician prior to purchasing a hearing aid.

Hearing Aid Provision, Hearing Examination - Section Ib: This examination must be completed prior to dispensing a hearing aid. This section is completed by a clinical audiologist [Certificate of Clinical Competence (CCC-A) and state licensed] or a hearing aid specialist licensed to dispense hearing aids if an audiologist is not available in the community. This examination should consist of two CPT procedures:

- Comprehensive audiometry threshold evaluation and speech recognition 925570000 at \$52.93
- Tympanometry (impedance testing) 925670000 at \$7.56

Hearing Aid Provision, Certification for Hearing Aid Dispensing - Section II: The hearing aid provider identifies the hearing aid recommended and expected benefits and also certifies that the client has been advised to consult with a licensed physician (preferably an ear specialist) before the hearing aid is dispensed if the client has any of the eight medical conditions listed.

Hearing Aid Evaluation - Section III: The vendor evaluates the hearing aid fitting near the end of the 30-day trial period. The vendor should examine the client. If the client, vendor or counselor determine that the hearing aid is unsatisfactory, the vendor is to be paid only the trial fee for \$50 for each hearing aid returned.

Client Hearing Aid Satisfaction Questionnaire - Section IV: The client completes this questionnaire after the trial period. This questionnaire, Hearing Aid Evaluation - Section III Form and the manufacturer's invoice are submitted to the counselor for payment.

The fee schedule separates costs for dispensing and for the hearing aid equipment.

- When a device is returned as unsatisfactory, RS will pay only \$50 (no dispensing or equipment fees).
- The fee for the hearing aids will be reimbursed at the manufacturer's invoice cost. A copy of the actual invoice is required and should be provided by the vendor attached to the billing statement.
- The dispensing fee increases as the complexity of the device increases. A more complex device requires additional vendor equipment for adjustments and more follow-up visits.

Tier I: Traditional linear hearing aid Estimated cost for hearing aid*: \$400

Dispensing fee for the first aid: \$250 Dispensing fee for the second aid: \$100

Tier II: Advanced signal processing aid Estimated cost for hearing aid*: \$450 Dispensing fee for the first aid: \$480 Dispensing fee for the second aid: \$200

Tier III: Digital programmable aid Estimated cost for hearing aid*: \$850 Dispensing fee for the first aid: \$800 Dispensing fee for the second aid: \$400

^{*} Use this estimated cost to prepare the authorization. This may be adjusted to a higher or lower cost at the time of payment depending upon the actual invoice cost. Note that economic need procedures must be applied to the purchase of hearing aids, and clients will be expected to contribute according to their ability to do so

DUfh&! Medical Procedures

Correct Medicaid Health Care Finance Administration (HCFA) and Current Procedural Terminology (CPT) codes are used to determine the amount to be authorized/paid for services, unless otherwise specified. With the exception of fees authorized in this manual for specific services, RS pays the Medicaid rate for medical services provided to clients as part of their IPEs. Medicaid payment is payment in full and no additional payment is authorized. Providers shall not request or accept additional payment from clients.

Medical card/other insurance: If the client has a medical card or other medical insurance, either Medicaid or the insurance must be used before Rehabilitation Services (RS) may pay. A Medicaid payment is payment in full and no additional payment may be made. If private insurance pays part of the bill, RS will pay the balance that would be charged the client up to the maximum Medicaid allows for a specific service. Providers shall not bill for any "write-offs."

Payment: The physician or medical provider should provide the services authorized and should notify the counselor if any additional services are to be provided. Although RS may authorize a service by procedure code and description, the medical provider may change the code to indicate services actually provided in accordance with allowable established codes. If the code billed does not appear on Kansas Management Information System (KMIS) either with or without a rate, it is not valid. If the procedure code supplied by the provider allows less than the amount authorized, the lesser amount is paid.

All medical providers should be able to provide the proper procedure code (including modifiers necessary) for services they provide. Staff should not hesitate to request this information. All Kansas physicians and providers should have this information since it is needed to file insurance claims.

Non-covered Medicaid services: KMIS shows the amount Medicaid allows for a specific procedure. If the procedure code shows a blank, zero, seven or nine in the allowed cost, Medicaid does not cover the services or has special requirements. RS staff should verify with the provider that the non-covered Medicaid procedure code is the service actually provided. If the service was actually correct, the RS Central Office should be contacted about the rate.

Substance abuse services: Use the referral process established by DCF Alcohol and Drug Abuse Services for inpatient and outpatient substance abuse treatment.

Anesthesia: All anesthesia services are paid by points indicated in the surgical procedure code with the modified code "IND" on KMIS. The "IND" number relative value (procedure code plus modifier) plus time in units of 15 minutes are added and multiplied by a conversion factor of \$19.50.

Anesthesia Example: The procedure code of 66984-3000 has an "IND" code of 8 (relative value). If the time used of 121 minutes is divided by the 15 minute unit

to determine time points, the time points would equal 9. A partial time unit is considered a full unit. Together the relative units of 8 plus the time units of 9 would equal 17 units times \$19.50.

Medical Report/Definitive- \$20

 A report the physician provides in response to a counselor's request. This report summarizes information rather than copying medical records only.

Medical/Hospital Records- \$10

- RS counselors pay as billed up to a maximum of \$10 for medical records, unless a regional exception has been authorized by the RS Program Administrator.
- Government agencies such as state hospitals, Veterans Administration, etc. provide records without charge.
- It is best practice to request only the most recent specific records needed for VR eligibility and planning purposes.

Medical Records Search Fee- \$1.00 per quarter hour or portion thereof.

Payment for health insurance premiums

This is an allowable VR expense, if it is a cost-effective alternative to paying actual medical costs. An analysis of the cost effectiveness and search for comparable benefits must be included in the record of services.

Effective Date: April 26, 2005

DUfh' ! Medical Examinations

General Medical (GENM) up to a maximum of \$70 fee

- This includes a comprehensive history and physical exam with decision making of average complexity and is to include functional physical limitations and comprehensive report (all information completed on the general medical exam, including range of motion for low back questions). The counselor completes the Health Assessment Questionnaire as part of the referral information. This fee will be paid for the average, traditional medical examination and will be generally used for the payment of family practitioners and internal medicine practitioners providing the general medical exam.
- Primarily used by Disability Determination Service (DDS) staff, this exam is also used for a basic mental status exam provided by a psychologist. This exam is a clinical interview that provides a diagnosis and assesses the following areas of psychological functioning: history, thought content, affect, insight and judgment, intelligence, attention, concentration, appearance and behavior.
- Rehabilitation counselors should not use the GENM for purchase of psychological testing for intelligence and personality assessment. Refer to the psychological testing section.

Intermediate Examination (INTM) with payment up to a maximum of \$85

This examination is the same information as the general medical exam with additional information for a specific functional limitation not provided by a general medical exam. Also, this can be used in areas where the medical exam reimbursement is not adequate. Primarily, this examination fee and code are used for the following physicians specialties: internal medicine, rheumatology, physical medicine, pulmonary, nephrology and pediatrics.

Specialist Examination (SPECM) up to a maximum fee of \$110

 This examination includes a comprehensive specialty history and physical with decision making of high complexity and to include functional physical limitations and a comprehensive report.

CODES

Cardiology CARDI Neurology NEURO Orthopedic ORTHO Otolayrngology OTOLA Pediatric Subspecialty PEDIA Physiatric PHYSI Psychiatry PSYCH

DUfh'('! 'Miscellaneous Medical Services

Range of motion, back and extremities up to a maximum of \$35 When available medical information does not include this information, purchasing a range of motion analysis versus a general medical exam is more cost effective. When a rehabilitation counselor purchases a general medical exam, the range of motion information is to be provided by the examining physician. The general medical exam with its range of motion provides an alternative to an orthopedic specialist exam.

Visual

- Basic eye examination by an optometrist \$60 OPTOM
- Eye examination and diagnosis by an ophthalmologist \$85 OPHTH
- Low vision examination \$125 LVEX
- Goldman Visual Field examination \$70 GOLDM

Eyeglasses

 Kansas Department for Children and Families (DCF) prudent person concept with maximum rate of \$100 for frames. May use the WG modifier and pay "as billed" if needed.

Mental health

 Mental Health Centers are paid at the same rate as other providers for the same services.

DUfh) ! Psychological Testing

Records from current and prior treating and evaluation sources should be obtained prior to ordering new psychological evaluations. As a general policy, the more extensive the treatment history, the less in-depth psychological evaluations are needed. If questions arise regarding the adequacy of the records or the need for further psychological evaluation, when feasible counselors and Program Administrators are encouraged to secure input from their District Psychological Consultant or the State Psychological Consultant.

With each referral for psychological evaluation, there must be documentation of the referral questions and rationale for the referral. Referral questions may typically appear in a referral letter to the psychologist whereas the rationale for the referral may only appear in the case record narrative. Referral questions and the rationale statement could also be included in the referral letter to the evaluating psychologist.

All reports must include the following information:

- 1. Date the testing was administered.
- 2. Who administered the testing.
- 3. Person who interpreted the testing and wrote the report submitted.
- 4. Time spent administering each test.
- 5. The total time spent on interpretation and reporting.

The following are psychological evaluation guidelines. Also included are common reasons for authorizing these procedures and maximum charges that are allowed. Individual psychologists may substitute their own preferred assessments to address the counselor's referral questions provided the billing does not exceed the following guidelines or a maximum of 6 hours (\$52.50 per hour).

Mental status examination up to a maximum of \$70

This is a clinical interview to confirm functional limitations for persons with a history of mental illness. This also may be used as an initial examination for clients who have reported work problems or presented unusual behavior during the initial interview with the counselor. If the mental status exam results indicate intellectual and personality assessments are needed, then additional evaluations would be authorized. This level of examination may be sufficient for rehabilitation facility referrals which need a current assessment of an already diagnosed disability. The mental status examination is an appropriate evaluation when the client's impairments appear overtly severe and when there is extensive but not current treatment history.

Intelligence testing up to a maximum of 2.5 hours

This includes the Weschler Adult Intelligence Scale-Revised and the Stanford-Binet. It will not require the same amount of time to administer this testing to all vocational rehabilitation (VR) clients. In particular, clients with a diagnosis of mental retardation typically require much less time to administer this testing. Intellectual testing should only be ordered if there is a reason to suspect an intellectual deficit or learning disability. Intellectual testing may also be appropriate when a client is interested in pursuing an academic or training program that requires a certain level of cognitive ability; however, other sources of functional information such as school transcripts and prior work history should be utilized before ordering intellectual testing. IQ testing done after the age of 16 is considered to be stable throughout a person's adult life, assuming the original testing was a valid and reliable estimate and there were no intervening injuries or disease process that could result in a decline in cognitive functioning.

Standardized Achievement Testing up to a maximum of 2.5 hours

• In cases where a learning disability is suspected, the Woodcock-Johnson Achievement Battery is recommended. When achievement deficits are believed to result from academic underachievement or lack of education, the Wide Range Achievement Test may be sufficient (maximum of 1 hour).

Personality Assessment up to a maximum of 1 hour per test or 2 hours

• In situations where there is reason to suspect that a psychiatric impairment will interfere with work function or completion of a training or academic program, personality assessment such as the MMPI (1 hour) and/or projective testing such as the Rorschach or TAT (1 hour each) may be appropriate, particularly if there is a minimum of existing information.

Substance Abuse

• If substance abuse is an issue, it should not be evaluated with the use of psychological evaluation. Instead, the client should be referred to Kansas Department for Children and Families (DCF) Alcohol and Drug Abuse Services for an assessment.

Neuropsychological assessment up to a maximumof 8 hours

Neuropsychological evaluation (such as the Halstead Reitan and Luria Nebraska) should be done very sparingly but may be appropriate in complex cases of head injury or learning disability. The District or State Psychological Consultant must approve referrals for a complete neuropsychological battery. The hourly rate is procedure code M0601 or 90830. This is not a specialist exam.

DUfh* ! Psychotherapy

Psychotherapy should only be funded by vocational rehabilitation (VR) when it is recommended by a licensed psychologist or psychiatrist and is provided by a licensed mental health professional. Psychotherapy by unlicensed professionals can only be funded if a licensed professional is providing supervision and is assuming full responsibility. The supervision arrangement needs to be documented in writing and all progress reports must be co-signed by the supervisor.

Because the definition and nature of psychotherapy varies greatly among qualified providers, it is often difficult to determine exactly what is being provided when psychotherapy has been authorized. Therefore, before therapy is authorized a statement should be obtained from the treating source that specifically outlines the following information:

- 1. The type or types of treatment modalities that will be employed.
- 2. The anticipated length of treatment that will be needed.
- 3. Treatment goals and the manner in which progress will be assessed and reported.
- 4. A statement of how the proposed treatment specifically relates to the vocational objective.
- 5. Prognosis and expected outcome.

Under most circumstances, VR should fund a maximum of 12 psychotherapy sessions (one hour sessions weekly over 12 weeks usually); however, an absolute limit of 12 psychotherapy sessions may be problematic because it may unfairly restrict the use of some potentially effective treatment modalities and may not adequately address the needs of clients with severe psychiatric impairments. Therefore, on an individual basis, additional psychotherapy sessions beyond the initial 12 session limit may be authorized as follows:

- 13 24 sessions require Regional approval. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (see Section 8 / Part 54) is required..
- 25 48 sessions require approval by the State Psychological Consultant.
- No more than 48 sessions can be funded.

Funding by other sources (i.e. self payment, other insurance, or Medicaid-Medicare) would not be counted toward this limit. Also, once the 48 session limit is reached, there is no requirement that the client's case be closed. Other VR services could

certainly continue to be provided if needed, although in such cases it may be advisable to seek input from the District and/or State Psychological Consultant.

Rates for psychotherapy provided by licensed physicians or psychologists: 20-30 minutes - \$30

45-50 minutes - \$60

See other Medicaid codes for services provided by licensed mental health professionals who are not physicians or psychologists.

DUfh'+! Dental Services

Dental services are provided when the condition of the teeth and gums constitutes or contributes to a physical or mental disability which creates an impediment to employment. Dental services may be needed because of other disabilities which contribute to dental problems.

A program of general dental care is not allowed.

During the rehabilitation process a client may require preventive dental work such as filling of teeth. The intercurrent illness authority (including the cost cap) may be used for treatment of such acute dental problems which prevent continuation of the rehabilitation plan.

Some issues to consider when determining whether or not to provide dental services are:

- Many dental procedures can be successfully completed at different levels of care.
- Many dental procedures require specific, sometimes long term, follow-up care. Counselors and clients should know the extent of services necessary to bring about a desired outcome before beginning the process.
- Some dental procedures are temporary in nature and will require additional work in the future.
- Many dental procedures require the client to maintain a regimen of personal oral hygiene.
- When authorizing such services, the counselor should assure that the client understands the need to maintain adequate oral hygiene. It may be necessary to provide education on oral hygiene and the consequences of neglect, as well as assistance in developing the proper hygiene regimen, especially for clients who have a history of poor dental hygiene. One option for provision of such education is referral to an oral hygienist.

Dental services may be paid up to the usual and customary rate less 10%. This RS rate is subject to future change based on analysis of typical fees and usage. The appropriate CPT and service codes for dental procedures are required, just as with medical services.

The counselor may authorize fees above this rate if the total cost would be less expensive than the RS rates plus travel expenses to another community. In these situations, the cost savings must be noted in the narrative.

When dentists are not willing to provide services at the RS rate, an exception request must be approved. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (see Section 8 / Part 54) is required.

Special procedures for dental surgery:

- The surgery analysis described above is required for oral and maxillofacial surgeries with American Dental Association (ADA) procedure codes D7260 to D7999.
- The surgery analysis is NOT required for ADA procedure codes D7000 to D7259. Therefore, most extractions will not require completion of the surgery analysis.
- The Counselor must get the ADA code from the dentist prior to authorizing the service in order to determine whether the surgery analysis is required.
- See <u>Section 9 / Part 29</u> for a copy of the ADA code listing.

Effective Date: April 10, 2006

DUfh, '! Medical Procedure Codes

These types of procedure codes are used to obligate and pay medical expenditures.

- CPT Codes Current Procedural Terminology (National Codes) Physician Services.
- HCFA Codes Health Care Finance Administration Common Procedure Code System (National Codes) - for use by a variety of entities; i.e., dental codes have a D prefix.
- Local Codes (Kansas Codes) Eyeglasses are one example of local codes that have a Y prefix.

The three types of procedure codes listed above may be used by different providers to identify services provided to RS. Since all providers in Kansas must use the above codes to bill an insurance company (including Medicaid), the provider will be familiar with the codes for services they provide.

In some circumstances involving physician or hospital services, the procedure code may be located in the CPT manual using the following procedures:

- In the index, alphabetically find the procedure to determine the location of the manual. (Except for the physician office visits, physician hospital visits, and physician consultations (procedure codes 99201 through 99499) in the front of the manual, all other codes are in numerical order.
- If the procedure code needed is available, enter the code number and four zeros in KMIS to determine the rate.

Procedure code modifiers: A modifier code is a two (2) digit code that identifies a specific type of service, a variation of the service identified by the base code, for example, assistant surgeon, anesthesia.

The following are HCPCS modifiers:

PA Physicians Assistant

TC Technical Component - Applies to taking of the x-ray

WC Charge for clinic room and supplies for surgery not performed in a hospital.

WG Optical Services (Optometrists and Opticians) - Purchase of eyeglasses.

WP Specified Outpatient Procedures

26 Professional Component - Such as interpretation of an x-ray y a physician.

30 Anesthesia Services (General) (See the "IND" code on KMIS for procedure points).

50 Bilateral Procedures

80 Assistant Surgery

EXAMPLE: Anesthesia Services for an Appendectomy 449503000

Base Code for Appendectomy 44950 Modifier for Anesthesia Services 3000

EXAMPLE: Professional Component of Chest X-ray Procedure 710102600

Base code for Chest X-ray 71010 Modifier for Professional Component 2600

DUfh-! Hospitalization and Other Hospital Services

Inpatient and Outpatient Services

Reimbursement for inpatient and outpatient medical services provided by hospitals and surgical centers will be made at a variable discount rate based on the facility's Peer Group Classification. The discount rate will be applied to the facility's usual and customary charge.

Peer Group 1 — 15% Discount

Facilities in the following communities:

Kansas City

Lawrence

Olathe

Overland Park

Shawnee Mission

Topeka

Wichita

Peer Group 2 — 12.5% Discount

Facilities in the following communities:

Atchison

Augusta

Coffeyville

Dodge City

El Dorado

Emporia

Fort Scott

Garden City

Great Bend

Halstead

Hays

Hutchinson

Junction City

Leavenworth

Liberal

Manhattan

Newton

Paola

Parsons

Pittsburg

Salina

Winchester

Peer Group 3 - 10% Discount

All other facilities, including out-of-state facilities All specialty hospitals, such as rehabilitation hospitals

Charges in excess of \$40,000

In addition to the variable discount rate based on Peer Group Classification, an additional 5% discount will be applied to all charges that exceed \$40,000.

Allowable charges

Allowable charges may include room charges, supplies used, lab or x-ray services. However, if a client is referred to a hospital for x-rays but is not actually admitted as an inpatient or outpatient, the x-rays will be paid by HCFA or CPT codes and at the rates allowed for those codes. If the hospital bills for physicians such as a hospital call or surgery, these services will be paid at by HCFA or CPT codes and at the rates allowed for those codes.

Durable medical equipment supplied by a hospital or surgical center

Items such as wheelchairs or crutches, when supplied by a hospital or surgical center and related to a consumer's inpatient or outpatient care, and billed with a charge of \$250 or more will be reimbursed at invoice cost plus an additional charge of no more than 50%. Verification of invoice cost must be attached to the bill when it is submitted for payment.

Use of state consultant

If RS staff encounter difficulties in getting access to needed services for VR clients, or if staff need assistance in negotiating reasonable fees for specific services, they may contact the State Medical Consultant for assistance.

Exceptions to hospital discount rate schedule

Before exceptions are allowed, staff must first seek assistance in negotiating from the State Medical Consultant. Such negotiations may form the basis for the RS Manager or Regional Program Administrator's decision to approve or deny requests for exceptions to this policy. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (see Section 8 / Part 54) is required.

Anesthesia and other related expenses

When including surgery as an IPE service, the counselor must analyze and document the follow factors:

- Prognosis and doctor's written recommendation.
- Medical necessity.
- Analysis of how the surgery will correct, stabilize, or reduce the progression of the disabling condition, if appropriate.
- Client's willingness to adhere to lifestyle changes, as appropriate, before and after surgery.
- Client's prior efforts to resolve the issue using alternatives to surgery, if such alternatives are available and medically feasible.
- Availability and application of comparable benefits (unless the client requires the service immediately because of extreme medical rush.)
- Analysis of how/why the surgery is required to reduce or minimize an impediment to employment and the impact of this service on the client's ability to achieve employment.
- Analysis of whether there are feasible alternatives.

Surgery

Special conditions apply to the provision of surgery. See Section 4 / Part 11.

Effective Date: April 10, 2006

DUfh'%\$! Medications

RS pays up to the usual and customary price.

Use of generic equivalents

Whenever possible, it is required that a generic equivalent be substituted for a more expensive brand name drug. The use of generic equivalent drugs is required unless the prescriber has written dispense as written or has signed the name on the dispense as written signature line. Clients should be advised to request generic prescriptions from their physicians.

Authorized prescription necessary

Any medications, including over-the-counter drugs, must be specifically prescribed by a health care provider in order to be paid for through VR funds.

Prior authorization required

Prior written approval must be obtained from the RS counselor before any medications will be paid for through VR funds. Such approval must be specific in identifying the medication and whether refills are authorized to be paid for through VR funds.

VR funding for co-pays

Funding of co-pays for medication is an allowable expense.

Exceptions

Exceptions may be approved by the RS Manager or RS Regional Program Administrator on an individual case basis. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (see Section 8 / Part 54) is required.

Effective Date: April 10, 2006

DUfh'%%'! 'Surgery

The cost cap for surgery/surgeries for the life of the case is \$10,000.

When an individual surgery or a combination of surgeries is projected to cost \$10,001 or more, prior approval is required. Each RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrator or both. Use of the Exceptions Request Form (see Section 8 / Part 54) is required. These costs include hospital and primary doctor fees. These costs do not include radiology, anesthesia or other related expenses.

When including surgery as an IPE service, regardless of the projected costs, the counselor must analyze and document the following factors:

- Prognosis and doctor's written recommendation.
- Medical necessity.
- Analysis of whether there are feasible alternatives.
- Client's prior efforts to resolve the issue using alternatives to surgery, if such alternatives are available and medically feasible.
- Client's willingness to adhere to lifestyle changes, as appropriate, before and after surgery.
- Analysis of how the surgery will correct, stabilize, or reduce the progression of the disabling condition, if appropriate.
- Analysis of how/why the surgery is required to reduce or minimize an impediment to employment and the impact of this service on the client's ability to achieve employment.
- Availability and application of comparable benefits (unless the client requires the service immediately because of extreme medical risk.)

Appropriate CPT and service codes are required.

Special procedures for dental surgery:

- The surgery analysis described above is required for oral and maxillofacial surgeries with American Dental Association (ADA) procedure codes D7260 to D7999.
- The surgery analysis is NOT required for ADA procedure codes D7000 to D7259. Therefore, most extractions will not require completion of the surgery analysis.

- The Counselor must get the ADA code from the dentist prior to authorizing the service in order to determine whether the surgery analysis is required.
- See Resources Part 29 for a copy of the ADA code listing.

Effective Date: April 10, 2006

Section 5 - Closures

DUfh'%'! Individuals Determined to Have Achieved an Employment Outcome

Synopsis of Federal Regulation

An individual is determined to have achieved an employment outcome only if the following requirements are met:

- The provision of services under the individual's IPE has contributed to the achievement of the employment outcome.
- The employment outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
- The employment outcome is in the most integrated setting possible, consistent with the individual's informed choice.
- The individual has maintained the employment outcome for a period of at least 90 days.
- At the end of the appropriate period under paragraph (d) of this section, the individual and the rehabilitation counselor or coordinator consider the employment outcome to be satisfactory and agree that the individual is performing well on the job.

Reference: §361.56

RS Policy

Some employment outcomes available in the Kansas economy are based on seasonal work or temporary employment.

In some industries, such as construction and oil production, it is typical for the worker to frequently change employers but maintain stability in employment. In such situations, it is not necessary to restart the 90-day employment period. In such situations, determining whether the client has achieved an employment outcome shall be based on client choice, counselor discretion, and consistency of the outcome within the standards of the industry, client satisfaction with the outcome and employment stability measured by whether there is a need for further services.

In other industries:

- If an individual changes employers but remains in the same type of work, it is not necessary to restart the employment period if there is no more than a typical weekend (2-day) break in employment. An example would be changing employers from Wendy's to McDonald's (both fast food) but staying in the same line of work, such as taking orders.
- If an individual changes employers and the type of work, it is necessary to restart the 90-day employment period to assure stability in the new line of work.

Ideally, the job obtained by the person will be in the same field as the vocational objective. However, the job obtained depends on the availability of employment opportunities in the labor market at the time the person is seeking work. The responsibility of RS is to ensure that the job obtained is suitable gainful employment consistent with the client's choice.

RS emphasizes placement in competitive employment on a full-time, or if appropriate, part-time basis. However, in some circumstances, consistent with informed choice of the individual and goals and services on the IPE, a rehabilitation outcome may include homemaker, unpaid family worker, or placement in supported employment but not meeting the criteria of minimum wage or integrated setting.

Homemaker is recognized as gainful work in the regulations which implement the Rehabilitation Act. Homemaking may be an appropriate occupation for any client "man or woman" regardless of marital status or dependents. The appropriateness of a homemaker goal or outcome depends on the individual's needs and circumstances. In order for homemaking to be considered as a gainful occupation, the essential functions of the homemaker duties must be performed by the individual with or without a reasonable accommodation. There must have been benefits derived from VR services which contribute to the client's ability to function as a homemaker. This includes the individual for whom a change in the vocational objective to homemaker is determined to be most suitable given that services have contributed substantially to an improvement in homemaker abilities and client independence. Counselors and clients will work together to define the specific homemaker duties for each individual case.

Reference: State definition

Job retention cases: In job retention cases (when clients are employed prior to application), the 90-day period for maintaining employment prior to case closure will begin when the substantial IPE services have been completed.

Record of services - For individuals achieving a competitive employment outcome, the record of services must verify that the individual is compensated at or above minimum wage and that the individual's wage and level of benefits are not less than that customarily paid by the employer for the same or similar work performed by non-disabled individuals. (*Reference* §361.47) In obtaining evidence wages and benefits, staff will be sensitive to whether the client wishes for the employer to know of his or her relationship with RS.

Evidence in the record may include a statement by the individual, a copy of a job announcement that includes wage/benefit information, or a statement of placement specialist, job coach or RS staff based on knowledge of wages/benefits paid by the employer.

The record of services must also include the completed Status 26 Closure Documentation Form. See Section 8 / Part 42.

Contact with client at time of closure

The record of services must also document direct contact between the RS counselor and the client at the time of Status 26 closure. The contact must address whether the client and the counselor consider the employment to be satisfactory and whether they agree that the client is performing well in the employment. Completion of the Status 26 Client Report (see Section 8 / Part 41) is acceptable to meet this requirement

If the counselor has made multiple attempts (at a variety of times and using a variety of methods) but is unable to reach the client directly, the following procedure should be followed:

- Send a letter conveying the counselor's attempts to contact the client multiple times, and the intention to close the case in 10 days. See <u>Section 9</u> <u>/ Part 8</u> for an example letter. Include the Status 26 Client Report form.
- 2. After 10 days have passed; send the standard closure (IPE Amendment) letter including appeal rights. (Or, if the client returns the Status 26 Client Report form, proceed appropriately based on the information provided.)

DUfh'&! Closure Without Eligibility Determination

Synopsis of Federal Regulation

RS may not close an applicant's record of services prior to making an eligibility determination unless the applicant declines to participate in, or is unavailable to complete an assessment for determining eligibility and priority for services, and RS has made a reasonable number of attempts to contact the applicant or, if appropriate, the applicant's representative to encourage the applicant's participation.

Reference: §361.44

RS Policy

A reasonable number of attempts means three to five attempts. Various methods, such as phone and mail, should be used. Counselors may be flexible in using this guideline based on their knowledge of the circumstances or situation.

Effective Date: May 1, 1998

DUfh' ! Other Closure Actions

Failure to Cooperate

It is essential for clients to keep scheduled appointments and to make progress, as defined on their IPEs, toward employment. Cases will be closed for failure to cooperate under the following circumstances:

- When a client has missed two scheduled appointments without advance notice for any VR-related purpose, the counselor will send a letter to the client. Scheduled appointments are defined as any meetings with counselors, CDC appointments, supported education meetings, therapy/medical appointments arranged by RS, meetings with job placement staff, or employment interviews. The letter will schedule an appointment for the client to meet with the counselor to discuss case progress. Every effort will be made to schedule these appointments at a time that coordinates with the client's schedule. Clients will be given the opportunity in the letter to contact their counselor in advance to reschedule. However, failure to reschedule or keep the appointment will result in case closure. This letter will also serve as the notice of closure action and include appeal rights.
- When the client has failed to complete IPE goals and responsibilities, and the counselor has made repeated attempts to resolve barriers and encourage participation.

Other Reasons for Closure Actions

The record of services of an applicant or client of VR services may also be closed if he or she:

- Will be unavailable for the period of time needed to complete an assessment for determining eligibility or for completion of the IPE.
- Has declined VR services because of the priority or waiting list in Order of Selection.
- Cannot be located after RS has made repeated efforts to locate. Generally, RS should make three to five attempts to locate the individual. Various methods, such as phone and mail, should be used. Counselors may be flexible in using this guideline based on their knowledge of the circumstances or situation.
- Has refused VR services and RS has made repeated efforts to encourage participation.
- Has been determined ineligible. The client or client's representative will be given the opportunity for full consultation in ineligibility decisions.

- Has completed planned services but has not achieved an employment outcome and additional VR services are either unnecessary or inappropriate.
- Has completed post-employment services.
- Is no longer present in the state.
- Will be unavailable, because of medical services, for an extended period of time, or has been institutionalized.
- Transportation is not feasible or available.
- Unfavorable medical prognosis.
- Has died.

Documentation and Correspondence Regarding Case Closures

The counselor shall document the reason for closing the case. The client should be notified in writing of the action taken, reasons for the action taken, appeal rights and Client Assistance Program. This closure letter will serve as the IPE amendment for cases closed after the IPE has been signed. Written notification should be provided in the appropriate mode of communication.

Exception to Written Notification Requirements

Written notification is not required when the client has declined services because of an Order of Selection waiting list, cannot be located, has refused services, is no longer present in the state, or has died.

Effective Date: May 1, 1998

Section 6 - Fiscal Procedures

DUfh'%! 'Purchasing Guidelines

Purchase of Services Guidelines:

The goods or services authorized are necessary as determined by current RS policies and guidelines, and appropriate to determine client eligibility or to meet the client's specific needs as identified in the IPE. The service authorization is finalized by the counselor assigned to the case, a RS Manager or Program Administrator. The goods meet the specifications for their use; or the services are performed to the specifications required.

For purchase of goods and durable equipment, the following procedures must be followed:

- If the item is on state contract (i.e. wheelchairs, computers), use the state contract. No bids are required since these items have been negotiated. Purchases of these types of goods or equipment are not limited to the items on state contract although deviations from state contract must have prior authorization from DCF Purchasing.
- If the item costs less than \$1,000, use the prudent person concept. Bids are not required.
- If the item costs \$1,000 to \$1,999, three bids are required. Telephone bids may be used. Telephone bids should include information (i.e. contact, phone number, date obtained) sufficient to allow review at a later date.
- If the item costs \$1,000 to \$4,999, three bids are required. See <u>Section 8 / Part 39</u> for the "Request for Prices" bid form. Other forms may be used, such as a builder's own bid form, as long as it shows the bidder's contact information, the specifically described item or service to be purchased; the quantity; the price; conditions, if any; delivery date. If forms other than the "Request for Prices" are used, there should be a clear understanding that the form is a bid only and not an order.
- If the item costs \$5,000 or more, go through DCF Purchasing.
- Components must not be split to avoid the bidding process. The total amount authorized on a service authorization determines which of the above procedures should be used. When entering authorizations in KMIS for \$5,000 or more, list the total amount of the authorization on the first line and additional items being purchased on the following lines.

The following ranks in order the purchasing procedures to follow by type of service. If the first procedure does not apply to the item, go to the second. If the second does not apply, use the third procedure.

- Evaluation and diagnostic services
 - RS fee schedule
 - Medicaid fees
 - Usual and customary or negotiated
- Physical and mental restoration
 - RS fee schedule
 - Medicaid fees
 - Usual and customary or negotiated
- Prosthetics
 - Usual and customary or negotiated
- Training services
 - Usual and customary or negotiated
- Maintenance
 - RS fee schedule
- Transportation
 - RS fee schedule
 - State contract if available (tires, for example)
 - Usual and customary or negotiated
- Attendant, interpreter, driver, reader, note-taking services
 - RS fee schedule
- Assistive technology devices using codes 270, 290, 380, 390
 - RS fee schedule
 - Usual and customary or negotiated

- Assistive technology devices using codes 410, 411, 412, 413, 414, 416
 - State contract if available
 - Bids
 - Usual and customary or negotiated
- Other goods and services
 - RS fee schedule
 - Bids
 - Usual and customary or negotiated
- Child care
 - DCF fee schedule

DUfh'&! Authorizing Services and Payments

All services to be provided for clients are authorized and paid through the Kansas Management Information System (KMIS). KMIS tracks all obligations and payments.

All services must be authorized before they are provided in order for RS to pay for them. This allows funds to be obligated (set aside) in order to pay for all services authorized. Only RS Counselors, Managers or Program Administrators can finalize a Service Authorization.

In limited circumstances when a counselor is away from his/her office, it is permissible for the counselor to provide a verbal authorization when any delay would impede the consumer's progress in the rehabilitation plan, impact an employment opportunity, or relate to a medical emergency. Such verbal authorizations must still be made in advance of purchase of the related goods and services. In such cases, if the counselor provides a verbal authorization, he/she must immediately follow up with the written authorization upon return to the office and the narrative must explain the situation and rationale.

Vendors: RS purchases goods and services from vendors. For this reason DCF tracks vendors and clients in the Financial Accounts and Reports Management System and reports expenditures by tax identification number to the federal government. FARMS is the agency's accounting system and it interfaces with STARS which is the state's accounting system.

Service authorizations may be finalized prior to receiving the tax number. Prior to finalizing a KMIS payment authorization, all RS payments must have a valid vendor tax identification number.

The Vendor Tax Types include:

- 1 Vendor's FEIN number (9 digits often beginning with 48- for Kansas vendors).
- 1 State Agency numbers. FARMS uses individual Kansas State Agency numbers and six zeros.
- 2 Vendor's Social Security Number. (In these cases, the name corresponding to the Social Security Number must be used on the first line. The company name may be used on the second line.)
- 2 Client's Social Security Number is used for Community Based Work Assessments or Community Based Job Tryouts. These payments to clients are taxable.

• 3 - Client's Social Security Number for any other payments to clients. These payments are not taxable.

Accessing FARMS: Vendors can be found on FARMS by entering the Federal Employer Identification Number (FEIN) or Social Security Number or the name of the vendor on the provider line of the service authorization on KMIS. If the vendor is listed, the rest of the vendor information will appear in the spaces provided on KMIS. The vendor may appear under a different business name or at another address.

Vendor Not on FARMS: If the vendor does not appear on FARMS, enter the FEIN or Social Security number where indicated and fill in the name and address of the vendor. Select PF3 at the prompt. The Authorization for Services can be finalized without the vendor listed on FARMS. The vendor will be placed in suspense until listed. Payments cannot be authorized without the vendor listed on FARMS.

Vendors must provide a completed and signed Form W-9 to be placed on FARMS. The counselor can speed the process by obtaining the W-9 or providing the vendor phone number. Central Office will obtain the W-9 if not obtained by the counselor. It will be forwarded to payables where it will be placed in their accounting system and FARMS. The address is compared to the US Postal Service directory to ensure it is correct. The agency is fined for each incorrect address it reports to the federal government. Normally a new vendor is placed on FARMS within a working day of receiving the W-9.

FARMS Vendor Updates: When a vendor address changes, the vendor must complete a new W-9. An invoice with the new address and the FEIN already imprinted on it, or a signed letter from the vendor containing the new information may be substituted for the W-9. When a vendor name changes a new W-9 must be completed and forwarded to Central Office.

Client Not on FARMS: Clients who receive non-taxable payments like maintenance and transportation are placed on FARMS in RS Central Office each morning. Please allow at least one working day before finalizing maintenance and transportation payments to clients not on FARMS. In an emergency, call Central Office.

Clients participating in Community Based Work Assessments and Community Based Job Tryouts are independent contractors. The payments are taxable as income. To ensure timely payment, their W-9 forms and contracts are to be forwarded to Central Office before the assessment or tryout begins.

IMPREST check authorization: IMPREST funds in the Regional Offices have been established to accommodate the need for processing emergency payments for clients or special circumstances. KMIS will automatically move payments of less than \$5 to the IMPREST account. A copy of the authorization should be given to the IMPREST Fund Clerk to be paid.

Maintenance/transportation authorizations: Maintenance and transportation authorizations must be finalized by the 19th calendar day of the month prior to the month that payments are to begin. The KMIS maintenance/transportation payment takes the address currently listed on the application for clients. The client's correct address must be on the KMIS application. If the client's address changes, update the application before the 19th of each month to avoid delays. Contact Central Office to update FARMS.

Note: Although Maintenance and Transportation payments are normally cut on the 20th of each month they are not due until the first day of the following month.

Grantee referral authorization: This type of authorization must be used to authorize services provided to the client through a grant to an outside agency. Each grant client must have an authorization to receive grant services. A copy of the authorization should be sent to the grantee for its records. Grantee authorizations must be renewed, if the service is continuing, every grant year. Payment is not authorized.

State facility referral: This type of authorization is used to refer a client to Rehabilitation Center for the Blind or Visually Impaired or Career Development Centers. The facility staff will enter the actual services when they are provided. Payment does not need to be authorized.

Finalize a service authorization: Only the caseload counselor or the supervisor for that caseload can finalize the service authorization. This action on KMIS indicates the counselor approves the provision of this service to the client by the provider designated on the screen and the expenditure of RS funds for this service. Funds are not obligated until the authorization is finalized through this action on KMIS.

Authorization for clients in referral status: Payments may be made for clients in referral status. These would include services necessary to take an application (i.e., interpreter during initial interview, etc.) These authorizations should be made only for services necessary to complete the application process.

To accomplish this on KMIS, select #3 Authorization/Vouchering from the main menu. Enter the individual's Social Security Number (SSN) and select #1 to create a service authorization. A message will be received stating "client not on casemaster." Press PF4 to copy the referral to the casemaster. This action will not put the case in open status, but will allow the completion of the service and payment authorization.

Once the application has been taken, the case should be moved to status 02 before further authorizations are begun. If an application does not result and the case will not be opened, the referral should be closed 00 to 08.

DUfh' ! Repossessed Equipment

When training and/or occupational tools or equipment are repossessed, information regarding the equipment is entered on Kansas Management Information Systems (KMIS) in the list of available equipment.

Each office will provide storage for repossessed equipment.

Equipment determined not re-assignable upon repossession, or not re-assigned for a period of six months, is to be handled as surplus property.

To transfer the repossessed property to a client, follow KMIS procedures.

When repossessed property is disposed of as surplus property, it should be removed from KMIS.

DUfh'('! 'Bid Procedures

Purchases of equipment not on State Contract costing \$2,000 or more with the following service codes are required to go through Purchasing: 410, 411, 412, 413, 414, 416, and 620. When the cost entered in "Unit Price" on KMIS equals or exceeds \$2000, the system refers it to Purchasing. When there are multiple components, the estimated total cost must be entered on the first line under "Unit Cost" and the components should be listed on the following lines with item costs listed under "Service to Be Provided" rather than "Unit Cost."

- Items listed on a service authorization (except for items on state contract) are let out for bids.
- Purchasing may separate an authorization into two or more sets of bid specifications and send the specifications to different sets of vendors for bids.
- The vendor submitting the lowest bid on items described on the bid specifications will receive the award subject to counselor approval.
- As many as eight vendors may receive awards based on one service authorization.
- A vendor may be suggested on a service authorization or the counselor may select "Unknown Vendor" from the menu.
- The service authorization MUST NOT be forwarded to a vendor.
- KMIS notifies the counselor when Purchasing prints the service authorization.
 Purchasing may request additional information from the counselor or suggested vendor.
- Purchasing can reject the authorization if the service description is not adequate or if it contains a contract item.
- Purchasing will notify the counselor when an authorization is rejected and provide the reasons.
- The counselor or support person will UNAUTHORIZE the service authorization and update it to make the changes needed by Purchasing.

When Purchasing is ready to award the bid, they will notify the counselor and seek approval. The counselor can reject the low bid on reasonable grounds. If the bid is more than the amount authorized, a second approval is required. Payment is authorized within thirty days of delivery and inspection of the completed product.

DUfh') '! 'Payment Procedures

Payments for items on a Service Authorization are created and finalized by Rehabilitation Services (RS) field staff. The Payment Authorization can only be finalized by the Counselor, RS Manager or Program Administrator. Payments must be completed within 30 days from the day equipment was received by the client or counselor or the day the invoice is received in the field office (whichever date is later), according to the Kansas Prompt Payment Act. Normally allow seven to ten days for a payment to be processed so that the warrant will be dated by the 30th day.

Contact Central Office prior to paying a late fee for assistance in following required procedures.

Partial payments are made when a portion of the equipment has been delivered and can be used by the client while waiting for the rest of the order. If part of the order has arrived but cannot be used until the rest of the order is delivered, do not make a payment on it.

When multiple vendors have been awarded a bid on the same service order, pay each vendor as the equipment and invoice are received from the vendor, if items are useable by the client. When multiple vendors are awarded a bid and the last vendor payment is finalized, KMIS will ask if the authorization should be closed. You must close it to remove it from the outstanding obligations list. If you do not close the authorization at this time, you may zero dollar pay to close it.

Enter the correct invoice number when prompted. Enter the account number, shipping date, and any other identifying information that may help the vendor identify the payment in the service description area on the payment authorization to a vendor. This is needed so the vendor will know where to credit the payment. It is best practice to add a statement that "the client is not to be billed."

A MATERIAL RECEIVED/PROPERTY ASSIGNMENT-DISPOSITION form (VR-3035) is completed when the client has received and is satisfied with the equipment ordered. See Section 8 / Part 31 of this Manual. Keep this signed form in the case file. The Materials Received report is also used to report repossessed equipment to Central Office.

DUfh* ! State Warrants

Cancellation of State Warrants:

- Determine the need to cancel a warrant by pulling the original authorization documentation and identifying invalid information.
 - Write a brief note or memo stating the circumstances requiring the need to cancel the warrant (duplicate payment, wrong vendor, client no longer attending school, etc.)
 - Make a note in the client's file that the warrant cancellation was requested.
- Write or stamp "canceled" on the face of the warrant to be canceled and cut a triangle out of the signature portion of the warrant.
- Send the reason to cancel with the service order number and the warrant to be canceled to RS Central Office in Topeka.
- RS Central Office will prepare a cancellation letter to DCF Payables.

Payments Not Received:

- View the payment on KMIS.
- I f there is no voucher number the payment was not finalized on KMIS; finalize the payment.
- If the voucher number is 000001 the payment was finalized but not processed. If the number remains a working day or more after the payment was finalized; contact Central Office.
- If the voucher number is other than 000001, the payment has been processed; check the warrant date.
- If the warrant date is 01/01/1800 after five working days, the warrant was not cut; contact Central Office.
- If the warrant date falls within five to ten days of the payment authorization; check the warrant number.
- If the warrant number is other than 9999999, the warrant was issued. Check the State Treasurer's website to track the warrant. It will indicate the warrant has cleared the bank or it is outstanding.

- If the warrant has cleared the bank, advise the vendor of the warrant date and the number. The vendor may be able to find it in his/her records.
- Contact Central Office if a copy of the cancelled warrant is requuired.
- If the warrant is outstanding for at least ten working days and the vendor does not have it, contact Central Office to request the warrant be cancelled. Reauthorize the services and the payment.
- If the warrant number is 9999999, the payment has been set off because the vendor owes money to the State of Kansas or a political subdivision. At this point, payment for services is complete as is RS involvement. The counselor MUST NOT evade this process and MUST NOT assist the vendor to evade this process. Persons/Vendors with questions regarding the Setoff process may call the Customer Call Center at 785-296-4628, 8:00 AM to 4:00 PM Monday through Friday. See the following information regarding the State Setoff Program.

NOTE: State of Kansas Setoff Program

The Setoff Program provides assistance to state agencies in the collection of delinquent accounts receivable. It allows the Director of Accounts and Reports to set off monies owed by the State of Kansas against monies owed to the State of Kansas. The Setoff Program matches payments in process with debts owed, reduces the payment in accordance with the debt, and credits the debtor with a payment.

A VR Counselor may encounter this service when a vendor receives a reduced payment or no payment for services and receives notice the payment or a portion of it has been applied to a tax bill or other debt held by the state or a municipality within the state. Vendors frequently do not understand the notice or otherwise disregard it. The counselor is to treat this as a payment of the monies owed by RS. The client is NOT to be billed. The counselor cannot cancel the payment or accept a returned warrant. He or she can provide the vendor with information to contact the Division of Accounts and Reports so the vendor can investigate or contest the debt.

Persons/Vendors with questions regarding the Setoff process may call the Customer Call Center at 785-296-4628, 8:00 AM to 4:00 PM Monday through Friday.

DUfh'+! Refunds

Staff should follow the Kansas Department for Children and Families (DCF) Regional Office procedures for processing refunds, and provide a copy of refund paperwork to the RS Central Office. If no Regional Office procedures are in place, use these procedures:

- 1. Determine the reason for the refund (overpayment, client no longer attending school, etc.).
- 2. Note the reason for the refund both in the client's file and on a note with the voucher number and Program Cost Account (PCA) to return the funds.
- 3. Send the refund voucher number, and note with the reason for the refund to your Administrative Service Chief (ASC) and a copy to the RS Central Office in Topeka.

DUfh, ! Client Out-of-State Travel

Airline Travel

Counselors may make out-of-state travel arrangements for clients using the following procedures:

- 1. Set up service authorization payable to UMB Bank. Use FEIN # 440201230, extension 06. Do not finalize.
- 2. Contact Central Office and give the service authorization #, the name of the client traveling, address, date of travel, accommodations needed and counselor's name and phone number.
- 3. Central Office will communicate proposed itinerary to counselor for approval.
- 4. Central Office will communicate cost of fare and account number to complete the authorization and payment.

Other Travel

Clients may also be eligible for per diem and hotel reimbursement. Follow the same procedures as used for state employees. For more information, see Department of Administration Travel Center for State Employees at http://da.ks.gov/ar/employee/travel/default.htm. Client mileage is provided in accordance with the RS Cost Cap located in Section 3/Part 8 of this manual.

DUfh- ! Vendor Categories

These codes are used when finalizing a payment authorization.

Code	Facility or Agency
1	NA
2	Provided by community rehabilitation programs in the public sector (owned and managed by federal, state or local government such as those run by state VR agencies).
3	Provided by community rehabilitation programs in the private sector (owned and managed by non-governmental entities such as individuals, associations, corporations, etc.).
4	Provided by one-stop employment/training centers.
5	Provided by other public sources.
6	Provided by other private sources.

Source of funding:

Code	Type of Source
1	Public Source (Government entities such as universities, community colleges, school districts)
2	Private source
3	Both public and private sources

DUfh'%\$ '! 'Payments Made Outside of Kansas Management Information Systems (KMIS)

All payments for client services are to be made through the Kansas Management Information Systems (KMIS).

Payments for medical consultants are made on DA-103s submitted to DCF Finance for payment. These are charged to PCA 27911. Directions on payment will be provided to staff using consultants when contracts are originally issued.

DUfh'%%! Grants

Compliance with Laws and Regulations: A grantee is required to comply with all federal, state, and local laws and regulation in effect at any time during the course of the grant. Compliance requirements may be found in the Notification of Grant Award or the Kansas Department for Children and Families (DCF) Financial and Administrative Grants Policy Manual.

Current Rehabilitation Services (RS) Grants: Rehabilitation Services has moved towards an outcome or payment-for-performance model for services. Instead of grants, Provider Agreements (a.k.a. fee-for-service or payment-for-performance agreements) are developed with potential service providers.

Grant changes and modifications: A grant may be modified only by the written agreement of both parties with the approval of DCF. No alteration or variation of the terms of conditions of the Grant shall be valid unless made in writing and signed by the parties. Every amendment shall specify the date on which its provisions shall be effective.

For Grants that include a line item budget, grantees are permitted to rebudget some line items at their discretion. Any changes in equipment purchases, personnel and indirect costs shall be requested in writing thirty days prior to the effective date, and require written prior approval by RS Program Staff. Any budget adjustment resulting in a need for additional grant funding or an extension of the grant period shall require an amendment to the grant award prior to the change.

DUfh'% ! Extended Service Contracts

The following guidelines are offered to help decide whether or not an extended service contract should be purchased for equipment or assistive technology. State Purchasing has no policy regarding purchasing extended service contracts. Vendors offer extended service contracts to provide preventive maintenance. These extended service contracts may or may not include parts and labor if an item malfunctions.

To decide whether or not to purchase an extended service contract, these points should be considered:

- 1. Is the item being purchased an expensive, high tech item?
- 2. Does the item have many moving or high impact parts that may fail early?
- 3. Will the item have to be repaired out of state by the vendor?
- 4. Will repair costs be substantially less than purchasing a new item?
- 5. Do "fine print" exclusions make the service contract less attractive?

Whether or not to purchase an extended service contract is a decision shared by the counselor and client. It pays to know what is being purchased. Extended service contracts can be good or bad but an "informed buyer" will likely recognize the difference.

DUfh'%' ! 'Purchase of Used Equipment

It is possible to purchase used equipment if such equipment meets the client's needs and if the client has made an informed choice about his or her options.

If the item is to be purchased through a bidding process, the counselor and client should verify the quality of the item to be certain it functions appropriately before accepting the bid.

To explore other possibilities, please contact the Operations Unit at the Central Office.

DUfh'%('! 'Fiscal Year Closing Procedures

Beginning in March, coordinate all purchasing plans to meet with fiscal purchasing deadlines.

- Purchases going through Purchasing with an estimated total of over \$10,000 must be submitted prior to the end of April.
- Purchases going through Purchasing with an estimated total \$2,000 to \$10,000 must be submitted prior to the second week in May.
- Items less than \$2,000 or purchased from a state contract may be purchased through the last working day of the fiscal year.
- Authorize payment for current year services promptly upon receipt of invoices. You may wish to contact vendors to obtain invoices before June 30.
 This will reduce the workload at fiscal year closing.

General Guidelines

- Purchase requisitions for next fiscal year should NOT be entered on KMIS until July 1.
- Equipment on state contract may be authorized through the last working day in June prior to the actual encumbrance processing. Equipment may be paid for out of the state fiscal year in which it is ordered.
- Service authorizations for items not on state contract and costing more than \$2,000 that will go through DCF Purchasing as purchase requisitions must be completed by the next to last work day prior to June 20. On the last work day prior to June 20, DCF Purchasing will Award these purchase requisitions.
- Service authorizations must cover only the current state fiscal year ending June 30. Services to be provided July 1 or after should be authorized after July 1.
- Authorize services within the fiscal year in which they will be provided.
 Tuition should be authorized in the fiscal year in which it is due.
- Medical record payments should be charged to the fiscal year in which the medical records were received.

DUfh'%) ! Fiscal Year Closing

State fiscal year end closing is done by going to the Authorization/Vouchering menu and choosing #15 (ENCUMBRANCE SFY END PROCESSING). Access to this selection is available to program managers, counselors, managers, and support staff the last two weeks of the state fiscal year.

Prior to closing, print the List of Outstanding Obligations report found in Field Service Reports and determine what action you want to take on each service order listed. Once you know that information for each outstanding obligation, you are prepared for fiscal closing. The screens display the service order number; date of authorization; vendor name; amount obligated; partial payments; and amount outstanding.

Available in mid-June, KMIS will display all outstanding obligations by either caseload or by client, as the program administrator, counselor, manager, or support staff chooses. Mark each outstanding obligation with one of the 4 choices described below. If the beginning date for services, such as tuition, is on or before June 30 and continues into the next fiscal year, it is considered a current fiscal year expenditure and should be encumbered.

These are your four choices for action needed on each outstanding obligation:

- ENC (Encumbrance) This selection is made when a non-medical service has been provided in the current fiscal year, but the invoice is not yet available for payment. Non-medical encumbrances include such services as books and supplies, training, interpreter services, render services, etc. This selection will encumber funds from the current year and allow payment in the next fiscal year against these encumbered funds.
- \$0 Pay Final This selection will allow you to zero dollar final pay the balance of a service authorization where all necessary payments have already been made and no further payment action is necessary. Note the distinction between this and deleting, described below.
- Del This selection will allow you to delete service orders that are no longer needed or cancelled, i.e., examinations that were cancelled, requests for records that have not been received and have been cancelled, etc. This selection should only be used for services that have not and will not be received. Note the distinction between this and a zero dollar final pay.
- Nx Yr This selection will allow you to move service authorizations from the current year's funding into the next year's funding. This selection would be used if the service was authorized in the current fiscal year but you have found the service will not actually be provided until the next fiscal year.

Section 7 - Glossary

Glossary

Appropriate modes of communication means specialized aids and supports that enable an individual with a disability to comprehend and respond to information that is being communicated. Appropriate modes of communication include, but are not limited to, the use of interpreters, open and closed captioned videos, specialized telecommunications services and audio recordings, brailled and large print materials, materials in electronic formats, augmentative communication devices, graphic presentations, and simple language materials. *Reference:* §361.5(b)(5)

Assessment for determining eligibility and vocational rehabilitation (VR) needs means, as appropriate in each case:

- A review of existing data to determine if an individual is eligible for VR services; and to assign priority for an Order of Selection.
- To the extent necessary, the provision of appropriate assessment activities to obtain necessary additional data to make the eligibility determination and assignment. To the extent additional data are necessary to make a determination of the employment outcomes and the nature and scope of VR services to be included in the IPE of an eligible individual, a comprehensive assessment to determine the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice, including the need for supported employment, of the eligible individual. This comprehensive assessment:
 - Is limited to information that is necessary to identify the rehabilitation needs of the individual and to develop the IPE of the eligible individual.
 - Uses a primary source of information, to the maximum extent possible and appropriate (in accordance with confidentiality requirements) existing information obtained for the purposes of determining the eligibility of the individual and assigning priority for an order of selection; and information that can be provided by the individual, and if appropriate, by the family of the individual.
 - May include, to the degree needed to make such a determination, an assessment of the personality, interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities of the individual and the medical, psychiatric, psychological and other pertinent vocational educational, cultural, social, recreational, and

environmental factors that affect the employment and rehabilitation needs of the individual.

- May include, to the degree needed, an appraisal of the patterns of work behavior of the individual and services needed for the individual to acquire occupational skills and to develop work attitudes, work habits, work tolerance, and social and behavior patterns necessary for successful job performance including the use of work in real job situations to assess and develop the capacities of the individual to perform adequately in a work environment.
- Referral, for the provision of rehabilitation technology services to the individual, to assess and develop the capacities of the individual to perform in a work environment; and
- An exploration of the individual's abilities, capabilities, and capacity to perform in work situations, which must be assessed periodically during trial work experiences, including experiences in which the individual is provided appropriate supports and training.

Reference: §361.5(b)(6) Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an individual with a disability. Examples include:

- Prosthetic, orthotic or other assistive devices essential to obtaining or retaining employment.
- Hearing aids.
- Telecommunications, sensory and other technological aids and devices.

Reference: §361.5(b)(7)

Assistive technology service means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device, including:

- The evaluation of the needs of an individual with a disability, including a functional evaluation of the individual in his or her customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition by an individual with a disability of an assistive technology device;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for an individual with a disability or, if appropriate, the family members, guardians, advocates, or authorized representatives of the individual; and
- Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities, to the extent that training or technical assistance is necessary to the achievement of an employment outcome by an individual with a disability.

Reference: §361.5(b)(8)

Auxiliary aids and services, which may be provided by RS, include but are not limited to:

- Sign language interpreters for people who are deaf or hard of hearing.
- Tactile interpreting for people who are deaf-blind.
- Foreign language interpreting for individuals with limited English speaking/comprehension ability.
- Media of choice, such as braille or large print documents, for people who are blind or visually impaired.
- Readers, who may read textbooks or other written materials for persons who have impaired reading ability due to the disability.
- Note takers to take class notes for persons in training or other services who are unable to do so because of their disabilities.

The purpose of these auxiliary aids and services is to provide a means of effective communication, accommodating the needs of individual clients so they may derive full benefit of other VR services. *Reference: State definition*

Community rehabilitation program means:

 A program that provides directly or facilitates the provision of one or more of the following VR services to individuals with disabilities to enable those individuals to maximize their opportunities for employment, including career advancement:

- Medical, psychiatric, psychological, social, and vocational services that are provided under one management.
- Testing, fitting, or training in the use of prosthetic and orthotic devices.
- Recreational therapy.
- Physical and occupational therapy.
- Speech, language, and hearing therapy.
- Psychiatric, psychological, and social services, including positive behavior management.
- Assessment for determining eligibility and VR needs.
- Rehabilitation technology.
- Job development, placement, and retention services.
- Evaluation or control of specific disabilities.
- Orientation and mobility services for individuals who are blind.
- Extended employment.
- Psychosocial rehabilitation services.
- Supported employment services and extended services.
- Services to family members if necessary to enable the applicant or eligible individual to achieve an employment outcome.
- Personal assistance services.
- Services similar to the services described previously in this section.
- For the purposes of this definition, the word program means an agency, organization, or institution, or unit of an agency, organization, or institution, that provides directly or facilitates the provision of VR services as one of its major functions.

Reference: §361.5(b)(9)

Comparable services and benefits means services and benefits that are:

 Provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance, or by employee benefits;

- Available to the individual at the time needed to ensure the progress of the individual towards achieving the employment outcome in the Individualized Plan for Employment (IPE).
- Commensurate to the services that the individual would otherwise receive from the VR agency.

Comparable benefits do not include awards and scholarships based on merit. *Reference:* §361.5(b)(10)

Competitive employment means work:

- In the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and
- For which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

Reference: §361.5(b)(11)

Counseling and guidance means:

- General: In all cases, counselors develop a collaborative relationship with each applicant and eligible individual and promote the individual's full involvement and participation in the rehabilitation process. The counselor's role in providing information about and guiding the individual in exploration of options is critical to supporting informed choice of the individual. Vocational counseling and guidance also includes support and assistance with problem solving and clarification of values, as well as information about and referral to community resources and coordination of services. Such counseling and guidance may not be considered a "countable" service for Order of Selection purposes.
- Substantial: If required by the individual, the counselor will provide discrete, substantial counseling services that are vocational in nature and are specifically designed to assist the individual in participating in the rehabilitation process and in reaching an employment outcome. Such vocational counseling will involve multiple sessions, be included in the IPE, and address issues such as vocational exploration, career decision making, establishment of a career path including short and long term goals, self-advocacy in the work place, development or problem-solving skills, and use of community resources related to employment. This substantial level of service is distinct from the general counseling relationship that exists between the counselor and the client throughout the rehabilitation process. Such substantial counseling and guidance may be considered a "countable" service for Order of Selection purposes. (Note: This is not mental restoration services provided by other qualified sources. See codes 320, 300 and 340.)

The level of service is determined according to the VR needs of the individual consistent with his or her informed choice.

Reference: State definition

Employment outcome means, with respect to an individual, entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market, supported employment, or any other type of employment in an integrated setting, including self-employment, telecommuting, or business ownership that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Regulatory guidance: Homemaker remains an acceptable outcome. However, competitive employment, which is the optimal employment outcome under the program, should be considered for each individual who receives services.

Reference: §361.5(b)(16)

Extended employment means work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act.

Reference: §361.5(b)(19)

Extended services, as used in the definition of "supported employment," means ongoing support services and other appropriate services that are needed to support and maintain an individual with a most significant disability in supported employment and that are provided by a State agency, a private nonprofit organization, employer, or any other appropriate resource from funds other than Title I VR dollars after an individual with a most significant disability has made the transition from support provided by RS.

Reference: §361.5(b)(20)

Extreme medical risk means a probability of substantially increasing functional impairment or death if medical services, including mental health services, are not provided expeditiously.

Reference: §361.5(b)(21)

Family member, for purposes of receiving VR services when necessary to enable the applicant or client to achieve an employment outcome, means an individual:

- Who either
 - o Is a relative or guardian of an applicant or eligible individual; or
 - Lives in the same household as an applicant or eligible individual;
- Who has a substantial interest in the well-being of that individual; and
- Whose receipt of VR services is necessary to enable the applicant or eligible individual to achieve an employment outcome.

Reference: §361.5(b)(23)

- Services to family members are support services and will be provided only in conjunction with other rehabilitation services. Services to family members are intended to promote family participation and remove family barriers to full participation in the rehabilitation process. Services to family members should be viewed as a limited service that does not duplicate the services available within the community. Services to family members are supports necessary to the adjustment and rehabilitation of the person. These services may include, but are not limited to: Training in personal assistance techniques to care for the individual.
- Child care for minor children while the individual is engaged in training or other rehabilitation services.

Reference: State guidance

Homemaker is recognized as gainful work in the regulations which implement the Rehabilitation Act. Homemaking may be an appropriate occupation for any client man or woman — regardless of marital status or dependents. Homemaking involves managing the household as one's main daily activity or principal occupation. Common tasks may include cleaning, cooking, laundry or caring for dependents in the home. The appropriateness of a homemaker goal or outcome depends on the individual's needs and circumstances. In order for homemaking to be considered as a gainful occupation, the essential functions of the homemaker duties must be performed by the individual with or without a reasonable accommodation. There must have been benefits derived from VR services which contribute to the client's ability to function as a homemaker. This includes the individual for whom a change in the vocational objective to homemaker is determined to be most suitable given that services have contributed substantially to an improvement in homemaker abilities and client independence. Counselors and clients will work together to define the specific homemaker duties for each individual case.

Reference: State definition

Individual with a disability, for purposes of the VR program, means an individual:

- Who has a physical or mental impairment;
- Whose impairment constitutes or results in a substantial impediment to employment; and
- Who can benefit in terms of an employment outcome from the provision of VR services.

Reference: §361.5(b)(28)

Individual with a significant disability means an individual with a disability:

- Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, selfdirection, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;
- Whose vocational rehabilitation can be expected to require multiple VR services over an extended period of time; and
- Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and VR needs to cause comparable substantial functional limitation.

Reference: §361.5(b)(31)

Individual's representative means any representative chosen by an applicant or eligible individual, including a parent, guardian, other family member, or advocate, unless a representative has been appointed by a court to represent the individual, in which case the court-appointed representative is the individual's representative. Reference: $\S361.5(b)(32)$

Integrated setting:

- With respect to the provision of services, means a setting typically found in the community in which applicants or eligible individuals interact with nondisabled individuals other than non-disabled individuals who are providing services to those applicants or eligible individuals;
- With respect to an employment outcome, means a setting typically found in the community in which applicants or eligible individuals interact with nondisabled individuals, other than non-disabled individuals who are providing services to those applicants or eligible individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons.

Reference: §361.5(b)(33)

Intercurrent illness is an unexpected illness or injury that arises during rehabilitation and constitutes a hazard to the determination of eligibility, participation in IPE services or the achievement of the vocational objective.

Reference: State definition

Maintenance means monetary support provided to an eligible individual for expenses such as food, shelter, and clothing, that are in excess of the normal expenses of the individual and that

are necessitated by the individual's participation in an assessment for determining eligibility and VR needs or the individual's receipt of VR services under an IPE.

Rehabilitation Services Administration (RSA) guidance: The following are examples of expenses that would meet the definition of maintenance. The examples are purely illustrative, do not address all possible circumstances, and are not intended to substitute for individual counselor judgment.

- **Example:** The cost of a uniform or other suitable clothing that is required for an individual's job placement or job seeking activities.
- **Example:** The cost of short-term shelter that is required in order for an individual to participate in assessment activities or vocational training at a site that is not within commuting distance of an individual's home.
- **Example:** The initial one-time costs, such as a security deposit or charges for the initiation of utilities, that are required in order for an individual to relocate for a job placement.
- **Example:** The costs of an individual's participation in enrichment activities related to that individual's training program.

Reference: §361.5(b)(35)

Note: It is possible to provide short-term emergency financial assistance to eligible individuals who are homeless or deinstitutionalized not as maintenance but as "other services" that are necessary for the individual to achieve an employment outcome. Beyond the emergency situation, however, RSA guidance indicates that welfare and other social service agencies are better equipped to support the everyday living expenses of the homeless or deinstitutionalized. Reference: Regulatory guidance, Page 6313, Federal Register, February 11, 1997 and §361.48(a) (20)

Mediation means the act or process of using an independent third party to act as a mediator, intermediary, on conciliator to assist persons or parties in settling differences or disputes prior to pursuing formal administrative of other legal remedies.

Reference: §361.5(b)(36)

Multiple contacts means that the counselor has made numerous attempts to contact the client at different hours of the day and different days of the week, using a variety of methods such as phone, e-mail, mail, or messages through the client's identified contact person.

Reference: State definition

Occupational licenses

This service is provided when necessary to increase an individual's opportunity for successful employment following completion of the other components of the IPE. Occupational licenses include: licenses, certifications, registrations or permits required by a state, city or other governmental unit to enter or engage in an

occupation of business. The need for occupational licenses must be clearly established, based on state and local requirements, employer requirements for hiring or job retention, and requirements of the trade of profession.

Reference: State definition

Ongoing support services, as used in the definition of supported employment:

- Means services that are:
 - Needed to support and maintain an individual with a most significant disability in supported employment;
 - Identified based on a determination by RS of the individual's needs as specified in an IPE; and
 - Furnished by RS from the time of job placement until transition to extended services, unless post-employment services are provided following transition, and thereafter by one or more extended services providers throughout the individual's term of employment in a particular job placement or multiple placements if those placements are being provided under a program of transitional employment;
- Must include an assessment of employment stability and provision of specific services or the coordination of services at or away from the work site that are needed to maintain stability based on:
 - At a minimum, twice-monthly monitoring at the work site of each individual in supported employment; or
 - If under special circumstances, especially at the request of the individual, the IPE provides for off-site monitoring, twice-monthly meetings with the individual;

Consist of:

- Any particularized assessment supplementary to the comprehensive assessment of rehabilitation needs;
- The provision of skilled job trainers who accompany the individual for intensive job skill training at the work site;
- Job development and training;
- Social skills training;
- Regular observation or supervision of the individual;
- Follow-up services including regular contact with the employers, the individuals, the parents, family members, guardians, advocates or

authorized representatives of the individuals, and other suitable professional and informed advisors, in order to reinforce and stabilize the job placement;

- Facilitation of natural supports at the work site;
- Any other service identified in the scope of VR services for individuals;
 or
- Any service similar to the foregoing services.

Reference: §361.5(b)(38)

Other goods and services Other services that are not otherwise defined but are directly related to participation in the IPE or achieving an employment outcome.

Reference: State definition

Personal assistance services means a range of services provided by one or more persons designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual's control in life and ability to perform everyday activities on or off the job. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other VR services. The services may include training in managing, supervising, and directing personal assistance services. *Reference:* §361.5(b)(39)

Personal assistance services may be provided through VR if they are not available through another source. It is important to determine whether such services are available as a comparable benefit through any other program. When the individual will need continuing personal assistance after VR case closure, it is essential to identify and plan for other programs that will provide the long-term support. This is a support service and will be provided only in conjunction with other rehabilitation services.

Reference: State guidance

Physical and mental restoration services means:

- Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment;
- Diagnosis of and treatment for mental or emotional disorders by qualified personnel in accordance with State licensure laws;
- Dentistry;

- Nursing services;
- Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment and clinic services;
- Drugs and supplies;
- Prosthetic or orthotic devices;
- Eyeglasses and visual services, including visual training, and the examination and services necessary for the prescription and provision of eyeglasses, contact lenses, microscopic lenses, telescopic lenses, and other special visual aids prescribed by personnel that are qualified in accordance with State licensure laws;
- Podiatry;
- Physical therapy;
- Occupational therapy;
- Speech or hearing therapy;
- Mental health services;
- Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services, or that are inherent in the condition under treatment;
- Special services for the treatment of individuals with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies; and
- Other medical or medically related rehabilitation services.

Reference: §361.5(b)(40)

Physical or mental impairment means:

- Any physiological disorder or condition, cosmetic disfiguration, or anatomical loss affecting one or more of the following body systems: neurological, musculo-skeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine; and
- Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Reference: §361.5(b)(41)

Post-employment services means one or more VR services that are provided subsequent to the achievement of an employment outcome and that are necessary for an individual to maintain, regain, or advance in employment, consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and interests.

RSA guidance: Post-employment services are intended to ensure that the employment outcome remains consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and interests. These services are available to meet rehabilitation needs that do not require a complex and comprehensive provision of services and, thus, should be limited in scope and duration. If more comprehensive services are required, then a new rehabilitation effort should be considered. Post-employment services are to be provided under an amended IPE; thus, a re-determination of eligibility is not required. The provision of post-employment services is subject to the same requirements as the provision of any other vocational rehabilitation service. Post-employment services are available to assist an individual to maintain employment, e.g., the individual's employment is jeopardized because of conflicts with supervisors or coworkers and the individual needs mental health services and counseling to maintain the employment; to regain employment, e.g., the individual's job is eliminated through reorganization and new placement services are needed; and to advance in employment, e.g., the employment is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and interests.

Reference: §361.5(b)(42)

Reader services

Readers may read textbooks or other written materials for persons who have impaired reading ability due to the disability. This purpose is to provide a means of effective communication, accommodating the needs of the individual clients so they may derive full benefit of other VR services.

Reference: State definition

Referral and other services

Information and referral services are intended to assist individuals to access or secure needed services and benefits from other agencies, programs or sources. Such services are an essential part of case management with all applicants and recipients of services, particularly related to the search for and use of comparable benefits and services.

Reference: State definition

Rehabilitation engineering means the systematic application of engineering sciences to design, develop, adapt, test, evaluate, apply, and distribute technological solutions to problems confronted by individuals with disabilities in functional areas, such as mobility, communications, hearing, vision, and cognition,

and in activities associated with employment, independent living, education, and integration into the community.

Reference: §361.5(b)(44)

Rehabilitation technology means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

Reference: §361.5(b)(45)

Self-employment means working for oneself and may be temporary, home-based, contractual, full-time, part-time. Self-employment through business entrepreneurship means that a person owns, operates and managers a business; no supervisor oversees the person.

Reference: State definition

Substantiality of services means that VR services, whether provided by staff or purchased:

- Were necessary for the client to achieve employment consistent with his/her strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice; and
- Contributed directly and substantially to the employment outcome achieved by the client.

Substantial impediment to employment means that a physical or mental impairment (in light of attendant medical, psychological, vocational, educational, communication and other related factors) hinders an individual from preparing for, entering into, engaging in, or retaining employment consistent with the individual's abilities and capabilities.

Reference: §361.5(b)(52)

Support services are any services necessary for the eligible individual to derive full benefit from his or her VR plan. These services can only be provided in conjunction with non-support services. They are maintenance, services to family members and transportation.

Reference: State definition based on federal guidance

Supported employment means:

 Competitive employment in an integrated setting, or employment in integrated work settings in which individuals are working toward competitive employment, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of the individuals with ongoing support services. This service is provided for individuals with the most significant disabilities for whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of a significant disabilities; and who, because of the nature and severity of their disabilities, need intensive supported employment services from RS and extended services after transition to perform this work.

 Transitional employment for individuals with the most significant disabilities due to mental illness. (See the definition of transitional employment in this glossary.)

Reference: §361.5(b)(53)

Supported employment services means ongoing support services and other appropriate services needed to support and maintain an individual with a most significant disability in supported employment that are provided by RS:

- For a period of time not to exceed 18 months, unless under special circumstances the eligible individual and the rehabilitation counselor or coordinator jointly agree to extend the time in order to achieve the rehabilitation objectives identified in the IPE; and
- Following transition, as post-employment services that are unavailable from an extended services provider and that are necessary to maintain or regain the job placement or advance in employment.

Reference: §361.5(b)(54)

Transition services means a coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities must be based upon the individual student's needs, taking into account the student's preferences and interests, and must include instruction, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation. Transition services must promote or facilitate the achievement of the employment outcome identified in the student's IPE. *Reference:* §361.5(b)(55)

Transitional employment , as used in the definition of supported employment, means a series of temporary job placements in competitive work in integrated settings with ongoing support services for individuals with the most significant disabilities due to mental illness. In transitional employment, the provision of ongoing support services must include continuing sequential job placements until job permanency is achieved.

Reference: §361.5(b)(56)

Transportation means travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service, including expense for training in the use of public transportation vehicles and systems.

RSA Guidance: The following are examples of expenses that would meet the definition of transportation. The examples are purely illustrative, do not address all possible circumstances, and are not intended to substitute for individual counselor judgment.

- **Example:** Travel and related expenses for a personal care attendant or aide if the services of that person are necessary to enable the applicant or eligible individual to travel to participate in any vocational rehabilitation service.
- **Example:** Relocation expenses incurred by an eligible individual in connection with a job placement that is a significant distance from the eligible individual's current residence.
- **Example:** The purchase and repair of vehicles, including vans, but not the modification of these vehicles, as modification would be considered a rehabilitation technology service.

Reference: §361.5(b)(49)

Transportation is a support service and will be provided only in conjunction with other rehabilitation services. This service may include, but is not limited to:

- Mileage, parking fees and road tolls.
- Short-term travel related expenses, such as food and shelter, incurred by an individual when participating in authorized services.
- Use of public transportation.
- Taxi or bus fares.
- Limited vehicle repairs and maintenance essential to the operation of a personal vehicle used to participate in other IPE services.
- Limited vehicle purchase when there is no cost effective alternative and when necessary to participate in the IPE or to achieve employment.
- Relocation expenses incurred by an individual who will be permanently relocating in connection with participation in IPE services or a job placement that is a significant distance from the person's current residence.

Reference: State guidance

Section, -: cfa g

State of Kansas Department of Administration

AGENCY PURCHASE ORDER

Division of Accounts and Reports
DA-103 (Rev. 07-92)

APO Number:

Area 111

Agency No.
629

Div. No.
Current Doc.
No.

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la etnicidad : Hispano O Latino Si No Otro (Por favor explique)
Cuál es la principal condición médica, lesión, impedimento físico/mental o discapacidad que limita su capacidad para trabajar.
¿Cuándo comenzó este impedimento/discapacidad? (año)
Además de lo que usted mencionó más arriba, haga una lista de cualquier otra condición, impedimentos o discapacidades que limiten su capacidad para trabajar.
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¿Cuándo comenzaron estos impedimentos/discapacidades? (año)
¿Cuál es su nivel más alto de educación? Marque uno:
Ninguna enseñanza formal
Escuela primaria parcial (grados 1 al 8)
Escuela secundaria parcial (grados 9 al 12), pero sin diploma
Certificado de terminación/asistencia de educación especial
Diploma de escuela secundaria
GED (certificado de equivalencia de enseñanza secundaria)
Alguna educación técnica vocacional o colegio universitario, pero sin título o certificado
Título asociado
Certificado vocacional/técnico
Bachillerato
Maestria o superior
wraestria o superior

Marque uno de los puntos siguientes que mejor describan sus medios de vivienda actuales:

_	Residencia privada (ya sea propia o con su familia	, o con un compañero/compañera de cuarto)			
_	Hogar en grupo Clínica de rehabilitación				
_	Clínica de renabilitación Clínica para enfermos mentales				
_	Hogar de reposo				
_	Cárcel o Centro correccional para adultos				
_	Casa de paso o convalescencia				
_	Centro de tratamiento de fármacodependencia				
_	Sin hogar/Asilo Otro (Por favor explique)				
	s estuvo en la escuela, ¿participó alguna vez en un Progr ón especial)? SI NO	ama de educación individualizado o IEP			
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Si tiene e	empleo, ¿cuántas horas por semana trabaja usualmente	?			
Si está tr	rabajando, ¿cuál es su salario semanal actual?				
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¿Recibe	e actualmente alguna de las ayudas siguientes?				
Si es así	í, por favor indique el monto mensual.				
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	istencia temporal para familias)	Monto: \$			
	ia general (Asistencia pública)	Monto: \$			
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_	ontra accidentes del trabajo	Monto: \$			
Cualquie	Cualquier otra ayuda pública Monto: \$				

¿Quien lo er	nviò a este Depto.? Marque uno:
	Escuela primaria o secundaria
	Universidad, colegio universitario o escuela vocacional-técnica
	Médico u hospital
	Agencia de bienestar social o asistencia pública
	Un programa de rehabilitación en su comunidad
	Administración del Seguro Social o Servicios de Determinación de Discapacidad
	Administración del Seguro Social o Servicios de Determinación de Discapacidad
	Agencia única de colocaciones, fuerza laboral o centro profesional
	Por cuenta propia
	Otro (Por favor explique)
¿Tiene uste	d alguno de los siguientes tipos de seguro de salud?
Marque uno c	
]	Medicare
	Seguro contra accidentes del trabajo
	Seguro particular a través de la compañía de seguro de su empleador.
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cónyu	
	Compañía de seguros
	Ninguno
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	Sus ingresos personales (sueldo, intereses, dividendos, alquiler)
	Ingresos de su cónyugue, o el apoyo de su familia y amigos
	Ayuda pública tal como SSDI, SSI, TAF, etc.
	Otras fuentes tal como seguro o caridad
	otros podamos coordinar sus servicios, por favor identifique cualquier otro servicio de DCF que lo. Marque uno o más:
ŗ	ΓΑF (Asistencia Temporal para familias TAF)
	Asistencia general (GA)
	Estampillas para alimentos
	Servicios para niños y familia
	Cuidado en hogar sustituto
	Cumplimiento del pago de mantenimiento y gasto de hijos
	Kan Be Healthy
	HealthWave
	Guardería infantil
	Servicios de protección de adultos
]	Programa de asistencia de energía para personas de bajos ingresos (LIEAP)
	Medicaid
	Working Healthy
	Servicios basados en la comunidad y el hogar (HCBS)
	Otro (Por favor explique)
	Ninguno
	NIIIYUIIO

Al presentar esta solicitud para servicios de rehabilitación vocacional, yo reconozco que:

- Estoy solicitando los servicios de rehabilitación vocacional con el propósito específico de obtener y/o conservar un trabajo.\
- Tengo la responsabilidad de informar a mi consejero sobre cualquier cambio relacionado con esta solicitud, tal como cambios en mi dirección, ingresos o empleo.

Se necesita la aprobación **previa** por escrito de mi consejero antes de que los Servicios de Rehabilitación paguen cualquier servicio.

- El pago de algunos servicios puede estar basado en las necesidades financieras de acuerdo a mis ingresos personales o familiares.
- Yo otorgo expresamente permiso para que la información sobre mi persona sea distribuida dentro del Departamento de Kansas para niños y familias
- El Depto. de Servicios de Rehabilitación también tendrá acceso a la información en mi Seguro Social, Determinación de Discapacidad, DCF y antecedentes de empleo.
- El Depto. de Servicios de Rehabilitación no discriminará a ninguna persona por motivos de incapacidad, raza, religión, sexo, color, nacionalidad, tiempo de residencia en el estado, o ascendencia.
- Recibí un Manual de Servicios.

Firma del solicitante	Fecha
Firma del padre, tutor o representante legal (si es necesario)	
	Fecha
Dirección, número de teléfono, dirección de correo electrónico	del padre, tutor o representante legal

DEPARTMENT FOR CHILDREN AND FAMILIES

Application for Vocatio	nai Rehabili	tation S	Servi	ces	SOCIAL SE	ECURITY NUMBER
LAST NAME	FIRST NAME	<u> </u>		MIDD	LE INITIAL	PREVIOUS NAMES USED
CURRENT STREET ADDRESS		CITY			STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERE	ENT)	CITY			STATE	ZIP CODE
DATE OF BIRTH	ELEPHONE NUME)	BER		COUNTY	•	EMAIL ADDRESS
MALE FEMALE						BER (someone whose to give you a message)
U.S. MILITARY VETERAN?YESNO					()
U.S. CITIZEN?YESN IF NO, DO YOU HAVE AN: ALIEN REGISTRATION CARD?YESN EMPLOYMENT AUTHORIZATION DOCUMENT?YESN	SIN MA SEI SIN SEI SIN SEI SIN SIN	CHECK ONE: SINGLE MARRIED -		RACE CHECK ONE OR MORE:		AN OR ALASKA NATIVE
ETHNICITY: HISPANIC/LATINO	YES	. NO	Other (s	specify)		
What is the primary medical condition, injury, physical/mental impairment or disability that limits your ability to work: When did this impairment/disability begin? (year) In addition, please list any other conditions, impairments or disabilities that limit your ability to work.						
When did these impairments/disab What is your highest level of educ					of the followin	ng which best describes your
 No formal schooling Some elementary school (grades 9 diploma Special education certificate High school diploma GED (high school equivaler Some college or vo-tech ed certificate Associate degree Vocational/Technical Certificate Bachelor's Degree Master's Degree or higher 	school endance	current living arrangement: —— Private residence (either on your own or with your family, or with a roommate) —— Group home —— Rehabilitation facility —— Mental health facility —— Nursing home —— Jail or adult correctional facility —— Halfway house —— Substance abuse treatment center —— Homeless/shelter —— Other				
While in school, did you ever have	e an Individualized	Education	Prograi	m or IEP (spe	ecial education	on)?YES NO
Are you working? If yes where:_						·
	If no, check one: H.S. Student Other Student Trainee/Intern/Volunteer Other If you are employed, how many hours do you usually work per week?					

Are you currently receiving any of the following:	If you place	no liet the manthly amount	
Are you currently receiving any of the following? SSDI (Social Security Disability Insurance) SSI (Supplemental Security Income) TAF (Temporary Assistance for Families) General Assistance (Public Assistance) Veterans' disability benefits Workers' compensation Any other public support	ii yes, pieas	Amount: \$	
Who referred you? Check one: — Grade school or high school — University, college, or vo-tech school — Doctor or hospital — Welfare or public assistance agency	— Your p — Your s — Public	ur primary (largest) source of ersonal income (earnings, in pouse's income, or support support such as SSDI, SSI, sources such as insurance of	nterest, dividends, rent) from family and friends TAF, etc.
 A rehabilitation program in your community Social Security Administration or Disability Determination Services One-stop workforce center Law enforcement or corrections Self-referral Other Do you have any of the following types of medical insurance coverage? Check one or more: Medicaid Medicare Workers' compensation Private insurance through employment Insurance Company Private insurance through other means (for example, insurance through your parents or spouse) Insurance Company None 	please checare receiving are received a	Support Enforcement e Healthy Wave Care Protective Services acome Energy Assistance aid ng Healthy Waiver	Accommodations for communications — Regular print — Braille — Large print — Tape — 3.5 disk — CD — Other language (specify) —— OFFICE USE ONLY
 In making this application for vocational rehabilitation set. I am applying for vocational rehabilitation set. It is my responsibility to inform my counselor address, income or employment. Prior written approval from my counselor is Payment for some services may be based to I expressly give permission for information and Families (DCF). Rehabilitation Services will Disability Determination, DCF, and employnth No one will be discriminated against by Refinational origin, length of residency in the state. I have received a Handbook of Services. 	ervices for the or of any chars needed before on financial nabout me to labout needed also have achent records.	e specific purpose of getting nges related to this application. Services where decording to my person be shared within the Departrocess to information in my Services because of disability	on, such as changes in my vill pay for any services. al or family income. ment for Children and ocial Security,
Applicant's Signature	Date	Parent's, Guardian's or Le Representative's Signature	•

Parent's, Guardian's or Legal Representative's Address, Telephone Number, Email address

Key to Terminology Used on the Application for Vocational Rehabilitation Services

Question	Definitions or Guidance
Social Security Number	
Last name, first name, middle initial	
Previous names used	Includes nicknames, maiden names, other previous last names.
Current street address, City, State, Zip Code	Residence.
Mailing address (if different), City, State, Zip Code	
Date of birth	
Telephone number	
County	
Email address	
Male Female	
Contact person's name and telephone number (someone whose phone number is different than yours who would be able to give you a message)	
U. S. Military Veteran? Yes No	
U.S. citizen? If no, do you have an: Alien registration card?YesNo Employment authorization document?YesNo	The basic purpose of the VR program is for people with disabilities to go to work. When work cannot be achieved (such as those cases were aliens are here under visas prohibiting work), then such individuals would not be eligible. The counselor may ask the applicant to provide proper credentials to clarify his/her status and to determine whether work is permitted under his/her visa. In the absence of such credentials, it is not possible to find such individuals eligible. Note: Sometimes students are admitted for the particular purpose of pursuing a course of study. Unless work is also permitted as a condition of their visas, they would not be eligible for VR services.
Marital Status (Check One) Single Married Separated Divorced Widowed	
Race Check one or more: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander	The information recorded must reflect the individual's own identification of race from the categories listed. Multiple responses are permitted.

Question	Definitions or Guidance
Ethnicity Hispanic/LatinoYesNo Other (specify)	The information recorded must reflect the individual's own identification of ethnicity. The client may specify an ethnicity other than Hispanic/Latino if they so choose. Hispanic/Latino will continue to be entered in KMIS as this is a federal requirement. The information on other ethnicity will be for the staff's information only. Since it is not a federal requirement, it will not have to be entered in KMIS.
What is the primary medical condition, injury, physical/mental impairment or disability that limits your ability to work:	Primary Disability. The Counselor will review the information provided by the applicant and determine the appropriate 4-digit disability code. The number is a combination of the impairment code and cause/source code.
When did this impairment/disability begin? (year)	Indicate year only.
In addition, please list any other conditions, impairments or disabilities that limit your ability to work.	Secondary Disability. The Counselor will review the information provided by the applicant and determine the appropriate 4-digit disability code. The number is a combination of the impairment code and cause/source code.
When did these impairments/disabilities begin (year)	Indicate year only.
What is your highest level of education? Check one: No formal schooling Some elementary school (grades 1-8) Some high school (grades 9-12) but no high school diploma Special education certificate of completion/attendance High school diploma GED (high school equivalency certificate) Some college or vo-tech education but no degree or certificate Associate degree Vocational/Technical Certificate Bachelor's Degree Master's Degree or higher	This should reflect the level of education the individual has attained at the time of application. If an actual educational level is not documented, record an estimated level. On KMIS, high school diploma and GED will be combined into one response. Associate degree and Vocational/Technical Certificate will be combined into one response. This approach is to facilitate programming and to be consistent with federal reporting requirements, while still allowing the counselor to see the specific response on the paper application.
While in school, did you ever have an Individualized Education Program or IEP (special education)? YesNo	Relates to IEPs in accordance with the provisions of the Individuals with Disabilities Education Act
Please check one of the following which best describes your current living arrangement: Private residence (either on your own, with your family, or with a roommate) Group home Rehabilitation facility Mental health facility Nursing home Jail or adult correctional facility Halfway house Substance abuse treatment center Homeless/shelter Other	This can be either a temporary or permanent residence, whichever is appropriate at the time of application.

Question	Definitions or Guidance
Are you working? If yes, where: If no, check one: H.S. Student	Counselors will review the information provided by the applicant, and then choose one of the following listed on KMIS. KMIS will include a help screen.
Other Student Trainee/Intern/Volunteer Other	Employment without Supports in Integrated Setting Full-time or part-time employment in an integrated setting without ongoing support services. This is worked performed for wages, salary, commission, tips, or piece-rates below, at, or above the minimum wage. Do not include self-employed individuals.
	Extended Employment Work for wages or salary in a non-integrated setting for a public or nonprofit organization. Such settings are referred to as community rehabilitation programs, or sheltered/industrial/occupational workshops. Individuals are compensated according to the Fair Labor Standards Act and the organization provides any needed support services that enable the individual to train or prepare for competitive employment.
	Self-employment (except BEP) Work for profit or fees including operating one's own business, farm, shop or office. Includes sharecroppers but not wage earners on farms.
	State Agency-managed Business Enterprise Program (BEP) Randolph-Sheppard vending facilities and other small businesses operated by people who are legally blind. Operation occurs under the oversight of the VR agency.
	Homemaker Men and women whose activity is keeping house for persons in their households or for themselves if they live alone.
	Unpaid Family Worker Work without pay on a family farm or in a family business
	Employment with Supports in Integrated Setting Full-time or part-time employment in an integrated setting with ongoing support services for individuals with significant disabilities. Compensation may be below, at or above the minimum wage.
	Not employed: Student in Secondary Education
	Not employed: All other Students May be attending school full-time or part-time.
	Not employed: Trainee, Intern or Volunteer Persons engaging in unpaid work experiences, internships or volunteer work for the purpose of increase their employability. They may receive a stipend to defray the cost of transportation or other incidental expenses.

Question	Definitions or Guidance
Work status, continued	Continued
	Not employed: Other Persons who do not fit the other categories, including persons just out of school who are not yet employed; persons unable to retain or obtain work; and persons who have recently left specialized medical facilities.
	When an individual's work activity overlaps into two different employment categories, select the one that is more descriptive of the individual's employment activity at application.
If you are employed, how many hours do you usually work per week?	The number of hours an individual worked for earnings in a typical week at the time of the application. Earnings may have been in the form of wages, salaries, tips, commissions, profits from self-employment, adjusted gross income for salespersons, etc. If the individual generated no earnings, the answer to this question should be zero.
If you are employed, what are your current weekly earnings? \$ (gross wages, salaries, tips or commissions before payroll tax deductions) before payroll or tax deductions)?	The amount of money to the nearest dollar earned in a typical week at the time of application. Includes all wages, salaries, tips and commissions received before payroll deductions of federal, state and local income taxes and Social Security payroll tax. Also includes profits derived from self-employed individuals. Earnings for salespersons, consultants, self-employed individuals and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate the profits of farmers, if necessary.
	Where earnings are based on commissions which are irregular (such as in real estate or auto sales), the typical week's earnings should be calculated on an average over a representative period of time, such as one month.
	When there are significant amounts of unreimbursed expenses which are irregular (such as a car lease payment due the first of every month), the expenses should be averaged over a representative period of time to obtain a meaningful figure for a typical week's expenses.
	Commissions are generally not paid when earned, but are paid periodically, such as weekly, biweekly, or monthly. Such earnings should be based on the actual receipt of the payment and not on amounts accruing until the next commission payout.

Question	Definitions or Guidance			
Are you currently receiving any of the following? If yes, please list the monthly amount. SSDI (Social Security Disability Insurance) Amount: \$ SSI (Supplemental Security Income) Amount: \$ TAF (Temporary Assistance for Families) Amount: \$ General assistance (Public Assistance) Amount: \$ Veterans' disability benefits Amount: \$ Workers' compensation Amount: \$ Any other public support Amount: \$ Anount: \$ Support Amount: \$ Su	One payment is sufficient to establish "receipt." This section refers to cash payments made by federal, state, and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. General assistance may be any type of assistance provided by the state or local government, and is not intended to refer only to the DCF General Assistance program. Veterans' Disability Benefits are payments made by the Department of Veterans Affairs for partial or total disability. Other public support payments are cash payments made to individuals, not otherwise listed in this question. It may include payments made by federal, state and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits or other temporary payments. Monthly amounts are funds received (to the nearest dollar) by the individual each month. If the individual receives two or more types of support, record the amount from each source. Social Security amounts are to be verified through SSA or from a copy of the individual's benefit notification letter. If the TAF payment is made to the family unit, use the EES procedure to estimate the individual's portion of the payment.			
Who referred you? Check one: Grade school or high school University, college, or vo-tech school Doctor or hospital Welfare or public assistance agency A rehabilitation program in your community Social Security Administration or Disability Determination Services One-stop workforce center Law enforcement or corrections Self-referral Other	Indicate the entity that first referred the individual to the VR agency. If the individual approached the VR agency on his/her own, even if it was based on information provided by the agency, the response should be self-referral.			
What is your primary (largest) source of support? Check one: Your personal income (earnings, interest, dividends, rent) Your spouse's income, or support from family and friends Public support such as SSDI, SSI, TAF, etc.	This should be the individual's largest single source of economic support at application, even if it accounts for less than one-half of the individual's total support. If the person is supported by the earnings of a spouse, or by the spouse's unemployment insurance, the answer to this question should be "your spouse's income, or support from family and friends." It should not be "your personal income."			

Question	Definitions or Guidance
Do you have any of the following types of medical insurance coverage? Check one or more: Medicaid Medicare Workers' compensation Private insurance through employment Insurance Company Private insurance through other means (for example, insurance through your parents or spouse) Insurance Company None	
To help us coordinate your services, please check any other DCF services you are receiving. Check one or more if you are receiving the following: Temporary Assistance (TAF) General Assistance (GA) Food Stamps Children and Family Services Foster Care Child Support Enforcement Kan Be Healthy HealthWave Child Care Adult Protective Services Low Income Energy Assistance Medicaid HCBS Waiver Other None	
Accommodations for communications Regular print Braille Large print Tape 3.5 disk CD Other language (specify)	Other language may include ASL, SEE, transliteration or foreign language.
Office Use Only	Optional. Staff may use for notes if they choose.
Applicant's signature Date	
Parent's, Guardian's or Legal Representative's Signature (if appropriate) Date	
Parent's, Guardian's or Legal Representative's address, phone number, e-mail.	

CONSUMER ASSESSMENT FOLLOW UP < local CDC> KANSAS REHABILITATION SERVICES CAREER DEVELOPMENT CENTERS < staff initials optional>

We are very interested in your comments. As you think about your assessment and the time you spent with your evaluator, please complete this form so we can collect information about our program. Any suggestions on how we can improve our services will be welcomed and appreciated.

Your Name: (option	onal)		
1) The assessmen	t results were helpful to make some decisions abo	out work options	
Comments or Sugo	gestions:	YES	NO
2) I learned about a Comments or Sugg	myself as it relates to job options. YES gestions:		NO
3) Options were ex	oplained to me in a way that I understand.	YES	NO
4) Overall, I was g Comments or Sugg	generally satisfied with the assessment services. gestions:	YES	NO
Please mail to Career 901 Salina, or FAX to	Terri Mattison Development Center Westchester KS 67401 785-825-2519		
or email to	stlm@srs.ks.gov		

Revised 12/20/04 VEP 02

IS-4308 Rev. 05-04

Assessment Referral

DCF Referring Office: Address: Case Manager Name: Case Manager Phone: Provider Name: Provider Address: Consumer Name: Phone Number: SSN: Date of Birth: KAECSES Case #: Medical ID#:	Gender:	
This person is being referred to yactivities. Please bill the local D	you for more information regarding his/her above of fice at the address listed above, Attentio	ility to work or participate in work-related n:
LD Evaluation	valuation valuation with LD Evaluation ion ion in: ssment/CDC dated valuation valuation valuation with LD Evaluation ers cal Report al/Diagnostic Results	
all applicable results in your resp specific accommodations to max	erral is to help identify work options and speci- conse, including tools used, functional limitation imize ability to work, local labor market option dations. In addition, please address the follow	ons and capabilities, vocational options, is, transferable work skills, referral to other
1.		
2.		
3.		
Case Manager Signature:		Date of Referral:
cc: case file		

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REFERRAL SOURCE ASSESSMENT FOLLOW UP < local CDC> KANSAS REHABILITATION SERVICES

CAREER DEVELOPMENT CENTERS <staff initials optional>

We are very interested in your comments. As you review the report, please complete this form so we can collect information about our program. Any suggestions on how we can improve our services will be welcomed and appreciated.

Your Name:	Consumer Name:		
The assessment result vocational plan.	s were helpful to make some decisions about	work options	or to develop a
Comments or Suggestion	ns:	YES	NO
2) I felt I was informed the	roughout the assessment. YES		NO
Comments or Suggestion	is:		
3) Overall, I was generall	y satisfied with the assessment services.	YES	NO
Comments or Suggestion	ns:		
4) The assessment answ	ered my questions.	YES	NO
Comments or Suggestion	IS:		
Please mail to Terr Career	ri Mattison Development Center 901 Westchester Salina, KS 67401		
or FAX to	785-827-4199		
or e-mail feedback to	stlm@srs.ks.gov		

Revised 12/20/04 VEP 03

Kansas Department for Children and Families Rehabilitation Services

AUTHORIZATION FOR RELEASE OF INFORMATION

I,		DOB	SSN	
		ormation to Rehabilitation	Services (RS) located at	
to be used for the prehabilitation.	purpose of determining	g my eligibility for services	and establishing a plan for n	ny vocational
The specific inform	nation described below	is requested from:		
(Name	e of Individual or Agend	ey)		
(Street	t) (City)	(State)	(Zip Code)	
Specific Information	on Requested			
		ationship exists between th on will be limited to the pu	e RS and the above named ir rpose stated above.	ıdividual or
understand that I	may revoke this release		N WHICH THIS CONSENT I selor at any time and that it v	
Executed on date:				
Witness		Signature _		
		ignatu s re o	f parent or guardian if appro	priate

Prohibition on Redisclosure: This information will be disclosed from records whose confidentiality is protected by federal law. Federal regulations (34 CFR Part 361 and/or 45 CFR Part 2) prohibit any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500 in the case of first offense, and not more than \$5,000 in the case of each subsequent offense. [Drug Abuse Office and Treatment Act of 1972 (21 USC 1175) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (42 USC 4582)]

This form supersedes Form VR-3140, 8-81

Kansas Department for Children and Families Rehabilitation Services

AUTHORIZATION FOR RELEASE OF INFORMATION

I am interested in applying for services from the Kansas Department for Children and Families to help me achieve employment. I agree that Economic and Employment Support (EES) and Rehabilitation Services (RS) may share information about me and from my case records to assist me in reaching this goal. I give this permission for the duration of my case.

Client Signature		
Date	 	

State of Kansas Office of HIPAA Compliance 4/03

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I, authorize the use and/or disclosure of r	(name) my health information as	S described below.	(DOB), hereby
Name of the person or organization aut			
Name, address and telephone number o	of the person or organiza	ation authorized to <i>receive</i> and	l use the information:
Describe specifically and meaningfully	the information to be re	leased (include dates of service	where applicable):
Describe the purpose for the request to	release information (use	e "NA" to decline to describe the	e purpose for the release):
This authorization will expire on:		,20	_
I understand that I have the right to rev disclosure except to the extent that the			writing to other entity making the
Once the uses and disclosures have bee re-disclosure by any recipient and will n			released may be subject to
Theor payment on my providing authorizat solely for the purpose of creating protect	tion for this use or disclo	sure except to the extent the pr	ill not condition treatment ovision of health care is
I understand that I may inspect or copy I understand I may refuse to sign the au the use and/or disclosure described in t	uthorization. I understa	nd that the refusal to sign this a	
I certify that I agree to the uses and disc	closures listed above and	l that I will receive a copy of thi	s authorization.
Signature		Date	
	f applicable)	Description of Autho	ority

Kansas Department Zcf 7\]'XfYbUbX: Ua]']Yg

Authorization for Release of Service Record Information

Ι,	DOB	SSN
I,(Name: first, middle	e, last)	
hereby authorize Rehabilitati	ion Services to release the follo	wing information contained
in my case record		
This information may be rele	eased to	
(F	Person, organization, address, e	tc.)
for the purpose of		
CONSENT EXPIRES: I unde	DATE, EVENT, OR CONDITION PRINCE THAT I may revoke this reat it will automatically expire w	elease by notifying my VR
Witness	Signature	
Date	Date	
	Signature of Appropriate	parent or guardian if

Prohibition on Redisclosure: This information will be disclosed from records whose confidentiality is protected by federal law. Federal regulations (34 CFR Part 361 and/or 45 CFR Part 2) prohibit any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$5,000 in the case of first offense, and not more than \$5,000 in the case of each subsequent offense. [Drug Abuse Office and Treatment Act of 1972 (21 USC 1175) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (42 CFR 4582)]

Department for Children and Families

Cash Transmittal

From:(Transmittir	ng Office)		Area #				Date Page	: :		
Mo/Check #	Payer or Case Name or Vendor	Case # or Court # or Voucher #	Tran Code	Fund	FY	Index	PCA	Sub Object	Debt # or Claim #	Amount	Bad Check
Vendor's check #	Vendor's Name	Voucher #	608		04		27911	5510		Amount of check	
Fee Fund C	ived							\$			

Rehabilitation Services

Community Based Work Assessment Agreement

WORK ASSESSMENT FOR ____

	(Client Name)
	COMMUNITY PARTNER
Rehabilitatio	on Services (RS) is desirous of assessing the employment potential of its clients.
This assess	ment is in part accomplished with the assistance and cooperation of various
orivate/publ	ic parties. The community partner will provide an opportunity for the client to
engage in a	nd participate in the business of the partner by allowing the client to engage in the
work activiti	es of the community partner's regular work force. This assessment does not
displace an	y of the community partner's workforce, does not relieve the community partner's
employees	of their respective duties and responsibilities, does not entitle the client to any
employmen	t at the community partner's place of business, and is not intended to be a benefit
to the comn	nunity partner's business.
RS will:	
1)	Make a determination of assessment need of the client.
2)	Will develop a written individualized evaluation plan for the assessment
	community partner's place of business that does not exceed hours over period of time. (#of hours)
	(date - date)
3)	Contact the community partner to establish a work schedule and job tasks to be
	assessed.
4) Pr	ovide workers' compensation insurance coverage or similar coverage for the
	client regarding any reported accidents or injuries to the client or related to the
	clients activities while on the community partner's place of business.
5)	Provide as needed or requested on-site supervision.
6)	Compensate the client the sum of for completion of the job
	assessment or for prorate share based on number of hours of assessment
	participation.

Client will:

- Cooperate with DCF and community partner on the performance of the job assessment.
- Maintain a log sheet verifying participation in the assessment activities while on the assessment site.
- 3) Be responsible for reporting compensation for participation in this assessment activity to the appropriate taxing authorities.
- 4) Notify RS and the community partner if unable to appear for the assessment time.
- 5) Adhere to the assessment times agreed upon by the parties.
- 6) Complete the assessment.
- 7) Abide by the community partner's policies and procedures.

Community Partner will:

- 1) Provide client with a job assessment.
- 2) Engage the client in various tasks related to the community partner's business.
- 3) Allow the client to engage in the agreed upon tasks for the assessment time determined and will only modify any tasks or times after consultation with RS.
- Provide on-site supervision of client.
- 5) Allow RS representatives to monitor and observe client's performance while on the assessment site.
- 6) Provide feedback to RS regarding client's performance in the task.
- 7) Verify the client's log sheets by initialing the same.
- 8) Contact RS if deemed necessary by the community partner.
- Provide assessment of the client in accordance with the individualized written evaluation plan.

Signed this day of	, 200	
RS Staff	Client	Community Partner

CAREER DEVELOPMENT CENTER - [your area office] COMMUNITY BASED WORK ASSESSMENT LOG SHEET Circle One:

VR Non-VR

Client Name							Referring Counselor/Case Manager										
Community	Based	Asse	ssmen	t Coo	rdinator	r/Phon	ne #										
Name of Em	ployer																
Type of Job	:								_ circl	e one th	nat a	applies	or indi	cate type	e of job in	space pro	vided
	[retail]	[food	prepar	ation]	[janitor] [child	d care]	[cleri	cal] [s	stock cle	erk]	[auton	nobile]	[landsc	ape] [laur	ndry]	
Date															Total Hours		
Assessment Hours																	
Supervisor's	Signati	ure:															
								(Client	s Signa	ture	:					
Once Log Sh	neet is <u>c</u>	ompl	eted ar	nd sig	ned the	n send	t										
all VR referra	als to:							n	on-VF	R referra	als to	o :					
Cindy King Rehabilitation 915 SW Hart Topeka, KS Or Fax to (7 cik@dcf.ks.	rison 9 66612 85) 368	N		Offic	e			Reha 901 Salir Or F	Westona, KS AX to		Dri 325-	ve	DC Ce	entral Of	ffice		

Community-Based Work Assessment (CBWA) Procedures

Step one. The RS counselor will create two service authorizations on KMIS. One, either to the CDC or a contractor for CBWA and the second to the client.

- If the CDC will be conducting the CBWA, the RS counselor creates a service authorization to the CDC location identifying the CBWA (service code 155).
 If a contractor is conducting the CBWA an authorization for service code 155 is created to the contractor.
- The RS counselor, in either case, will create a service authorization for <u>reimbursement</u> to the client for participation in the CBWA using service code 155. The maximum number of hours to be authorized for a CBWA client reimbursement authorization is 80 hours at a cost of \$6.00 per hour. The tax ID # is the client's social security number. The tax number type must be 2. If the client is not on FARMS use the new vendor key (F3). If the client is on FARMS but with a tax # type of 3, use the new vendor key to add them as a tax type 2.
- RS Counselor will fax (785-368-7467) to Cindy King.
- KMIS authorization for CBWA 155 service.
- KMIS authorization for CBWA 155 reimbursement to client.

Step 2. The CDC or contractor for the CBWA will ensure that prior to client participating in a CBWA:

- CBWA agreement form is signed by the client, each community partner, and RS staff.
- The W-9 form is completed with the client name, address, social security number, signed by the client and dated.
- CBWA agreement form and the W-9 form are faxed (785-368-7467) to Cindy King.

Step 3. As part of the delivery of the CBWA service the CDC or contractor for the CBWA is responsible for monitoring the accuracy and completion of client log sheets. The following occurs when the CBWA is completed:

- The CDC or contractor for the CBWA is responsible for the timely faxing of the log sheet (785-368-7467) to Cindy King once the CBWA is completed.
- Upon receipt of the completed log sheet and when all other CBWA documentation has been received RS central office immediately creates payment authorization for client reimbursement on KMIS.
- KMIS notification is sent to RS counselor and says "PAYMENT FOR CL REIMBURSEMENT CREATED."
- RS counselor finalizes payment.
- Payment issued to client through FARMS and STARS.

Special Notes:

- Client needs to be informed that reimbursement is taxable and may affect benefits. In addition there is a potential that the reimbursement could be claimed for debt setoff. (Questions concerning debt setoff can be addressed by calling the Customer Call Center at 785-296-4628 or toll free at 866-800-8254, Monday through Friday, 8:00 am to 4:00 pm.)
- RS counselor may choose to personally provide the CBWA and not utilize CDC or contractors. If that is done, no authorization/payment to CDC or contractor would occur, however, authorization for reimbursement for the client's participation is still required, completed CBWA agreement and W-9 are still required.

Rehabilitation Services

Community Job Tryout CAREER DEVELOPMENT CENTER Agreement

COMMUNITY JOB TRYOUT FOR

	(Client Name)
	COMMUNITY PARTNER
Rehabilitati	ion Services (RS) is desirous of assessing the employment potential of its clients.
This tryout	is in part accomplished with the assistance and cooperation of various
private/pub	lic parties. The community partner will provide an opportunity for the client to
engage in a	and participate in the business of the partner by allowing the client to engage in the
work activit	ties of the community partner's regular work force. This tryout does not displace
any of the	community partner's workforce, does not relieve the community partner's employees
of their res	pective duties and responsibilities, does not entitle the client to any employment at
the commu	nity partner's place of business, and is not intended to be a benefit to the
community	partner's business.
RS will:	
1)	Make a determination of assessment need of the client.
2)	Will develop a written individualized plan for employment (IPE) for the tryout
	community partner's place of business that does not exceed hours over period of time. (#of hours)
	(date - date)
3)	Contact the community partner to establish a work schedule and job tasks to be
	tried.
4)	Provide workers' compensation insurance coverage or similar coverage for the
	client regarding any reported accidents or injuries to the client or related to the
	clients activities while on the community partner's place of business.
5)	Provide as needed or requested on-site supervision.
6)	Compensate the client the sum of for completion of the job tryout or
	for prorate share based on number of hours of assessment participation.

Client will:

- 1) Cooperate with DCF and community partner on the performance of the job tryout.
- 2) Maintain a log sheet while on the community site.
- 3) Be responsible for reporting compensation for participation in this tryout activity to the appropriate taxing authorities.
- 4) Notify RS and the community partner if unable to appear for the tryout time.
- 5) Adhere to the tryout times agreed upon by the parties.
- 6) Complete the community job tryout.
- 7) Abide by the community partner's policies and procedures.

Community Partner will:

- 1) Provide client with a job tryout.
- 2) Engage the client in various tasks related to the community partner's business.
- 3) Allow the client to engage in the agreed upon tasks for the tryout time determined and will only modify any tasks or times after consultation with RS.
- Provide on-site supervision of client.
- 5) Allow RS representatives to monitor and observe client's performance while on the job tryout site.
- 6) Provide feedback to RS regarding client's performance in the task.
- 7) Verify the client's log sheets by initialing the same.
- 8) Contact RS if deemed necessary by the community partner.
- 9) Provide assessment of the client in accordance with the individualized plan.

Signed this	_ day of	, 20	
RS Staff	Client		Community Partner

[Private Vendor Company Name] COMMUNITY JOB TRYOUT LOG SHEET Circle One:

VR

Non-VR

Client Name	nt Name						Referring Counselor/Case Manager									
Community Job	_				1e											
lame of																
ype of Job:								_ circle o	ne that	applie	s or ir	ndicate	type of job ir	ı space provi		
[retail]	[foo	d prep	aration	¹] [janit	or]	[child car	e]	[clerical]	[stock	clerk]	[auto	mobile]	[landscape]	[laundry]		
Date														Total Hours		
Hours																
Supervisor's Sign Once Log Sheet i								_ Client	s Signa	ature: _.						
All VR referrals to		<u> </u>	<u> </u>	gnoa		oona		Al	l non-\	/R refe	errals	to:				
Cindy King Rehabilitation Services Central Office 915 SW Harrison, 9N Fopeka, KS 66612 Or Fax to (785) 368-7467 cik@dcf.ks.gov								R 90 Sa O	erri Ma ehabili 01 Wes alina, I r FAX	tation stches (S 674 to (78	Servi ter Dr 101 5) 825	ive	DC Central	Office		

Community Job Tryout (CJT) Procedures

Step 1. The RS counselor will create two service authorization on KMIS. One, for the contractor to provide CJT and the second for reimbursement to the client for participation in the CJT.

- Use service code 655 for the CJT contractor authorization.
- Use service code 655 for the CJT client reimbursement authorization. The
 maximum number of hours to be authorized for a CJT client reimbursement
 authorization is 80 hours at a cost of \$7.25 per hour. The tax ID # is the client's
 social security number. The tax number type must be 2. If the client is not on
 FARMS use the new vendor key (F3). If the client is on FARMS but with a tax #
 type of 3, use the new vendor key to add them as a tax type 2.
- RS Counselor will fax (785-368-7467) to Cindy King.
- KMIS authorization for CJT 655 service.
- KMIS authorization for CJT 655 reimbursement to client.

Step 2. The contractor for the CJT will ensure that prior to client participating in a CJT:

- CJT agreement form is signed by the client, community partner, and RS staff.
- The W-9 form is completed with the client name, address, social security number, signed by the client and dated.
- CJT agreement form and W-9 form are faxed (785-368-7467) to Cindy King.

Step 3. The contractor for the CJT is responsible for monitoring the accuracy and completion of client log sheets. The following occurs when the CJT is completed:

- The CJT contractor is responsible for the timely faxing of the log sheet to (785-368-7467) to Cindy King once the CJT is completed.
- Upon receipt of the completed log sheet and when all other CJT documentation has been received, RS central office immediately creates payment authorization for client reimbursement on KMIS.
- KMIS notification sent to RS counselor says PAYMENT FOR CL REIMBURSEMENT CREATED".
- RS counselor finalizes payment.
- Payment issued to client through FARMS and STARS.

Special Notes:

- Client needs to be informed that reimbursement is taxable and may affect benefits. In addition there is a potential that the reimbursement could be claimed for debt setoff. (Questions concerning debt setoff can be addressed by calling the Customer Call Center at 785-296-4628 or toll free at 866-800-8254, Monday through Friday, 8:00 am to 4:00 pm.
- RS counselor may choose to personally coordinate the CJT and not utilize a contractor. If that is done, no authorization/payment to a contractor would occur, however, all documentation such as agreement, W-9 and authorization for reimbursement for the client's participation is still required.

CJT Procedures, Revised June 2007

Section 8 / Part 18

Effective Date: May 1, 2004 Length of document: 1 page

Contract Service Descriptions

The following can be found in Section 11 of the Manual.

Assistive Technology Services

Community-Based Job Tryout Services (Payment-for-Performance)

Community-Based Work Assessment Services (Payment-for-Performance)

Customer Support (Fee-for-Service)

Customized Placement

Guided Placement

Independent Living Assessment

IPE Case Coordination (Milestone Payment)

IPE Research (Payment-for-Performance)

Job Preparation (Payment-for-Performance)

Orientation and Mobility Training

Purchasing Support (Payment-for-Performance)

Rehabilition Engineering (Payment-for-Performance)

Rehabilitation Teaching

Vocational Assessment (Payment-for-Performance)

Local Office Letterhead Date

Name/ Address of Doctor or Medical Office

Re: Consumer's Name

SSN: Consumer's Social Security Number

Consumer's Name has applied for vocational rehabilitation services to become employed in the competitive workforce. To assist us with eligibility determination and vocational planning, we would appreciate the following information:

- 1. What is the person's diagnosis or primary disability?
- 2. Describe any physical or mental limitations.
- 3. Have you advised this individual to limit his or her activities in any way?
- 4. Have you recommended any pending or additional treatment? (Please also note the last time you saw this person for a medical appointment.)
- 5. Is the condition stabilized so that this person can participate in an employment or training program?

I have enclosed a signed Release of Information form. I have also enclosed a State of Kansas Service Authorization that allows for a payment of \$20 for your time to complete the information requested. Please enclose your bill with your report.

If you need additional information regarding this request or vocational rehabilitation services, please call me at *phone* or e-mail me at *e-mail address*. Thank you for your assistance.

Sincerely,

Counselor's or Case Manager's Name

Enclosures cc: case file 1

REHABILITATION SERVICES

IPE Economic Need Summary Instructions

PART A.

Effective Dates: Enter the time period that the economic need summary is expected to cover (minimum of 3 months up to a maximum of 12 months) for all IPE services requiring expenditure.

Length in Months: Number of months covered by Effective Dates.

Number in Family: Based upon the number of exemptions on the latest federal income tax return. Note that an unmarried client, age 23 and older, with no dependents is considered a family of one.

PART B. AVAILABLE RESOURCES

MONTHLY INCOME

Lines 1 - 14: Enter net salary/wages and amounts of money available from other sources. Include income of persons indicated in PART A, Number in Family. Verification of eligible individual's income must be obtained. Use the Comments section if additional explanation is needed for this part.

Line 15: Total all monthly income from Lines 1-14.

Line 16: Enter the total of ongoing monthly expenses allowed as income reduction, including payment for disability related expenses (medical supplies, medication, psychotherapy, etc.), child support, and alimony. Monthly payments for health insurance may also be included unless previously deducted when determining net income. Other unique expenses used to reduce the individual's financial

contribution to their rehabilitation must be justified based on individual circumstances.

Verification of expenses may be requested.

Explanation of income reduction must be documented in the COMMENTS section.

Line 17: Subtract any Income Reduction (Line 16) from Total Monthly Income (Line 15).

CASH ASSETS

Line 18: Enter the total of checking accounts, cash, trust funds, savings, certificates of deposit, investments, and other items that the eligible individual can use to assist with his or her own rehabilitation (explain in "COMMENTS" section).

Checking accounts and cash on hand will be an estimate of the amount available during the effective dates.

Assets exempt from consideration are:

IRAs, deferred compensation accumulations, and other tax deferred assets specifically designed for retirement that <u>existed prior to determination of eligibility</u> (additional contributions are not exempt):

If there are no cash assets, enter 0. Verification may be requested.

Line 19: Enter the amount of cash assets exemptions... up to \$2,500 for the client and up to \$500 for each other member of the family unit.

Line 20: Subtract Line19 from Line 18 to get Total Adjusted Cash Assets.

Line 21: Divide Line 20 by the Length in Months indicated in PART A to determine Monthly Cash Assets.

Line 22: Add lines 17 and 21 to determine Total Available Monthly Resources.

REHABILITATION SERVICES

IPE Economic Need Summary Instructions

PART C. COMPARABLE BENEFITS

Check all sources that will help pay for services. Use the COMMENTS section and case narrative to explain why available benefits are not used and to provide other information as needed.

PART D. WORKSHEET

- Line 1. Enter amount from PART B, Line 22.
- Line 2. Enter monthly Cost of Living amount according to the number in family stated in PART A.
- Line 3. Subtract Line 2 from Line 1 to obtain the client's surplus funds for 1 month.
- Line 4. Multiply Line 3 by the Length in Months shown in PART A. The clients responsible to apply this amount towards services during the time period of this Economic Need Summary.

SERVICE DESCRIPTION: Enter the specific service being provided.

COST OF SERVICE: Enter the cost of each service.

COMPARABLE BENEFIT: Source - enter the source of the benefit (use the appropriate code when completing

the form on KMIS).

Amount - enter the amount of the benefit to be applied to the service.

CLIENT PART: Enter the amount of surplus resources to be applied to each service. The total for this column

must equal the amount of Total Resources Available in line 4 of PART D.

RS PART: Enter the amount that RS will provide after using Comparable Benefits and the client's part.

The last three columns must total the corresponding amount in the COST OF SERVICE column.

Use the COMMENTS sections to explain entries as needed.

The forms must be signed and dated.

Please consult your supervisor when situations do not clearly fit the format of the Economic Need Summary and instructions.

Revised 04/04

Rev. 03/01/94

INDIVIDUALIZED PLAN FOR EMPLOYMENT **ECONOMIC NEED SUMMARY**

PART A.		Amendment Number
Name		Number in Family
Effective Dates: From	_ through	Length in Months
PART B. AVAILABLE RESOUR MONTHLY INCOME	CES	
1. Net salary/wages		13. Other Income
2. Self employment		14. Other Income
3. Unemployment Compensation		15. TOTAL MONTHLY INCOME
4. Worker's Compensation		16. INCOME REDUCTION
5. Insurance benefits		17. ADJUSTED MONTHLY INCOME \$
6. Dividends/Interest/Annuities		
7. Social Security Disability Ins.		CASH ASSETS
8. Supplemental Security Income		18. Savings, investments, checking, cash, & other available money
9. Veterans benefits		19. Cash Assets Exemptions
10. Public Assistance		20. Total Adjusted Cash Assets
11. Retirement benefits		21. Monthly Cash Assets
12. Family support		22. TOTAL AVAILABLE MONTHLY RESOURCES (17. + 21.)
PART C. COMPARABLE BENE	FITS	
Health Insurance	Veterans Benefits	Scholarship
Medicaid	DCF	Other
Medicare	PELL	Other
JTPA	SEOG	Other
COMMENTS:		

__ Date ______ Page 294 of 692 Signature ____

Rev. 03/01/94

INDIVIDUALIZED PLAN FOR EMPLOYMENT ECONOMIC NEED SUMMARY

PART D. WORKSHEET			COST OF LIVING STANDARDS			
1.	TOTAL AVAILABLE MONTHLY RESOURCES	\$	Number in Family	Monthly Amount		
2.	COST OF LIVING STANDARD	\$	1	\$ 890		
			2	1,200		
			3	1,510		
3.	MONTHLY SURPLUS		4	1,820		
	RESOURCES	\$	5	2,130		
4.	CLIENT'S RESOURCES FOR IPE (Line 3.xmo.)	\$	Add \$310 for each additional family member			

SERVICE DESCRIPTION	COST OF SERVICE	COMPARABI Source	LE BENEFIT Amount	CLIENT PART	RS PART
1	\$		\$	\$	\$
2	\$		\$	\$	\$
3	\$		\$	\$	\$
4	\$		\$	\$	\$
5	\$		\$	\$	\$
6	\$		\$	\$	\$
7	\$		\$	\$	\$
8.	\$		\$	\$	\$
9	\$		\$	\$	\$
TOTALS:	\$		\$	\$	\$
COMMENTS:					

EES / RS MONTHLY COMMUNICATION REPORT

This is a mutual turnaround form to be used as documentation for both EES and RS. It can be initiated by EES or RS.

Consumer Name:	SSN:	KAECSES Case #
EES SECTION		
		Date:
I request a consultation	n to discuss:	Butc.
Consumer address cha	nged to:	
Case status has change		
	close on:	
consumer employ		
1 (1	•	
hours working pe	nent: er week:	
	\$	
start date:		
job title:		
Other changes / comm	ents / satisfactory prog	gress:
FFS Case Manager Signature		Date:
		Date.
RESTOTION RESTRICT	LOTED D1	
cc: case file		
RS SECTION		
RS Counselor's Name:		Date:
I request a consultation	n to discuss:	
Not eligible for RS base	_	sons:
Case status has change	d to:	
Describe case status, in	ıclude status on waiting	g list:
Individualized Plan for	Employment (IPE) co	mpleted, attached.
Consumer address cha	nged to:	<u> </u>
Consumer employed:		
place of employment:		
hours working per wee	k:	
hourly pay rate: \$		_
job title:		
RS case closed due to:		date of closure:
Other changes / comm	ents / satisfactory prog	gress:
RS Counselor Signature		Date:
RESPONSE FROM EES REO	UESTED BY:	

cc: case file KEESM Appendix 116

EES Screening Tool for Referral to Rehabilitation Services

The purpose of this screening tool is to help identify appropriate TANF, GA, medical or FS only consumers for VR services. It may be used at any point in a case: assessment, ongoing services, transition, etc.

NOTE: GA, FS, and medical only cases have no EES funding source for vocational assessment.

Consumer Name					
Describe consumer's interest in work or feelings about work:					
Are there available medical records of disability and/ or limitations? Describe:					
If yes, refer directly to Rehabilitation Services (RS) program. Use form IS-4315. Attach copies of records or supporting information.					
If no, but you suspect a disability, obtain definitive medical report and/ or refer to CDC or private contractor for vocational assessment and possible medical exams. Use definitive medical report form. Use form IS-4308 or local equivalent.					
Are there available psychological or psychiatric records of disability and/ or limitations? Describe:					
If yes, refer directly to RS program. Use form IS-4315. Attach copies of records or supporting information.					
If no , but you suspect a disability, obtain definitive medical report and/ or refer to CDC or private contractor for vocational assessment and possible medical exams. Use definitive medical report form. Use form IS-4308 or local equivalent.					
Are there available special education or school records of disability and/ or limitations? Describe:					
If yes, refer directly to RS program. Use form IS-4315. Attach copies of records or supporting information. If no, but you suspect a disability, obtain definitive medical report and/ or refer to CDC or					

private contractor for vocational assessment and possible medical exams. Use definitive medical

report form.

Use form IS-4308 or local equivalent.

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Order of Selection / Rationale for determining serious functional limitations related to employment

Instructions: Counselors may use this optional form as an analytical tool.

For each functional limitation that will be counted for the category designation:

- 1. Circle the appropriate indicators (optional).
- 2. In the space provided, write in your analysis of how and why this limitation results in a substantial impediment to employment.
- 3. In the space provided, write in your references to documentation in the service record that supports the analysis. References may include reports from qualified sources, such as medical/psychological information, assessments, school records, information provided by referral sources, client self-report, etc.
- 4. Check whether the limitation is produced by the disability or other causes.
- 5. List services that will address the limitation in terms of employment.

Note: This form must be part of the case file for Order of Selection determinations made between April 1, 2002 and July 25, 2005

Primary and secondary disabilities:

Functional limitations (review limitations in terms of an		Serious l	imitation	Services on the IPE that will address this limitation in
employment outcome)	Indicators of serious limitation	Produced by the disability	Produced by other causes (see footnote)	terms of employment
MOBILITY A person has a functional limitation when he or she, because of a disability, lacks the physical, cognitive or psychological ability to independently travel or move about safely within home, work and community environments.	 Is significantly restricted or unable to safely travel or move about within common community, training, home, or work environments. Other (Specify) Counselor's analysis of how and why this functional limitation results in a substantial impediment to employment for this individual: Reference to documentation in the service record that supports this analysis:			
COMMUNICATIONS A person has a functional limitation when he or she, because of a disability, cannot accurately and efficiently give or receive information (through speaking, listening, reading, or writing) without reasonable accommodation, adaptive aids or technology.	The individual's communications ability is significantly limited in speed, clarity or duration. For example: 1. Cannot hear or understand the content of ordinary spoken conversations. 2. Cannot be readily understood by others with familiarity. 3. Cannot print or write short notes (Keep door closed, No exit, Out of order, Don't walk, Sweep floor, and other messages requiring "survival" writing skills). 4. Cannot read signs or short notes. 5. Other (Specify) Counselor's analysis of how and why this functional limitation results in a substantial impediment to employment for this individual: Reference to documentation in the service record that supports this analysis:			

Primary and secondary disabilities:

Functional limitations (review limitations in terms of an		Serious I	imitation	Services on the IPE that will address this
employment outcome)	Indicators of serious limitation	Produced by the disability	Produced by other causes (see footnote)	limitation in terms of employment
SELF-CARE A person has a functional limitation when he or she, because of a disability, does not have the physical, cognitive or psychological ability to independently perform the routine activities of daily living.	1.Cannot perform routine activities of daily living and/or self-care to the extent that it impacts employment. 2. Other (Specify) Counselor's analysis of how and why this functional limitation results in a substantial impediment to employment for this individual: Reference to documentation in the service record that supports this analysis:			
SELF-DIRECTION A person has a functional limitation when he or she, because of a disability, does not have the physical, cognitive or psychological ability to independently plan, initiate, organize, make decisions and carry out personal, social and work activities after his or her self-care needs have been met.	1. Cannot independently start tasks, finish tasks, do all the steps in a task, follow schedules, or decide on what to do next. 2. Other (Specify) Counselor's analysis of how and why this functional limitation results in a substantial impediment to employment for this individual: Reference to documentation in the service record that supports this analysis:			

Primary and secondary disabilities:

Functional limitations (review limitations in terms of an		Serious l	imitation	Services on the IPE that will address this
employment outcome)	Indicators of serious limitation	Produced by the disability	Produced by other causes (see footnote)	limitation in terms of employment
INTERPERSONAL SKILLS A person has a functional limitation when he or she, because of a disability, cannot establish or maintain personal, family or community relationships, or cannot interact appropriately with others in the workplace, thereby affecting the ability to secure or maintain employment.	1. Cannot establish and maintain working relationships with coworkers, fellow students, or family members. 2. Exhibits inappropriate behaviors (such as hitting, yelling, temper tantrums, destruction of property, and sexual or racial harassment) which interfere with the— * performance of others in training or work settings; or * the individual's performance in training or work settings. 3. Is avoided or rejected by coworkers or fellow students because of issues such as serious scarring, disfigurement, uncontrolled drooling, or uncontrolled motions. 4. Other (Specify) Counselor's analysis of how and why this functional limitation results in a substantial impediment to employment for this individual: Reference to documentation in the service record that supports this analysis:			

Other causes include poverty, legal issues, lack of education, environmental restrictions, limited English proficiency not related to a disability, and age, sex, race, or cultural factors.

Primary and secondary disabilities:

Functional limitations (review limitations in terms of an		Serious l	imitation	Services on the IPE that will address this
employment outcome)	Indicators of serious limitation	Produced by the disability	Produced by other causes (see footnote)	limitation in terms of employment
WORK TOLERANCE A person has a functional limitation when he or she, because of a disability, cannot meet the strength, stamina, endurance or psychological stresses of a job regardless of the work skills possessed by the person; or cannot tolerate the physical environment of the workplace.	1. Is significantly restricted in ability to meet typical physical employment requirements to perform previous job or usual line of work, such as: * Is unable to lift or carry objects required. * Is unable to sustain continuous or prolonged paced movement of the arms, hands, or fingers. * Is unable to sustain a continuous or prolonged standing or sitting position of the body. * Is unable to sustain consistent physical work effort. 2. Is significantly restricted in ability to tolerate typical psychological stresses in the work environment. 3. Is unable to tolerate the common environmental conditions found at work. 4. Is unable to sustain a consistent mental work effort. 5. Is unable to complete tasks at a pace comparable to that of the average person in the general population. 6. Other (Specify Counselor's analysis of how and why this functional limitation results in a substantial impediment to employment for this individual: Reference to documentation in the service record that supports this analysis:			

Other causes include poverty, legal issues, lack of education, environmental restrictions, limited English proficiency not related to a disability, and age, sex, race, or cultural factors.

Primary and secondary disabilities:

Functional limitations (review limitations in terms of an		Serious I	imitation	Services on the IPE that will address this
employment outcome)	Indicators of serious limitation		Produced by other causes (see footnote)	limitation in terms of employment
WORK SKILLS A person has a functional limitation when he or she, because of a disability, lacks the work skills, work experience or ability to perform the essential job tasks needed to secure or maintain employment consistent with his or her strengths, resources, priorities, concerns, abilities, capabilities and informed choice.	1. Is unable to perform the work skills essential to maintaining employment in the previous job or usual line of work, and does not have other work skills which can be used to enter and maintain a job comparable in skill which is readily available locally, or in another area to which the individual is willing to relocate. 2. Has not learned the work skills usually possessed by the average person of comparable age, education, and experience which can be used in employment which is readily available locally, or in another area to which the individual is willing to relocate. 3. Other (Specify) Counselor's analysis of how and why this functional limitation results in a substantial impediment to employment for this individual: Reference to documentation in the service record that supports this analysis:			

Other causes include poverty, legal issues, lack of education, environmental restrictions, limited English proficiency not related to a disability, and age, sex, race, or cultural factors.

	ment for Children and Families litation Services			9/
	Health Assessme			
Name:_		Date of Birth: _		
Address	s:	Height:	Weight	<u>:</u>
	Explain any "Yes" answers		Reporte	ed Medical History
I have h	nad:	Yes	No	(problem - who treated - when)
1.	Problems with eyes, ears, nose, throat			
2.	Dizziness, fainting, blackout, convulsions, stroke, paralysis,			
3.	A head injury			
4.	Persistent bronchitis, asthma, emphysema, tuberculosis, or other problems with chest or lungs			
5.	High blood pressure, chest pain, heart attack, rheumatic fever, heart murmur, or other problems with heart or blood vessels			
6.	Ulcer, hernia, colitis, intestinal bleeding, or other problems with stomach, intestines, liver, or gall bladder			
7.	Problems with kidneys, bladder, prostate, reproductive organs, or venereal disease			
8.	Diabetes, thyroid, pituitary, adrenal, or other gland problems			
9.	Arthritis, low back pain, or other problems with spine, back or joints			
10.	Loss or paralysis of limb or other body parts			
11.	Tumors, leukemia, or cancer			
12.	Allergies, anemia, skin problems			
13.	Mental or emotional problems			
14.	Problems with reading, arithmetic, writing or speech			
15.	Problems with alcohol or drugs			
16.	Treatment for any physical or mental problems			
17.	Prescriptions for any drugs or medications			
18.	A brace, prosthesis, hearing aid or other device			
Name of	nt medical records may be obtained from: f Physician/Hospital:			
Address Date of	:Reason:			
I certify	that all of the information I have given is true, correct and complete			
Client's	Signature Date	Counselor's Signat	ture	Date

	nento de Niños y Familias s de Rehabilitación Cuestionario de ev	aluación de	la salud		9/93
Nombre:					
Dirección	n:	Estatura:	Pe	eso:	
	Explique cualquier respuesta de "Sí"		Historia	al médico registrado	
He tenid	o / recibido:	Sí	No	(problema – quién lo tra	ntó – cuándo)
1.	Problemas de los ojos, los oídos, la nariz, la garganta				
2.	Mareo, desmayo, pérdida del conocimiento, convulsiones, apoplejía, parálisis, dolores de cabeza / jaquecas frecuentes				
3.	Una lesión en la cabeza				
4.	Bronquitis, asma, enfisema, tuberculosis u otro problema persistente del pecho o los pulmones				
5.	Alta presión, dolores en el pecho, ataque al corazón / infarto, fiebre reumática, soplo en el corazón u otro problema del corazón o los vasos sanguíneos				
6.	Úlcera, hernia, colitis, sangrado intestinal u otro problema del estómago, los intestinos, el hígado o la vesícula				
7.	Problemas de los riñones, la vejiga, la próstata, los órganos reproductivos o una enfermedad venérea				
8.	Problemas de diabetes, de la tiroides, la pituitaria, las suprarrenales u otros problemas de las glándulas				
9.	Artritis, dolor lumbar bajo u otros problemas de la columna vertebral, la espalda o las articulaciones				
10.	Pérdida o parálisis de una extremidad u otra parte del cuerpo				
11.	Tumores, leucemia o cáncer				
12. Alergi	ias , anemia, problemas de la piel				

13.	Problemas mentales o emocionales					
14.	Problemas con la lectura, la aritmética, la escri	tura o el habla				
15.	Problemas con el alcohol o las drogas					
16.	Tratamiento por algún problema psicológico o	mental				
17.	Recetas de medicinas o medicamentos					
18.	Un soporte, una prótesis, un dispositivo auditiv	vo u otro aparato				
Mis expedientes médicos recientes se pueden obtener de: Nombre del médico / hospital: Dirección: Fecha de mi último examen físico: Razón:						
Certifico que, a mi entender, toda la información que he ofrecido es cierta y está correcta y completa.						
Firma del	l usuario I	Fecha	Firma del consejero		Fecha	

Department for Children and Families Rehabilitation Services

Hearing Aid Provision

Client	Age		Counselor
Address			Address
City, Zip	minati		City, Zip
Physician Name			Section 1b. Hearing Examination
Address			Address
Type of Loss:	Right	Left	Address Air Conduction Thresholds (dBHL)
Normal			kHz .25 .5 1 2 3 4 6 8
Sensori-neural			RELE
Conductive			El Masking
Mixed			RE
Otologic Pathology	Right	Left	Bone Conduction Thresholds (DBHL)
Impacted Cerumen			kHz .25 .5 1 2 3 4 6 8 RE
Otitis External			LEEl Masking
Secretory Otitis			RELE
Otitis Media, acute			Speech Recognition Threshold (dBHL)
Otitis Media, chronic			MLV Tape Rec CD Rec
Mastoiditis, chronic			Findings: El Masking: SRT-AC RE LE RE LE
Cholesteatoma			
Otosclerosis			SRT-BC RE _ LE _ RE _ LE _
Congenital Malformation			SAT RE LE RE LE _
Cochlear Lesion			MCL RE _ LE _
Other (specifiy):			UCL RE LE Word Discrimination Score (%)
			MLV Tape Rec CD Rec
			Test/Lists (RE/LE)
Case History	Yes	No	RE LE
Hereditary hearing loss?			Test/Lists (RE/LE) dBHL %Correct El Masking
Intelligible speech?			RE
Does patient speech read?			ANSI Audiometer used:
Is patient legally blind?		+	Make Model SN Calibration date
What is patient's primary mode of			Acoustic Immittance: Jerger-Type Resting Static
Comments:	1		Tympanogram Pressure Compliance RE
			LE
Diagnosis: Prognosis:			(if additional special testing is required, attach findings)
Recommendation (Medical treatmen other).			Signature of Examiner Date
C' (D)			<u> </u>
Signature of Physician		Date	

Department for Children and Families Rehabilitation Services

Section II: Certification for Hearing Aid Dispensing (Hearing Aid Provider)

Addre	ess		Address	
Fittin	x One: g Preference: e) HA Technology Tier:	Right Ear	Left Ear	HA Dealer _ Binaural BIN I II III
1.	Specify the Make, Model and reduction, circuitry, telecoil,		led hearing aid(s) and	l optional features, e.g. noise
2.	Describe the client's needs ar and in other situations. If Bi expected benefits.	nd expected benefits naural aids are reco		is client's specific employment ne client's needs, desire, and
3.	If Tier III amplification is red Tier II technology is required	commended above, a l in the event that di	a secondary hearing ai	d recommendation from Tier I or amplification is not authorized.
regula specia 1) Visi previo Acute Audio	fy the need for dispensing of a tions, I have advised the above list) before the hearing aid is oble congenital or traumatic debus 90 days; 3) History of sudd or chronic dizziness; 5) unilate metric air-bone gap equal to o	hearing aid(s) as rece named client to condispensed if the prostormity of the ear; 2 ten or rapidly progreeral hearing loss of strangers are than 15 december 15 december 2015.	commended above, and sult with a licensed propertive user has any or active draws ive hearing loss with udden or recent onsettibels at 500 Hz, 1,000	ad in compliance with FDA obysician (preferably an ear of the following eight conditions: inage from the ear within the hin the previous 90 days; 4) twithin the previous 90 days; 6)
Hearii	ng Aid Provider Signature		Provider Number	
Addre	SS		Date	

Department for Children and Families Rehabilitation Services

Section III. Hearing and Evaluation (Filled out after hearing and fitting.) Provide sound field unaided versus aided (monaural and/or binaural) results for the following audiometric tests in a sound attenuated room meeting current ANSI standards. For clients who are unable to be tested by conventional HAE methods, substitute other hearing aid assessment procedures (e.g., speech awareness thresholds, REM probe-tube microphone measurements, etc.) and attach test findings.

Client		_Age	Counselor			
			Address			
			City, Zip			
Right Ear	:					
	e		Model	SN		
RTG			SSPL90			
Aide	d SRT	dBHL	Aided WDS			<u>%</u>
Unai	ided SRT	dBHL	Unaided WDS			<u>%</u>
Aide	d Spch Tol	dBHL	(circle) Technology Tier:	I	II	III
Left Ear:						
Mak	e		Model	SN		
RTG			SSPL90			
Aide	d SRT	dBHL	Aided WDS			<u></u>
Unai	ided SRT	dBHL	Unaided WDS			<u>%</u>
Aide	d Spch Tol	dBHL	(circle) Technology Tier:	I	II	III
Binaural:	(Fill out only if bina	ural recommendatio	on.) Use same hearing aids note	d above t	for right a	and left.
	d SRT				_	
Unai	ided SRT	dBHL	Unaided WDS			%
	d Spch Tol					
Above aided	and unaided Word I	Discrimination Score	e Testing:			
Presentation	Level					
WDS Test _						
Lists:	Right	Left	Binaural			
Check one:	MLV	Tape	CD			
Attach or de	scribe other HAE Inf	ormation or Finding	gs (e.g., REM):			
			3° (° 8°) /			
Print Name	of Hearing Aid Provi	der	HA License #			
Hearing Aid	Provider Signature		Date			

Department for Children and Families Rehabilitation Services

Section IV. Client Hearing and Satisfaction Questionnaire

Within 30 days of the hearing aid fitting and to receive reimbursement, the hearing aid provider should submit the client satisfaction questionnaire (Section IV), the hearing aid evaluation (Section III), and the manufacturer invoice for the hearing aid to the rehabilitation counselor.

lier	nt	Age _		Counselor		
.ddı	ress			Address		
ity, Zip				City, Zip		
		_	-		providing services to you Strongly Disagree	
	Comments					
	The dispenser consi	dered your inter	ests and needs i	n selecting your hearing		
		_		Disagree	Strongly Disagree	
	comments					
	The dispenser provi your questions.	ded thorough in	formation about	t how to operate and care	e for your hearing aid(s) and answered	
					Strongly Disagree	
	Comments					
	The dispenser lister	ned to your descr	iption of proble	ms with your hearing aid	l and attempted to make adjustments.	
	=	-		•	Strongly Disagree	
	Comments					
	Overall, would you	say that you are s	satisfied with vo	ur hearing aid(s)?		
	•	•	•	•	Strongly Disagree	
	Comments					
	If you were provided Yes No	d binaural hearir	ng aids, do you v	vear both hearing aids m	nost of the time? (Circle one)	
	If no describe how o	often and under v	what circumstan	ace you wear both hearin	g aids	

Department for Children and Families Rehabilitation Services

Individual Plan for EmploymentFor

Full-time Part-time (specify) neline for when I will start working: remployment goal is consistent with my strengths, resources, priorities, concerns lities, capabilities, career interests and informed choice. Explain: ill complete the following steps to become employed:		FFICE USE ONLY
Supported Employment Ticket-to-Work Trial Work Experience Extended Evaluation Y EMPLOYMENT GOAL Title SOC Full-time Part-time (specify) meline for when I will start working: y employment goal is consistent with my strengths, resources, priorities, concerns ilities, capabilities, career interests and informed choice. Explain:	TYPE OF PLAN	OTHER INFORMATION
Trial Work Experience Extended Evaluation IY EMPLOYMENT GOAL b Title SOC Full-time Part-time (specify) meline for when I will start working: y employment goal is consistent with my strengths, resources, priorities, concerns bilities, capabilities, career interests and informed choice. Explain:	Standard	Transition
Extended Evaluation Extended Evaluation EXTENDED EXTENDED	Supported Employment	Ticket-to-Work
TY EMPLOYMENT GOAL b Title SOC Full-time Part-time (specify) meline for when I will start working: y employment goal is consistent with my strengths, resources, priorities, concerns oilities, capabilities, career interests and informed choice. Explain: will complete the following steps to become employed:		Trial Work Experience
will complete the following steps to become employed:		Extended Evaluation
will complete the following steps to become employed:	b Title	
ly employment goal is consistent with my strengths, resources, priorities, concerns bilities, capabilities, career interests and informed choice. Explain: will complete the following steps to become employed:	Full-time Part-time (specify)	
	meline for when I will start working:	
will complete the following steps to become employed: The listing of specific steps in this section is optional depending on the individual's rehabilitation needs		
	will complete the following steps to beco	ome employed:
	will complete the following steps to beco	informed choice. Explain: ome employed:

SERVICES NEEDED TO ACHIEVE MY EMPLOYMENT GOAL

(Complete the descriptions only for the services necessary for this Plan. Cross through the unused sections.)

Description: Informati	tion/guidance	pe: Counseling and guidance – to help me make choices and p	_
•	•	tation Services Counselor	N. C. 4
Effective dates:	to _	Estimated Cost:	No Cost
Funding sources: X	RS Clien	t Other (specify)	Otner (specify)
		Гуре:	
Service delivered by:			
Effective dates:	to	Estimated Cost:	No Cost
		ntOther (specify)	
<i>C</i>	· 		
		Гуре:	
Service delivered by:			
Effective dates:	to _	Estimated Cost:	No Cost
Funding sources:	RSClie	ntOther (specify)	Other (specify)
Service Code:	Service 7	Гуре:	
		турс	
Service delivered by:			
Effective dates:	to	Estimated Cost:	No Cost
Funding sources:	RS _ Clie	ntOther (specify)	Other (specify)
Service Code: Description:	Service T	Type:	
Service delivered by:			
Effective dates:	to	Estimated Cost:	No Cost
		nt Other (specify)	
		Type:	
Description:			
Service delivered by:		F.: . 10 .	N. C.
		Estimated Cost:	
Funding sources:	RS Clie	nt Other (specify)	Other (specify)

Description: Service delivered by:			
Service delivered by:			
service denvered by.			: No Cost
Effective dates:	to _	Estimated Cost	: No Cost
Funding sources:	RSClie	ntOther (specify)	Other (specify)
Description:			
Service delivered by:			: No Cost
Effective dates:	to _	Estimated Cost	: No Cost
Funding sources:	RSClie	nt Other (specify)	Other (specify)
Estima	ated cost is prov	vided for planning purposes only.	Actual cost may vary.
Use ad	ditional sheet i	f necessary to list all services tha	at are part of this Plan.
Explain how services	s will contrik	bute to achievement of my	employment goal:
_		•	
EVALUATION C	RITERIA		
EVILLORITOR		•	
Describe how and who	en my progre	ess will be evaluated:	
(For self-employment plan	ns, also describ	e the criteria that will be used to	$determine\ when\ job\ performance\ is\ stable.)$
POST-EMPLOYI	MENT SE	RVICES	

ADDITIONAL INFORMATION

(Complete only the sections that apply to this Plan.)

SUPPORTED EMPLOYMENT	
Describe the criteria for determining that my job performance is stable:	
Describe how and when my progress will be evaluated:	
Describe the expected extended services and ongoing support needed:	
How will extended ongoing support be identified and provided:	
Please note: Any job skills training provided in this Supported Employment Plan wi provided at the employment work site in an integrated community setting.	ll be
TRANSITION-AGED STUDENTS	
This plan has been developed with consideration given to the content of my Individual Education Plan (or 504 Plan) and my school records, to the extent these documents address my interests, vocational options, and accommodations needed.	ıal
TICKET-TO-WORK (Please choose one.)	
I understand that my signature on this Plan authorizes my Ticket-to-Work to assigned to Rehabilitation Services.	be
I have already assigned my Ticket-to-Work to another Employment Network I authorize you to contact this network to coordinate services before finalizing Plan with Rehabilitation Services. Here is the name of my Employment Network	ig my

PARTICIPATION AGREEMENT

The following rights apply to everyone receiving VR services. I have the right to:

Receive VR services without discrimination based on race, color, religion, age, disability, national origin, ancestry or sex. (The services that RS can provide depend on the availability of state and federal funds, and whether there are other programs that can provide the services I need.)

Make informed choices about my employment goal, the services I will receive, who will provide the services, and how the services will be obtained.

Take an active part developing my Individual Plan for Employment and be involved in any change in the Plan before it goes into effect. I may get help from other individuals who are not employed by the state agency to develop my Plan if I choose.

Expect that information I give my counselor will be kept confidential, as described in the Handbook of Services.

Sign and receive a written copy of my Individual Plan for Employment and any changes made to it.

Participate in an annual review of my Individual Plan for Employment to be sure it is still the best Plan to help me get a job.

Participate in reviews to determine my progress toward meeting my employment goal.

Receive information in my native language or mode of communication.

Receive services from the Client Assistance Program (CAP) if I need more information or clarification about my Plan, if I am dissatisfied with my services, or if I need information about my appeal rights (administrative review, mediation or fair hearing). I may contact CAP toll-free at the Disability Rights Center at 1-877-776-1541 or 1-877-335-3725 (TTY).

The following responsibilities apply to everyone receiving VR services. I have the responsibility to:

Carry out my Individual Plan for Employment to the best of my abilities.

Keep appointments and participate in scheduled activities. Contact my counselor if I need to change an appointment time.

Check with my counselor **in advance** before I stop any planned activities.

Get **prior written authorization** from my counselor before I purchase any goods or services to be funded by RS, and provide receipts when requested.

Provide financial information as needed, apply for financial aid/other benefits, and help pay for the cost of my services consistent with my economic need. Use family funds, insurance, Social Security, PELL Grants, scholarships or any other funds I may be eligible for to help pay for services.

Follow medical advice, treatment plans or other professional instructions, and cooperate with service providers who are trying to help me with my services or employment.

Contact my counselor:

 If I move.
 If my phone number changes.
 If I want to change anything about my Plan,
such as my employment goal, services, time
frames or steps.
 If there is a change in my financial status.
 If there is a change in my employment
status, for example if I am no longer
working, if I get laid off, if I get promoted,
or if I change jobs.

Actively seek employment, and go to work when I have completed my Plan. When I get a job, I will provide information to my counselor on the name of my employer, my wages, the number of hours I am working, my job title, and benefits.

The following responsibilities apply to my Individual I	Plan for Employment when they are checked.
 Maintain a minimum 2.0 grade point average, or higher if needed for entry into a professional field of study. Complete 30 hours of class credit per year. Maintain full-time enrollment if attending a vocational or technical training program. Provide copies of any notices I receive about 	 Work with my school to analyze my transcript and develop a plan for completing my degree or certificate after the first year of school, when I am going to transfer to another school, or when I am thinking about changing my major course of study. Discuss any changes with my counselor before I make them. Maintain proper care and repair of equipment
my performance in any of my classes and tell my counselor about any changes in my financial aid status.	and assistive technology devices. Return tools, equipment or initial stocks
Provide my grades for the prior semester before my counselor can authorize funding for the next semester.	purchased for my Plan or employment if I no longer need them for those purposes. Other
Return funds to RS from selling textbooks at the end of the semester.	Other
Talk to my counselor before I drop or discontinue any classes.	
IS THIS PLAN SUBJECT TO ECONOMIC NEED?	CE USE ONLY YesNo Does not apply to any services in this Plan
MY PARTICIPATION IN DEVELOPMENT	Γ OF THIS PLAN
	ad choices about my job goal and the steps and services rovide the services. My rights and responsibilities have at I will receive a copy of my Plan.
Counselor Signature	Date
My Signature or My Guardian's Signature	Date

RS 0907

Departamento de Niños y Familias

Servicios de Rehabilitación

Plan de Empleo Individual Para

	SÓLO PARA US	O DEL PERSONAL
TYPE OF PLAN Standard Supported Emp	OTHER	INFORMATIONTransitionTicket-to-WorkTrial Work ExperienceExtended Evaluation
MI OBJETIVO DE I	EMPLEO	
Puesto		SOC
Tiempo completo _	Tiempo parcial	(especifique)
Plazo dentro del cual empe	ezaré a trabajar:	
	, capacidades, inter	ountos fuertes, recursos, prioridades, eses profesionales y con una elección bien
Tomaré los siguientes pa (La lista de pasos específicos d		grar empleo: a, según las necesidades de rehabilitación de la persona).

SERVICIOS NECESARIOS PARA LOGRAR MI OBJETIVO DE EMPLEO

(Proporcione sólo la descripción de los servicios necesarios para este plan. Tache las secciones no utilizadas).

•	-	ervicio: Asesoramiento y orie	- C
· ·	orientación p	para ayudarme a elegir altern	ativas y a participar en mi
plan.	r: c ·	1 G 1 D 1 1 1	,
	•	de Servicios de Rehabilitacio	
Fechas de vigencia: de	a	Costo estimado:	Sin costo
Fuentes de fondos: X RS _ (especifique)	Usuario _	Otro (especifique)	Otro
		rvicio:	
Servicio suministrado por: _			
Fechas de vigencia: de	a	Costo estimado:	Sin costo
Fuentes de fondos: RS (especifique)	Usuario	Otro (especifique)	Otro
		rvicio:	
Descripción:			
Servicio suministrado por: _			
		Costo estimado:	
(especifique)	Usuario	Otro (especifique)	Otro
		rvicio:	
Descripción:			
Servicio suministrado por: _			
		Costo estimado:	
ruentes de fondos: RS (especifique)	Usuario	Otro (especifique)	Otro
		rvicio:	
Descripción:			
Servicio suministrado por: _			
		Costo estimado:	
Fuentes de fondos: RS (especifique)	Usuario	Otro (especifique)	Otro
•		rvicio:	
Sarvicio suministrado nom			
Servicio suministrado por: _		Costo estimado:	Sin costo
Fuentes de fondes: De	a	Otro (especifique)	SIII COSIO
(especifique)			Ouo

Código de Servicio: Tipo de se		
Descripción:		
Servicio suministrado por:	Casta astimada.	Cin posts
Fechas de vigencia: de a	Costo estimado:	Sin costo
Fuentes de fondos: RS Usuario	Otro (especifique)	Otro
(especifique)		
Código de Servicio: Tipo de se	ervicio:	
Descripción:		
Servicio suministrado por:		
Fechas de vigencia: de a	Costo estimado:	Sin costo
Fuentes de fondos: RS Usuario		
(especifique)		
El costo estimado se proporciona sólo para Use una hoja adicional si es necesario p		
Explicación de cómo los servicios cont	ribuirán al logro de mi obj	etivo de empleo:
_		
CRITERIOS DE EVALUACIÓN	N	
Descripción de cómo y cuándo será eval (Si tiene planes para trabajar por su propia cue determinar cuándo se considerará estable su de	enta, también describa los criterios	s que servirán de base para
SERVICIOS DE POSTEMPLEO	O	
No se espera necesitarlos	_ Comuníquese con RS si so	e necesitan
		J 110000114111

ORMACIÓN ADICIONAL sólo las secciones que se apliquen a este plan).				
EMPLEO CON APOYO				
Descripción de los criterios que serán empleados para determinar que mi desempeño en el trabajo es estable.				
Descripción de cómo y cuándo será evaluado mi progreso.				
Descripción de los servicios extendidos esperados y el apoyo continuo necesarios.				
Cómo será identificado y suministrado el apoyo continuo extendido:				
Por favor, tenga en cuenta: Toda capacitación para el trabajo suministrada en este Plan de Empleo con Apoyo será suministrada en el sitio de trabajo, en un entorno comunitario integrado.				
ESTUDIANTES EN EDAD DE TRANSICIÓN				
Este plan ha sido desarrollado considerándose el contenido de mi Plan Educativo Individual (o del Plan 504) y mis expedientes escolares, en la medida en que dichos documentos apuntan a mis intereses, mis opciones vocacionales y los acomodos necesarios.				
BOLETA DE TRABAJO (Escoja una).				
Comprendo que al firmar este plan autorizo que mi Boleta de Trabajo se asigne a Servicios de Rehabilitación.				
Ya firmé para que mi Boleta de Trabajo se asigne a otra Red de Empleo y los autorizo a ustedes a comunicarse con dicha red para coordinar los servicios antes de finalizar mi plan con Servicios de Rehabilitación. A continuación indico el nombre de mi Red de Empleo:				

ACUERDO DE PARTICIPACIÓN

Toda persona que reciba los servicios de VR goza de los siguientes derechos: Tengo derecho a:

Recibir servicios de VR sin ser objeto de discriminación por mi raza, color, religión, edad, incapacidad, país de origen, ascendencia o sexo. (Los servicios que RS puede proporcionar dependen de la disponibilidad de fondos estatales y federales y de la existencia de otros programas que puedan proporcionar los servicios que necesito).

Tomar decisiones bien fundamentadas acerca de mis objetivos de empleo, los servicios que recibiré, quiénes los proporcionarán y cómo se obtendrán.

Participar activamente en el desarrollo de mi Plan de Empleo Individual y en cualquier cambio que se haga al mismo antes de ponerse en vigor. Puedo obtener ayuda de otros individuos que no estén empleados por el organismo estatal para desarrollar mi plan, si así lo decido.

Esperar que la información que proporcione a mi consejero se mantenga confidencial, como se indica en el Manual de Servicios.

Firmar y recibir una copia por escrito de mi Plan de Empleo Individual y de cualquier cambio hecho al mismo. Participar en una evaluación anual de mi Plan Individual de Empleo para tener la seguridad de que aún es el mejor plan para ayudarme a encontrar trabajo.

Participar en evaluaciones para determinar el progreso que he logrado para alcanzar mis objetivos de empleo.

Recibir información en mi idioma materno o modo de comunicación natural.

Recibir servicios del Programa de Ayuda a Usuarios (CAP por sus siglas en inglés) si necesito más información o aclaraciones acerca de mi plan, si no estoy satisfecho con los servicios o si necesito información acerca de mis derechos de apelación (evaluación administrativa, arbitraje o audiencia imparcial). Puedo comunicarme con el CAP en el Centro de Derechos de Discapacitados (Disability Rights Center) llamando libre de cargos al 1-877-776-1541 ó 1-877-335-3725 (teléfonos de texto o teletipos).

Toda persona que reciba servicios de VR está sujeta a las siguientes responsabilidades: Tengo la responsabilidad de:

Llevar a cabo mi Plan de Empleo Individual de la mejor forma posible.

Acudir a las citas y participar en las actividades acordadas. Comunicarme con mi consejero si necesito cambiar la fecha u hora de una cita.

Hablar con mi consejero **con anticipación** antes de interrumpir cualquiera de las actividades planificadas.

Obtener **autorización previa por escrito** de mi consejero antes de comprar cualquier bien o servicio que vaya a ser pagado con fondos de RS y suministrar los recibos correspondientes cuando se requiera.

Proporcionar información de mi situación económica según sea necesario, solicitar ayuda

económica u otros beneficios y ayudar a pagar el costo de los servicios recibidos de acuerdo con mis necesidades económicas. Usar fondos de mi familia, seguro, Seguro Social, Subsidios PELL, becas o cualquier otro fondo para el cual pueda cualificar para ayudar a pagar los servicios.

Seguir consejos médicos, planes de tratamiento y otras instrucciones de profesionales, así como cooperar con los proveedores de servicios que estén tratando de ayudarme con servicios o en la búsqueda de empleo.

('omiinicarme	con	mı	conceiero.
Comunicarme	COII	ш	conscicto.
			· · · · · · · · · · · · · · · · · · ·

- Si me mudo a otro domicilio.
- ___ Si cambia mi número de teléfono.
- ____ Si deseo cambiar cualquier aspecto de mi
 - plan, como mi objetivo de empleo, los

servicios, el tiempo de ejecución de actividades o los pasos. Si hay un cambio en mi situación económica. Si hay un cambio en mi situación laboral, por ejemplo, si ya no estoy trabajando, si me despiden, si me ascienden o si cambio de empleo. Las responsabilidades que marque a continuación fo	Buscar trabajo activamente e ir a trabajar después de haber finalizado mi plan. Cuando encuentre trabajo, proporcionaré a mi consejero la información relacionada con el nombre de mi empleador, mi salario, la cantidad de horas de trabajo, el puesto y los beneficios.
 Mantener un promedio académico mínimo de 2.0 o más si es necesario para entrar a un campo de estudio profesional. Cumplir 30 horas de créditos por año. Mantenerme matriculado a tiempo completo si asisto a un programa de capacitación vocacional o técnica. Proporcionar copias de todo aviso que reciba en relación con mi desempeño en cualquiera de las clases y notificar a mi consejero cualquier cambio en el estado de mi ayuda económica. Proporcionar mis calificaciones del semestre anterior para que mi consejero pueda autorizar los fondos para el siguiente semestre. Rembolsar a RS los fondos provenientes de la venta de libros de texto al final del semestre. Hablar con mi consejero antes de dejar o abandonar una clase. 	 Colaborar con la institución educativa para analizar mi expediente y desarrollar un plan para reunir los requisitos necesarios para el título o certificado después del primer año de estudios, cuando vaya a cambiarme a otra institución educativa o cuando esté pensando cambiar de especialidad en mis estudios.
SÓLO PARA	USO DEL PERSONAL
IS THIS PLAN SUBJECT TO ECONOMIC N	
If no, check one: SSI/SSDI recipient	Does not apply to any services in this Plan

MI PARTICIPACIÓN EN EL DESARROLLO DE ESTE PLAN

en relación con mi objetivo de empleo con mismo. También tuve alternativas en cuan	adas con este plan. Tuve alternativas entre las cuales elegir tanto no en cuanto a los pasos y servicios necesarios para lograr el to a quiénes proporcionarán los servicios. Se me han explicado y s. Comprendo que recibiré una copia de mi plan.
Firma del consejero	Fecha
Mi firma o la de mi tutor	Fecha RS0907

Department for Children and Families Rehabilitation Services

Individual Plan for Employment Amendment # _____ For

	ENDMENT INITIA Client _	Counselor		
signa	ture on this form. If the a		can be implemented prior to securing the Clien c Counselor or another entity, such as a Service ent can be implemented.	
			PPORTED EMPLOYMENT PLAN ont Section below must also be completed.	
		MPLOYMENT GOAI nponents for which there is a		
	Job Title		SOC	
	Full-time _	Part-time (specify)		
		Part-time (specify) I will start working:		
	Timeline for where My employment	n I will start working:		oncerns,
	Timeline for where My employment	n I will start working:	my strengths, resources, priorities, c	oncerns
	My employment abilities, capabili	goal is consistent with ties, career interests a	my strengths, resources, priorities, condinformed choice. Explain:	

DELETE A SERV	ICE/SPECI	FY:		
UPDATE AN EXISTING SERVICE Complete only the components for which there is a change.				
Service Code:	Service Typ	oe:		
Description:				
Service delivered by:		F. 1. 1. C		
Effective dates:	to	Estimated Cost:	No Cost	
Funding sources: RS	Client _	Other (specify)	Other (specify)	
ADD A NEW SERVICE OR SERVICES				
	* *			
Description:				
Service delivered by:	4 -	E-4'4-1 C4	N. C. d	
			No Cost	
runding sources: KS	o Chent_	Other (specify)	Other (specify)	
Service Code:	Service Tyr	oe:		
Service delivered by:				
Effective dates:	to	Estimated Cost:	No Cost	
Funding sources: RS	Client _	Other (specify)	Other (specify)	
Service Code:	Service Typ	oe:		
Description:				
Service delivered by:				
Effective dates:	to	Estimated Cost:	No Cost	
Funding sources: RS	Client _	Other (specify)	Other (specify)	
Service Code: Service Type:				
Service delivered by:				
Effective dates:	to	Estimated Cost:	No Cost	
			Other (specify)	
<i>c</i> —				
		or planning purposes only. Actual of the list all services that are part of		
Explain how the chang	ge in services	s will contribute to achiev	vement of my employmen	
goal:				
This analysis is required for a	deleted, update	d or additional services		

	AMEND THE EVALUATION CRITERIA Describe how and when my progress will be evaluated: (For self-employment plans, also describe the criteria that will be used to determine when job performance is stable.)					
	AMEND POST-EMPLOYMENT SERVICES Not anticipated Contact RS if needed					
	AMEND OR ADD SUPPORTED EMPLOYMENT SECTION This part must be completed when the type of plan is amended from standard to supported employment.					
	Describe the criteria for determining that my job performance is stable:					
	Describe how and when my progress will be evaluated:					
	Describe the expected extended services and ongoing support needed:					
	How will extended ongoing support be identified and provided:					
	Please note: Any job skills training provided in this Supported Employment Plan will be provided at the employment work site in an integrated community setting.					
	AMEND OR ADD TICKET-TO-WORK SECTION (Please choose one.)					
-	I understand that my signature on this Plan authorizes my Ticket-to-Work to be assigned to Rehabilitation Services.					
-	I have already assigned my Ticket-to-Work to another Employment Network, and I authorize you to contact this network to coordinate services before finalizing my Plan with Rehabilitation Services. Here is the name of my Employment Network:					

☐ AMEND OPTIONAL SECTIONS OF THE	E PARTICIPATION AGREE	EMENT
The following responsibilities apply to my Pla	nn when they are checked.	
Maintain a minimum 2.0 grade point average, or higher if needed for entry into a professional field of study.	transcript and develop a completing my degree of the first year of school, we transfer to another school	r certificate after when I am going t
Complete 30 hours of class credit per year. Maintain full-time enrollment if attending a vocational or technical training program.	thinking about changing of study. Discuss any change counselor before I make	my major course nanges with my
Provide copies of any notices I receive about my performance in any of my classes and tell my counselor about any changes in my financial aid status.	Maintain proper care and equipment and assistive devices.	_
Provide my grades for the prior semester before my counselor can authorize funding for the next semester.	Return tools, equipment purchased for my Plan on no longer need them for	r employment if I
Return funds to RS from selling textbooks at the end of the semester.	Other	
Talk to my counselor before I drop or discontinue any classes.	Other	
Work with my school to analyze my		
□ AMEND ECONOMIC NEED STATUS Does this amendment require an update or cor Yes No	mpletion of a new Economic N	leed Statement?
If Yes, check all that apply: Change in client's financial status Client approved for SSI/SSDI Addition of services subject to economic	need.	
MY PARTICIPATION IN DEVELOPMENT OF	F THIS PLAN AMENDMEN	ЛТ
I was involved in making decisions about this plan and the steps and services needed to reach it. I also services. My rights and responsibilities have been entat I will receive a copy of my amended Plan.	had choices about who will pr	rovide the
Counselor Signature	Date	
My Signature or My Guardian's Signature	Date	RS 1006

Departamento de Niños y Familias Servicios de Rehabilitación

Plan de Empleo Individual Enmienda N.º ____ Para

	MIENDA INICI Usuario	Consejero	Otro (especifique)
formi	ılario. Si la enmiena		e en práctica antes de tenerse la firma del mismo en este o por un tercero, como un proveedor de servicios, tiene que tica la enmienda.
	APOYO		EO NORMAL A UN PLAN DE EMPLEO CON llenar la sección Empleo con Apoyo situada abajo.
		ACIÓN DE MI OBJETI artes en las cuales haya cambio	
	Puesto		SOC
	Tiempo	completo Tiempo	parcial (especifique)
	Plazo dentro	del cual empezaré a trabaj	ar:
	inquietudes,		on mis puntos fuertes, recursos, prioridades, s, intereses profesionales y con una elección bier
	Tomaré los s	iguientes pasos con el fir	ı de lograr empleo:
		iguientes pasos con el fir os específicos de esta sección e	n de lograr empleo: es optativa, según las necesidades de rehabilitación de la

	ELIMINAR UN SERVICIO / ESPECIFICAR:			
	ACTUALIZAR UN SERVICIO PRESENTE Llene sólo las partes en las cuales haya cambios.			
	Código de Servicio: Descripción:	-		
	Servicio suministrado por:			
	Fechas de vigencia: de	a	_ Costo estimado:	Sin costo
	Fuentes de fondos: RS (especifique)	Usuario _	Otro (especifique)	Otro
	AGREGAR NUEVO(S) SE	RVICIO(S)		
	Código de Servicio:			
	Servicio suministrado por:			
	Fechas de vigencia: de	a	_ Costo estimado:	Sin costo
	Fuentes de fondos: RS (especifique)	Usuario _	Otro (especifique)	Otro
	Código de Servicio:			
	Descripción: Servicio suministrado por:			
	Fechas de vigencia: de	a	Costo estimado:	Sin costo
	Fuentes de fondos: RS (especifique)			
	Código de Servicio: Descripción:			
	Servicio suministrado por:			
	Fechas de vigencia: de			
	Fuentes de fondos: RS (especifique)	Usuario _	Otro (especifique)	Ouo
	Código de Servicio:			
	Servicio suministrado por:			
	Fechas de vigencia: de	a	_ Costo estimado:	Sin costo
	Fuentes de fondos: RS (especifique)	Usuario _	Otro (especifique)	Otro
Use	El costo estimado se proporciona e una hoja adicional si es necesario			
	Explicación de cómo los ser Este análisis se requiere para todo			
	,			

	Si tiene planes para trabajar por su propia cuenta, también describa los criterios que servirán de base platerminar cuándo se considerará estable su desempeño en el trabajo).			
	ENMIENDA A LOS SERVICIOS DE POSTEMPLEO No se espera necesitarlos Comuníquese con RS si se necesitan			
SECCIÓN DE ENMIENDA O ADICIÓN DE EMPLEO CON APOYO Esta parte debe llenarse cuando el tipo de plan se modifique de un plan de empleo normal a un plan de empleo con apoyo.				
	Descripción de los criterios que serán empleados para determinar que mi desempeño en trabajo es estable.			
Descripción de cómo y cuándo será evaluado mi progreso.				
	Descripción de los servicios extendidos esperados y el apoyo continuo necesarios.			
	Cómo será identificado y suministrado el apoyo continuo extendido:			
	Por favor, tenga en cuenta: Toda capacitación para el trabajo suministrada en este Pla Empleo con Apoyo será suministrada en el sitio de trabajo, en un entorno comunitario integrado.			
SECCIÓN DE ENMIENDA O ADICIÓN DE BOLETA DE TRABAJO (Escoja una).				
	Comprendo que al firmar este plan autorizo que mi Boleta de Trabajo se asigne a Servicios de Rehabilitación.			
	Ya firmé para que mi Boleta de Trabajo se asigne a otra Red de Empleo y los autoriz ustedes a comunicarse con dicha red para coordinar los servicios antes de finalizar n plan con Servicios de Rehabilitación. A continuación indico el nombre de mi Red de			

Mantener un promedio académico mínimo de	Colaborar con la institu	-
2.0 o más si es necesario para entrar a un campo de estudio profesional.	reunir los requisitos ne	y desarrollar un plan para cesarios para el título o primer año de estudios,
Cumplir 30 horas de créditos por año.	cuando vaya a cambiar	
Mantenerme matriculado a tiempo completo si	educativa o cuando est	
asisto a un programa de capacitación vocacional o técnica.	especialidad en mis est consejero antes de real	
Proporcionar copias de todo aviso que reciba		do y reparar el equipo y lo
en relación con mi desempeño en cualquiera de las clases y notificar a mi consejero	dispositivos tecnológic	os de asistencia.
cualquier cambio en el estado de mi ayuda	Devolver las herramier	
económica.		para mi plan o trabajo si ya
_ Proporcionar mis calificaciones del semestre	no los necesito para est	tos propositos.
anterior para que mi consejero pueda autorizar	Otro	
los fondos para el siguiente semestre.		
_ Rembolsar a RS los fondos provenientes de la		
venta de libros de texto al final del semestre.	Otro	
 Hablar con mi consejero antes de dejar o abandonar una clase. 		
☐ ENMIENDA AL ESTADO DE MIS NEC	ESIDADES ECONÓMICAS	
¿Requiere esta enmienda que se haga una ac	tualización o que se llene un nu	ievo Estado de
Necesidades Económicas?SíNo		
SINO		
Si respondió "Sí", marque todas las opciones		
Cambio en el estado de la situación ecorEl usuario está aprobado para Ingreso Su		I nor aug gigleg on
inglés) o Beneficios de Seguro Social po	•	1 0
La adición de servicios está sujeta a las		-8-ms
MI PARTICIPACIÓN EN EL DESARROLLO	DE LA ENMIENDA A EST	E PLAN
Participé en la toma de decisiones relacionadas co	n acta nlan. Tuwa altarnatiwas a	ntra las qualas
elegir tanto en relación con mi objetivo de empleo		
necesarios para lograr el mismo. También tuve alt	ernativas en cuanto a quiénes p	roporcionarán los
servicios. Se me han explicado y asignado mis der recibiré una copia de mi plan.	echos y responsabilidades. Con	nprendo que
Firma del consejero	Fecha	
Mi firma o la de mi tutor	Fecha	

Department for Children and Families Rehabilitation Services

Individual Plan for Trial Work Experience or Extended Evaluation For

PUF	RPOSE OF THIS PLAN
	ourpose of this Plan is to explore my abilities and capabilities to determine if I can benefit vocational rehabilitation services in terms of an employment outcome.
	TRIAL WORK EXPERIENCE This Plan will assess my capacity to perform in competitive, integrated work settings.
	EXTENDED EVALUATION Extended evaluation is chosen as the method of assessment. My counselor and I have determined that I cannot take advantage of trial work experiences or that the options for my participation in trial work experiences have already been exhausted.
Time	eline for completion of this Plan:
	articipate in this Plan, I will complete these steps: isting of specific steps in this section is optional depending on the individual's assessment needs.)
Servi Desc: Servi	CVICES NEEDED Solete the descriptions only for the services necessary for this Plan. Cross through the unused sections.) ce Code: 365 Service Type: Counseling and guidance – general ription: Information/guidance to help me make choices and participate in my Plan ce delivered by: My Rehabilitation Services Counselor to to to Setimated Cost: No Cost
Fund	ing sources: X RSClientOther (specify) Other (specify)

Service Code:	Se	ervice Typ	e:	
Description:				
Service delivered b	y:			No Cost
Effective dates:	D.C.	to	Estimated Cost:	No Cost
Funding sources:	RS _	_ Client _	Other (specify)	Other (specify)
Service Code:	Se	ervice Typ	e:	
Description:				
Service delivered b	y:			
Effective dates:		to	Estimated Cost:	No Cost
Funding sources:	RS _	Client _	Other (specify)	Other (specify)
Service Code:	Se	ervice Typ	e:	
Service delivered b	v:			
Effective dates:		to	Estimated Cost:	No Cost
Funding sources:	RS _	Client _	_ Other (specify)	Other (specify)
Service Code:	Se	ervice Type	e:	
Description:		J1		
Service delivered b	y:			
Effective dates:		to	Estimated Cost:	No Cost
				Other (specify)
	additiona	al sheet if ne	e to the assessment of my ab	
EVALUATION	CRIT	ERIA		
Describe how and v	when my	progress	will be evaluated:	

PARTICIPATION AGREEMENT FOR TRIAL WORK OR EXTENDED EVALUATION

The following rights apply to everyone receiving VR services. I have the right to:

Receive VR services without discrimination based on race, color, religion, age, disability, national origin, ancestry or sex. (The services that RS can provide depend on the availability of state and federal funds, and whether there are other programs that can provide the services I need.)

Make informed choices about the services I will receive, who will provide the services, and how the services will be obtained.

Take an active part developing my Plan and be involved in any change in the Plan before it goes into effect.

Expect that information I give my counselor will be kept confidential, as described in the Handbook of Services.

Sign and receive a written copy of my Plan and any changes made to it.

Participate in review of my Plan to be sure it is still the best Plan to assess my eligibility.

Participate in reviews to determine my progress on my Plan.

Receive information in my native language or mode of communication.

Receive services from the Client Assistance Program (CAP) if I need more information or clarification about my Plan, if I am dissatisfied with my services, or if I need information about my appeal rights (administrative review, mediation or fair hearing). I may contact CAP toll-free at the Disability Rights Center at 1-877-776-1541 or 1-877-335-3725 (TTY).

The following responsibilities apply to everyone receiving VR services. I have the responsibility to:

Carry out my Plan to the best of my abilities.

Keep appointments and participate in scheduled activities. Contact my counselor if I need to change an appointment time.

Check with my counselor **in advance** before I stop any planned activities.

Get **prior written authorization** from my counselor before I purchase any goods or services to be funded by RS, and provide receipts when requested.

Provide financial information as needed, apply for financial aid/other benefits, and help pay for the cost of my services consistent with my economic need. Use family funds, insurance, Social Security, PELL Grants, scholarships or any other funds I may be eligible for to help pay for services.

Follow medical advice, treatment plans or other professional instructions, and cooperate with service providers who are trying to help me with my services or employment.

Contact my counselor:

 If I move.
 If my phone number changes.
 If I want to change anything about my Plan,
such as services, time frames or steps.
 If there is a change in my financial status.
 If there is a change in my employment
status, for example if I am no longer
working, if I get laid off, if I get promoted,
or if I change jobs.

When I get a job, I will provide information to my counselor on the name of my employer, my wages, the number of hours I am working, my job title, and benefits.

The f	ollowing responsibilities apply to my Plan when the	y are ch	ecked.
_	Maintain a minimum 2.0 grade point average, or higher if needed for entry into a professional field of study. Complete 30 hours of class credit per year. Maintain full-time enrollment if attending a vocational or technical training program. Provide copies of any notices I receive about my performance in any of my classes and tell my counselor about any changes in my financial aid status. Provide my grades for the prior semester	A F	Vork with my school to analyze my transcript and develop a plan for completing my degree or certificate after the first year of school, when I am going to transfer to another school, or when I am thinking about changing my major course of study. Discuss any changes with my counselor before I make them. Maintain proper care and repair of equipment and assistive technology devices. Return tools, equipment or initial stocks our chased for my Plan or employment if I no onger need them for those purposes.
	before my counselor can authorize funding for the next semester.)thou
	the next semester.	(Other
	Return funds to RS from selling textbooks at the end of the semester.	_	
		(Other
	Talk to my counselor before I drop or discontinue any classes.	_	
MY	PARTICIPATION IN DEVELOPMENT (OF TH	IS PLAN
this P	involved in making decisions about this Plan. I had lan. I also had choices about who will provide the seined to me and given to me. I understand that I will	ervices.	My rights and responsibilities have been
help of this dethan of	derstand that the assessment information resulting determine if I am eligible for vocational rehabilital letermination will be provided. I understand that the 60 days. Therefore, I agree to extend the timeframe feltion of this Plan.	tion ser ne provis	vices. Only the services needed to make ion of services in this Plan may take longer
Coun	selor Signature	Date	
My S	ignature or My Guardian's Signature	Date	

Departamento de Niños y Familias Servicios de Rehabilitación

Plan Individual para Experiencia de Trabajo de Prueba o Evaluación Extendida Para

PROPÓSITO DE ESTE PLAN	
El propósito de este plan es explorar mis habilidades y capacidades para e beneficiarme recibiendo servicios de rehabilitación vocacional en término sea la obtención de empleo.	-
Experiencia de Trabajo de Prueba En este plan, se evaluará mi capacidad de desempeño en un medio de integrado.	trabajo competitivo e
EVALUACIÓN EXTENDIDA Se escoge el método de evaluación extendida. Mi consejero y yo hem puedo aprovechar las experiencias de trabajo de prueba o que se han a de participación en dichas experiencias.	<u>=</u>
Plazo para llevar a cabo este plan:	
Para participar en este plan, tomaré los siguientes pasos: (La lista de pasos específicos de esta sección es optativa, según las necesidades de eva	luación de la persona).
SERVICIOS NECESARIOS (Proporcione sólo la descripción de los servicios necesarios para este plan. Tache las	secciones no utilizadas).
Código de Servicio: <i>365</i> Tipo de servicio: <i>Asesoramiento y orienta</i> Descripción: <i>Información y orientación para ayudarme a elegir alternatiplan.</i>	
Servicio suministrado por: Mi Consejero de Servicios de Rehabilitación	
Fechas de vigencia: de a Costo estimado:	
Fuentes de fondos: X RS Usuario Otro (especifique)	Ono (especifique)

=	Tipo de servicio:	
	: a Costo estimado	
(especifique)	S Usuario Otro (especifique)	Ouo
=	Tipo de servicio:	
	:	
Fechas de vigencia: de	a Costo estimado	o: Sin costo
	S Usuario Otro (especifique)	
(especifique)	S Osuario Ono (especinque)	
<u> </u>	Tipo de servicio:	
	·	
Fechas de vigencia: de	a Costo estimado	o: Sin costo
	S Usuario Otro (especifique)	
_	Tipo de servicio:	
Servicio suministrado por	·	
Fechas de vigencia: de	a Costo estimado	o: Sin costo
	S Usuario Otro (especifique)	
Los se	porciona sólo para propósitos de planificación ervicios se suministrarán en el medio más int si es necesario para enumerar todos los ser	tegrado posible.
_	servicios contribuirán a la evaluaci cios en términos de la obtención de	-
CRITERIOS DE EV	ALUACIÓN	
Descripción de cómo y cu	ándo será evaluado mi progreso:	

ACUERDO DE PARTICIPACIÓON PARA EL TRABAJO DE PRUEBA O LA EVALUACIÓON EXTENDIDA

Toda persona que reciba los servicios de VR goza de los siguientes derechos: Tengo derecho a:

Recibir servicios de VR sin ser objeto de discriminación por mi raza, color, religión, edad, incapacidad, país de origen, ascendencia o sexo. (Los servicios que RS puede proporcionar dependen de la disponibilidad de fondos estatales y federales y de la existencia de otros programas que puedan proporcionar los servicios que necesito).

Tomar decisiones bien fundamentadas acerca de los servicios que recibiré, quiénes los proporcionarán y cómo se obtendrán.

Participar activamente en el desarrollo de mi plan y en cualquier cambio que se haga al mismo antes de ponerse en vigor.

Esperar que la información que proporcione a mi consejero se mantenga confidencial, como se indica en el Manual de Servicios.

Firmar y recibir una copia por escrito de mi plan y de cualquier cambio hecho al mismo.

Participar en la evaluación de mi plan para tener la seguridad de que aún es el mejor plan para evaluar si cualifico.

Participar en evaluaciones para determinar el progreso que he logrado.

Recibir información en mi idioma materno o modo de comunicación natural.

Recibir servicios del Programa de Ayuda a Usuarios (CAP por sus siglas en inglés) si necesito más información o aclaraciones acerca de mi plan, si no estoy satisfecho con los servicios o si necesito información acerca de mis derechos de apelación (evaluación administrativa, arbitraje o audiencia imparcial). Puedo comunicarme con el CAP en el Centro de Derechos de Discapacitados (Disability Rights Center), llamando libre de cargos al 1-877-776-1541 ó 1-877-335-3725 (teléfonos de texto o teletipos).

Toda persona que reciba servicios de VR está sujeta a las siguientes responsabilidades: Tengo la responsabilidad de:

Llevar a cabo mi plan de la mejor forma posible.

Acudir a las citas y participar en las actividades acordadas. Comunicarme con mi consejero si necesito cambiar la fecha u hora de una cita.

Hablar con mi consejero **con anticipación** antes de interrumpir cualquiera de las actividades planificadas.

Obtener **autorización previa por escrito** de mi consejero antes de comprar cualquier bien o servicio que vaya a ser pagado con fondos de RS y suministrar los recibos correspondientes cuando se requiera.

Proporcionar información de mi situación económica según sea necesario, solicitar ayuda

económica u otros beneficios y ayudar a pagar el costo de los servicios recibidos de acuerdo con mis necesidades económicas. Usar fondos de mi familia, seguro, Seguro Social, Subsidios PELL, becas o cualquier otro fondo para el cual pueda cualificar para ayudar a pagar los servicios.

Seguir consejos médicos, planes de tratamiento y otras instrucciones de profesionales, así como cooperar con los proveedores de servicios que estén tratando de ayudarme con servicios o en la búsqueda de empleo.

Comur	nicarme con mi consejero:
	Si me mudo a otro domicilio.
	Si cambia mi número de teléfono.
	Si deseo cambiar cualquier aspecto de mi
	plan.

 Si hay un cambio en mi situación económica. Si hay un cambio en mi situación laboral, por ejemplo, si ya no estoy trabajando, si me despiden, si me ascienden o si cambio de empleo. 	Cuando encuentre trabajo, proporcionaré a mi consejero la información relacionada con el nombre de mi empleador, mi salario, la cantidad de horas de trabajo, el puesto y los beneficios.
Las responsabilidades que marque a continuación form	arán parte de mi Plan de Empleo Individual.
 Mantener un promedio académico mínimo de 2.0 o más si es necesario para entrar a un campo de estudio profesional. Cumplir 30 horas de créditos por año. Mantenerme matriculado a tiempo completo si asisto a un programa de capacitación vocacional o técnica. Proporcionar copias de todo aviso que reciba en relación con mi desempeño en cualquiera de las clases y notificar a mi consejero cualquier cambio en el estado de mi ayuda económica. Proporcionar mis calificaciones del semestre anterior para que mi consejero pueda autorizar los fondos para el siguiente semestre. Rembolsar a RS los fondos provenientes de la venta de libros de texto al final del semestre. Hablar con mi consejero antes de dejar o abandonar una clase. 	 Colaborar con la institución educativa para analizar mi expediente y desarrollar un plan para reunir los requisitos necesarios para el título o certificado después del primer año de estudios, cuando vaya a cambiarme a otra institución educativa o cuando esté pensando cambiar de especialidad en mis estudios. Hablar con mi consejero antes de realizar cualquier cambio. Mantener en buen estado y reparar el equipo y los dispositivos tecnológicos de asistencia. Devolver las herramientas, el equipo o los materiales adquiridos. Otro Otro
MI PARTICIPACIÓN EN EL DESARROLLO	O DE ESTE PLAN
Participé en la toma de decisiones relacionadas con este prelación con los pasos como con los servicios que son par quiénes proporcionarán los servicios. Se me han explicad Comprendo que recibiré una copia de mi plan. Comprendo que la información de evaluación que res para determinar si cualifico para los servicios de reha servicios necesarios para llegar a esta determinación. este plan puede tomar más de 60 días. Por lo tanto, estoy si cualifico al terminar este plan.	rte de este plan. También tuve alternativas en cuanto a o y asignado mis derechos y responsabilidades. ulte de mi participación en este plan se utilizará bilitación vocacional. Sólo se suministrarán los Comprendo que el suministro de servicios dentro de
Firma del consejero	Fecha
Mi firma o la de mi tutor	Fecha

Department for Children and Families Rehabilitation Services

KANSAS RESIDENCY VERIFICATION

Client Na	ame SSN
Date	
	certify that I continue to maintain my permanent Kansas residency at the ollowing address:
_	
I	 f requested, I agree that I will promptly provide verification. Verification may include: A copy of my driver's license. A copy of my state/federal income tax forms. A copy of my vehicle registration. Other documentation to be identified by my Counselor.
Client sią	gnature Date
Return t	his form to:
(insert C	Counselor name and address)

Department for Children and Families Rehabilitation Services

Low Vision Examination Report

Name		D.O.B	
Examiner		Date	
Primary Eye Care Practitio	oner		
History: Diagnosis:			
Present Optical & N	Non-optical aids:		
Patient Primary Co	oncern:		
Other:			
Acuity with present R _x (ch	art used?)		
	Distance	Near	Present Prescription
O.D.			
O.S.			
O.U.			
Acuity with new R _x (chart	used?)		
	Distance	Near	Present Prescription
O.D.			
O.S.			
O.U.			
Response to Magnification	and aids tried		
Comments:			
Field of Vision:			
Test Administered: (Please	e enclose copy)		

Field Explanation & Functional Implications:				
Miscellaneous Procedures (Keratometry, col	or vision, contrast sensitivity, amsler grid):			
Sun & Glare Reduction Lenses:				
Prescription (R_x , low vision aids, etc.):				
Recommendations (Individualized low visio illumination, etc.):	n aid instruction, i.e.; focal distance, working distance,			
Signature	Send Report to the following address:			
Date				

Department for Children and Families Rehabilitation Services

LOW VISION REFERRAL (to be completed by RS Staff)

Name:			Date:	
Address:			Case Manager:	
			Phone:	
Telep	hone: Send Report to the following	address:		
DOB	SSN			
Other	rs in household:			
Δ	Vicion History			
Α.	Vision History			
	Onset of vision loss:		or:	
	Cause of vision loss:		Exam:	
	Recent vision changes:		atment:	
			ery:cation:	
	Eye pain:			
			:	
	Family history of eye problems:			
В.	Medical History			
	General Health:			
	Medications:			
C.	Educational History (Vision problems in school?)			
D.	Vocational History (Occupation? Vision problems at v	vork?)		
Г				
E.	Low Vision Goals (If we can make some visual task(s)	easier, wha	it would it be?)	
	Signature		Date	

VR-3035 Rev. 2-86

MATERIALS RECEIVED / PROPERTY ASSIGNMENT – DISPOSITION

I. <u>RECEIV</u>	/ED:		P	urchase C	order:		
At:							
From :	Delivery Point						
	Vendor Addr			ess			
	T			-1			
Quantity		escription (Including B			G 1	Condition	Item
Received	List in	detail or attach typed d	etailed list.		Grade	of Goods	Price
	<u> </u>	T	he above h	nas heen ro	eceived i	n the condition	n noted
		11	ne doove n	ids occir i	eccived i	ii tiic conditie	m noted
Receipt Ack	knowledged	Signed:			RS Represe		
					KS Keprese	ntative	
Q1:				m: 1		/	
Clier	nt Signature	Date		Title		Da	ite
EQUIPM I am curre secure fro not used b Rehabilita Should the SHOULD	MENT: ently in possession of the damage, loss, or the property me in the vocation services. e counselor inform of FAIL TO COMP	TRAINING AND/O of the property listed or theft. I understand that onal goal stated on my r me that this property is PLY, APPROPRIATE MAIS PROPERTY AT M	this form and the tif my plan is the technologies of the technolog	nd agree to is changed of a plan, I may ed, I hereby MAY BE	maintain as or interrupt by be require agree to d	nd keep this proted, or if this proted to return it to	operty is
KANSAS	TO RECOVER IF	HIS PROPERTY AT M	IY EXPENS	E.			
			<u>Cl.</u>	at Ciamet		/	
			Citer	nt Signature		Dat	e
Voucher No	o. & Date:			Case	No		
	to property.)	ERTY: bed property reposs Reassignable	B. N		gnable		
			Sign	ature of Couns	selor	Dat	e

This form supercedes Form VR 3035 Revised 8-83.

7/93

MEDICAL EXAMINATION

Name		Date of Birth	
Address	Usual	Phone	
Education	Usual Occupation_	Date of last Employment	
Personal Physician	Address	Phone	
		s to help in achieving employment and	
	eded to identify any limitations of	functioning that might have vocation	al implications.
<u>History</u>			
Chief Complaints: 1.			
2			
<u> </u>			
		•	
<u>Past History</u>			
Medical			
Allergies			
		Severity:	
Family History: Positive Fam	iliar Diseases		
Review of Systems			
Abnormalities in vision or hear	ing·		
(heart m	ırmurs, arrhythmia) (chest pain, d	yspnea-occurs with exertion or rest)	
(CC) GI or GU abnormalities:	PPD, asthma, dyspnea) (oxygen-if u	used, number of hours per day)	
Musculoskeletal:			
Other adnormalities:			

PHYSICAL

(Check if normal; Describe deviations from normal at bottom of this section

Height	Weight	Blood Pres	sure
Eyes: Vision w/o glasses: R 20/_	L 20/	; with glasses: R 20/	sureL 20/ Thyroid
EarsNose	Throat	Neck	Thyroid
Heart			
Heart (heart murmurs, arrhyth	imias, cong failure)		
(COPD, asthma, dyspnea		Abdomon	
Breast Exam Musculoskeletal		Abdomen	
(grip, dexterity,	gait, ambulation, ROM) (is assistive device used?)	
(describe type of	f arthritis, deformity, para	alysis, or limitations)	
Peripheral Vascular System (skin			
(skin	ulcerations, pulses,	varicose veins)	
Skin		Genitalia	
Nouvelogie Even		(recta	I-pelvis)
Neurologic Exam (motor, Describe all abnormalities or dev	concomy oranial narros a	trophy or tramor and roflavor	9
Describe all abnormalities or des	oenoury, cramarnerves, a ziations from normal·	trophy of tremor, and reflexes	o)
Describe an abhormanties of dev	iations from normal.		
<u>SUMMARY</u>			
Diagnoses 1			
2			
3			
2			
3			dit th
(Specify	wnetner permanent or te	emporary, or likely to be impro	oved wit therapy)
RECOMMENDATIONS			
RECOMMENDATIONS			
Additional specialty exam			
Additional diagnostic procedures			
Restrictions			
			_
Physician		Date of	of Exam
			_
Address		Phone	
m1			
Please return the completed form	1 to:		

If more space is needed, please attach plain sheet to back of this form and sign below the information provided.

Kansas Department for Children and Families Rehabilitation Services

OUT-OF-STATE SERVICES COMPARATIVE ANALYSIS WORKSHEET

Client Name		SSN	
Vocational Objective			
 between in-state List the specific in services Analyze the expentite program to pro	and out-of-state service nstitution or program be rience of staff/expertise	the client relevant to the comparative analysts. Use additional sheets if necessary. eing considered for both in-state and out-out of faculty to provide the specific service, along the timeframe necessary to achieve the factors identified.	of-state
Specific rehabilitation needs	In-state Specify:	Out-of-state Specify:	
Choose one: Comparable services are Comparable services are pay additional costs. No	available in Kansas. Cli	. I recommend approval of RS funding. ient chooses out-of-state services and agree ded.	es to
Counselor's signature		Date	
Approval signature	Date	2	

REHABILITATION SERVICES PAYMENT-FOR-PERFORMANCE BILLING FORM

Revised 2/4/2005

To: _		RS Counselor	Re: KMIS Authorization #	¥
Client	Name:	Clie	nt Address:	
Client	City, S	tate & Zip:		
The ab	Client City, State & Zip:			
	Vocat Work	(component #3) (50%) [If component 4 ional Assessment Training with Placement Verification that the individualized, con Completed final written report. (compo Placement in permanent, paid, integra Successful closure due to permanent, (component #4) (40%)	nprehensive training plan is nent #2) (40%) ted employment (componen	completed. (#1) (10%) t #3) (10%)
Emplo	yer:	Job Title:	Supervisor:	
Addres	SS		City	State / Zip
Start D	Oate:	Hourly Wage: \$	Hours/week:	
Client'	s Signa	ture indicating agreement with service	es	Date
Make	Check	Payable to:		
			Tax/FEIN	
			Contractor's Amount bille	ed:

Instructions for completing form:

The Billing Form is to be completed entirely by the contractor. The RS Counselor name and authorization number should be available on the authorization form sent by the RS Counselor.

A new form should be used for each component and each service as this triggers the payment process to the contractor. The first day the client is placed in permanent, paid, integrated, competitive employment that is consistent with the vocational objective on the Individualize Plan for Employment (IPE) (Component #2), the contractor should complete the form and send it to the referring counselor. Please be sure that all blanks are completed and the client has signed the form in agreement.

At the completion of the successful case closure or contracted service, in agreement with the RS Counselor and client, the form should be completed again - a duplicate is acceptable, but must contain the correct and accurate information about the job placement, completed component, or completed service and include an original signature from the client, as well as the correct amount being billed.

For a vocational assessment, community job tryout, or community-based work assessment, the form is completed by the contractor and should be done at the end of the service. Partial payments are not acceptable. When completing a community job tryout or community-based work assessment, the additional log sheet needs to be sent to RS Central Office (Diane Allen). Diane will use this information to complete the payment authorization for the client, but the RS counselor must finalize approval for payment after Diane completes the information on the system. The RS counselor will receive notification that the amounts have been completed and they need to then approve payment.

Intensive Employment Support Services and Customer Support can be billed at regular intervals and do not need to wait until services have ended. Please attach additional documentation and reports if necessary.

REHABILITATION SERVICES Revised 12/16/2004 PAYMENT-FOR-PERFORMANCE REFERRAL ACCEPTANCE FORM

This form acknowledges receipt of:		
Referral Name:		
Address:		
City, State & Zip:		
RS Counselor:		
KMIS Authorization #:		
Requested Services: Community Based Work Assessment Community Job Tryout Customer Support Intensive Employment Support Services IPE Case Coordination (\$) IPE Research (30%)		Job Placement (20%) Purchasing Support (30%) Supported Employment services (20%) Vocational Assessment Work Training with Placement (10%)
Referral accepted (date): Date sche	duled to b	pegin services:
Contact name:		
Referral rejected (date): Reason for		rejection:
Make check payable to:		
	Тах	x/FEIN
Contractor's amount billed: \$		
Contractor's signature		<u></u> Date

INSTRUCTIONS FOR COMPLETING FORM

The Referral Acceptance Form has basic information completed by the referring RS counselor. The counselor is to complete the client information, KMIS authorization number and check the services being requested.

The contractor will review the information and decide if they are going to accept or reject the referral for services. If the referral is accepted, the contractor completes the date of acceptance in the first blank and then completes the anticipated date services are to begin.

The contractor will then write in the name of person expected to work directly with the client under "contact name" and that staff person's phone number.

If the contractor decides to reject or not-accept the referral for services, then they are to complete the date of rejection and also provide a brief narrative on the form explaining why.

If the services are accepted, the contractor will complete the bottom section of the form identifying the contractor information and charge for the first component.

Referrals for Vocational Assessment, Community Job Tryout, Community-based Work Assessment, Customer Support and Intensive Employment Support Services will be acknowledged by this form. Payment will not be made on those services until the billing form is completed and submitted.

State of Kansas Department for Children and Families

IS-4315 Rev. 05-04

Referral to Rehabilitation Services

<u>Consumer Information</u>	
Name:	
	2017
Phone: DOB:	SSN:
	Gender: KAECSES #:
Referral to RS	
EES Case Manager: Phone:	Date of Referral: Email:
Applicant for the following:	
TAF	
GA Food Stamps	
Medical	
Child Care	
SSI	
SSDI	
Recipient of the following:	
TAF	\$
GA	\$
Food Stamps	\$
Medical Child Care	
SSI	¢
SSDI	\$
Otates with EEO.	
Status with EES: Exempt	
Exempt Mandatory	
Vountary	
TAF Months used:	GA Months used:
Describe the least of the community	
psychiatric reports. (Such as: CAP2, Information, Medical Providers, Psyc Medical Providers, Psychology	incapacity/disability and attach copies of any available medical, psychological or CASAS, CDC/Vocational Assessment, SASSI, Self-Sufficiency Agreement, LD chological Evaluation, Initial Assessment Information, EES Screening Tool, Definitive
Describe the consumer's interest in w	vork or their feelings about work:
Consumer has been notified of the Re	eferral:
Case Manager Signature:	Date:

cc: case file

Kansas Department for Children and Families Rehabilitation Services

REPORT OF EYE EXAMINATION

Patien ⁻	t's Name						_ Sex
	(First)	(Middle)		(Last)			
Addres	ss						
	(Number and	street)(City)	(County)		(State)	(Zip)	
Date o	f Birth		Plac				
	(Month)	(Day)	(Year)	(Sta	te)		
I. His	story						
Α.	Age at onset of	blindness: Right	eye O.D	Lef	t eye O.S		
В.	Record ocular i	infections, injuries	s, operations, her	editary f	actors. If in	jury, indica	te circumstances. If
	hereditary, ind	icate if blood relat	ives have same c	ondition	•		
II.	Diagnosis (es)						
	A. Primary eye	e condition:			O.D		
	Record con	dition responsible	e for visual impai	rment.			
	B. Secondary	ocular condition, i	if any.		O.D		
					O.S		
	C. Etiology of	primary eye cond	ition, e.g., diseas	e,	O.D		
	injury, here	editary or other pr	enatal influence.		O.S		
III.	Describe Exter	nal Appearance of	the Eves – Pupil	ls. Reacti	ons and Fur	ıdi:	
	O.S						
IV.	Intra-ocular Pr	ressure					
	If tension is no	t measured with S	chiotz tonomete	r, specify	instrument	used.	
	Tension in mm	O.D	O.S	S	Gn	n. Wgt	

Page 1 of 2

V.	Vision	Measurements	٦.
٧.	VISIOII	Measurement	э.

A. Central Visual Acuity:

	WITHOUT CORRECTION		WITH BEST CORRECTION		CORRECTION NEEDED	
	distance	near	distance	near	(If glasses prescribed)	
O.D.						
O.S.						

B.	Field of vision: If field limitation is indicated, test of field vision should be made and test results
	attached.

	Prognosis and Recommendations: A. Patient's vision is considered:	stable _	deterior	rating
	capable of improvement		_ uncertain	
F	3. Is this person legally blind?	Yes	No	
(C. Treatment recommended:			
Ι	D. Re-examination advised?	Yes	No	If yes, date
F	E. Other recommendation:			
end Re	port to the following address:			

Date of Examination _____ Signature of Examiner _____

Page 2 of 2

State of Kansas Department for Children and Families Administration Services FA-3510 Rev. 2-91

REQUEST FOR PRICES THIS IS NOT AN ORDER **SUBMIT BID TO:** STATE OF KANSAS All inquires should include the following: Requisition No.: _______ DEPARTMENT FOR CHILDREN AND FAMILIES Reply By:___ Delivery: F.O.B. Destination Terms: Net 30 Days Days Required for Delivery after receipt of Space Below is for Vendor's Name and Address: order: All offered discounts will be considered in determining bid and taken if payment is made within sixty (60) days. For Additional Information, Call: Discount periods begin on date of delivery and Telephone: acceptance or receipt of proper invoice by the receiving agency, whichever is later. Ship to: (name & address of agency) If given an order, bidder agrees to furnish the items enumerated hereon at the price(s) and under the conditions indicated. Quantity & Items & Specifications Unit Price **Total Price** Unit TOTAL THIS QUOTATION: It is hereby agreed that the bidder will, if required by law, comply with the Kansas Act against discrimination, K.S.A. 44-1030 et seq. PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

Telephone:

GENERAL CONDITIONS

- ACCEPTANCE OR REJECTION AND AWARD OF BIDS: The State of Kansas, Department for Children and Families, Purchasing, hereinafter referred to as DCF, reserves the right to accept or reject any or all bids or parts of bids, to waive any informality or technicality in bids, and unless, otherwise specified, to accept item in bid. In case of error in extension of prices or other errors in calculation, the unit price shall govern. Award will be made to the lowest responsible bidder complying with conditions and specifications of the invitation to bid.
- <u>F.O.B. POINT</u>: Unless otherwise specified, all bids will be F.O.B. destination.
 This term shall mean delivered to a state agency's receiving dock or other designated point as specified in the request for bids.
- TAX: Bid prices should not include federal excise tax, state sales tax, or transportation tax.
- DEFAULT: Any vendor who defaults on delivery as defined in the proposal form may, at discretion of DCF, be barred from bidding for a period to be determined by DCF.
- NEW MATERIALS, SUPPLIES OR EQUIPMENT: Unless otherwise specified, all materials, supplies, or equipment offered by a bidder shall be new, unused, or of recent manufacture, first class in every respect, and suitable for their intended purpose: also, all equipment shall be assembled and fully serviced, ready for operation when delivered.

- 6. <u>INSPECTION</u>: DCF reserves the right to reject, upon arrival at destination, any items which do not conform with specifications under which they were purchased. Sampling and inspection may be made on items at source of supply, suppliers may ask for an inspection of goods at point of manufacture; however, such inspection will be made for convenience of the supplier, and DCF reserves a right for final acceptance or rejection at point of delivery.
- PATENTS: The seller shall protect DCF from any and all damage or liability arising from alleged infringements of patents.
- COMPLIANCE WITH KANSAS ACT AGAINST DISCRIMINATION: All bidders must agree and covenant as a condition of contract that they will comply, if required by law, with provisions of K.S.A. 44-1030, et seq., and will observe provisions of the Kansas Act against discrimination.
- LIABILITY: All bidders should be aware that neither the State of Kansas nor any agency thereof shall hold harmless or indemnify any contractor for any liability whatsoever.
- 10. <u>Public Records</u>: A complete public record file of each bid transaction is maintained for at least five (5) years by DCF. After a bid is awarded and filed, the file is available for review by interested parties during regular business hours.

INSTRUCTIONS TO BIDDERS

- PROPOSAL FORMS OR REQUEST FOR QUOTATION: Bids should be submitted only on forms provided by DCF. These forms will be supplied in duplicate, one of which is for the bidder's file. The bid must be received in the DCF purchasing office not later than the date and time scheduled for closing of bids.
- 2. <u>EQUIVALENT BIDS</u>: When brand names or trade names and model numbers followed by the words "or equivalent" or "or approved equal" are used in the bid invitation, it is for the purpose of item identification and to establish standards for quality, style, and features. Bids on equivalent items of substantially the same quality, style, and features are invited. However, to receive consideration, such equivalent bids must be accompanied by sufficient descriptive literature and/or specifications to clearly identify the units and provide for competitive evaluation.
- ACCEPTANCE OF BIDS: Bids are invited on the basis that acceptance of the
 offer to furnish articles as described in the invitation shall constitute a contract
 between the bidder and DCF which will bind bidder to furnish and deliver articles
 for which the offer is accepted. If specifications and contents of the proposal
 cannot be complied with, a bidder may elect not to bid.
- SAMPLES: Samples of items, when required, must be furnished at no expense to DCF, and, if not destroyed in the evaluation or testing process, will be returned at bidder's expense, if requested.
- 5. <u>UNIT PRICES</u>: Prices must be stated in units of quantify specified.
- <u>DISCOUNTS</u>: All offered discounts will be considered in determining the low bid and taken if payment is made within sixty (60) days. Discount periods begin on the date of delivery and acceptance or receipt of proper invoice by the receiving agency, whichever is later.
- PREPARATION OF BID: Each bid must be legible and properly signed. Prices
 are to be entered in spaces provided on the bid forms. Mathematical extensions
 and totals shall be indicated where required. In cases of errors in extensions or
 totals, the unit price will govern.
- 8. <u>SIGNATURE OF BIDS</u>: Each bid must give the complete mailing address of bidder and be signed by him with his legal signature. Bids by partnerships must be signed by one of the members of the partnership or by an authorized representative. Bids by corporations must be signed in the name of the corporation followed by signature and title of the president, secretary, or other person authorized to bind it in the matter. The names of all persons signing should be typed or printed below the signature.
- MARKING AND MAILING BIDS: Bids must be securely sealed in envelopes provided or other suitable envelopes addressed and marked on the outside as required by the invitation, Including name and address of bidder,

- quotation number, and closing date. Telegraphic or telephone bids are not acceptable unless specifically provided for in the invitation to bid.

 10. TIME FOR RECEIVING BIDS: All bidding will close promptly at 2:00 PM central standard or daylight savings time, whichever is in effect at Topeka, Kansas, or other designated bid opening site on the date specified in the invitation to bid. Formal bids received prior to time of closing will be securely kept, unopened until closing time. DCF will accept no responsibility for prematurely opening a bid not properly identified on the outside of the envelope as requested.
- MODIFICATION OF BIDS: Telegraphic or written modifications of bids already submitted will be accepted by DCF if received prior to the date and hour scheduled for closing of bids.
- WITHDRAWAL OF BIDS: A bid may be withdrawn on written, telegraphic, or
 personal request received from a properly identified bidder prior to the date and
 hour scheduled for closing of bids.
- 13. <u>BIDDERS PRESENT</u>: At the date and hour scheduled for closing, bid prices will be made public for information of interested bidders who may be present either in person or by representative. Such information is not to be construed as meaning low bidder has met all specifications as set out in invitation to bid.
- 14. <u>CAUSE FOR BID REJECTION</u>: Any bid may be rejected for justifiable reason, including but not limited to the following:
 - A. Failure of bidder to sign bid form
 - B. Irregularities of any kind
 - C. Alteration of bid formD. Obvious errors on part
 - D. Obvious errors on part of the bidder
 - E. Failure to furnish requested pricing or other information
 - F. Submission of a late bid
 - G. Offering of alternates not called for in the invitation to bid
 - H. Failure to comply with F.O.B. requirements
- NOTICE OF AWARD: Depending upon the type of purchase transaction, DCF issues either a purchase order or a contract to successful bidders.
- CHANGES: Changes in any request for quotation, purchase order, or contract may be made only upon written approval from DCF.
- INVOICES AND PAYMENTS: After furnishing acceptable goods or services, vendors may obtain payment by presenting invoices to DCF.

THIS BID MAY BE REMOVED FROM FILE FIVE (5) YEARS AFTER BID CLOSING DATE.

Kansas Department for Children and Families Rehabilitation Services

STATE AUDIOLOGICAL CONSULTATION REPORT OF CONTACT

Counselor Name:	Date:
Counselor Address:	
Counselor Phone: ()	
Client Name:	Age:
Hearing Aid History: Age began wearing a hearing aid: Make, model and age of current aid:	
Source of referral to VR:	
Vocational objective:	
What does the client need to be able to hear on the job incluenvironment:	
Questions for the Consultant:	
Consultant Response and Recommendations:	
Audiological Consultant signature Date	

Counselor Reminder: Consultant

Attach the following for consultant: Section Ib Hearing Exam and Section Ia if applicable ENT/Audiology/Physician Reports Stamped Self-Addressed Envelope

Reminder:

Submit a copy of the <u>signed</u> Report of Contact of Kansas Rehabilitation Services Central Office.

Local office letterhead

Please complete this questionnaire and return it to this office.

Your Name:	Social Security #:
Home Phone:	
Current Address:	
Employment Information Employer's and/or Company Name:	
Employer's Complete Address:	
Your Job Title/Position:	
Supervisor's Name:	
Hourly Wage: \$ Ho	ours Worked Per Week (average):
Medical Insurance on Job? Yes No	
Eligible for Vacation and Sick Leave? Yes	No
Health or Disability Insurance on Job? Ye	s No
Job Duties:	
Date You Began Working:	
Are you doing well performing the duties of	your job? Yes No
Are you satisfied with your employment?	Yes No
Do you need additional services to maintain you	rr job?YesNo
Please Explain:	
Yo	ır Signature:
Da	te:

Thank you

Counselor's Name

STATUS 26 CLOSURE DOCUMENTATION

Client:	
Employment Start Date:	
26 Date:	
Position:	
Company:	
Wage:	
Comparable benefits provided (Yes or No)	
Describe comparable benefits provided if yes:	
Additional services needed (Yes or No)	
Stability on the job achieved (Yes or No)	
Post-employment discussed (Yes or No)	
List substantial services provided:	
Describe how VR services contributed substantially to this emp	ployment outcome:
Describe how the employment outcome is consistent with the inconcerns, abilities, capabilities, interests and informed choice:	ndividual's strengths, resources, priorities,
Describe the direct contact made between the counselor and cli	ent to discuss whether closure is appropriate:
The counselor and the client consider the employment outcome	to be satisfactory. Describe the client's views:
The counselor and the client agree that the client is performing	well on the job. Describe the client's views:

Supported employment only: Describe how the client's performance meets the criteria for job stabilization defined in the IPE, opportunities for integration on the job, and how the community service system has assumed responsibility for adequate extended support services.

Closure letter checklist (place an X in the appropriate choice):
Titled IPE Amendment
States services provided
States start date of job
States specific employment outcome & place of employment
States client views
Lists appeal rights including CAP
Counselor signature/date
Supervisory signature/date

Summary of Telephone Quotations

2-89 GS-3508

QTY	Unit	Description	Quotation No.	
			Bid Request Date:	
			Bid Closing Date:	
			Date Needed:	
Rida	lor	Maka &	Unit Price	Estimated

Bidder		Make & Model/Service	Unit Price (For Destination Only)	Estimated Delivery Time
Company:				
FEIN:				
Quoted By:	Date:			
Phone:	Time:			
Company:				
FEIN:				
Quoted By:	Date:			
Phone:	Time:			
Company:				
FEIN:				
Quoted By:	Date:			
Phone:	Time:			

This bid may be removed from file five (5) years after bid closing date. Supersedes FA-3508 6-83, which supplies are exhausted.

Kansas Department hqt 'Ej krf tgp'cpf 'Hco krkgu'''''	""""Elient Name
	Primary Disability
	Client Receives:SSISSDIBoth
	VR Counselor Name
	Caseload Number
TICKET-TO-WORK A	ASSIGNMENT CHECKLIST
Please complete this checklist and send it with Ti Ticket-To-Work Coordinator Rehabilitation Services Central Office 915 SW Harrison, Floor 9N Topeka, KS 66612	cket Assignment Form (SSA-1365) to:
Section A: To be completed by the VR Counse	lor
1. Call Maximus (1-866-968-7842 or 1-8 available for assignment.	366-833-2967 TTY) to verify that this Ticket is by
	by Maximus staff person ployer Identification Number). It is 48-6029925.
2. Attach a copy of the original IPE, signal (It is not necessary to send IPE amendment)	ed by both the VR counselor and the client.*
· · · · · · · · · · · · · · · · · · ·	et Assignment Form (SSA-1365), signed by both the stion # 7 blank. (File a copy of the SSA-1365 with the
4. Estimate the cost for the life of the case Project the Earnings: hours per to help Central Office finalize the payment	er week at \$ per hour. (This will be used
*The signature date on Form SSA-1365 must be	e the same or later than the signature date on the IPE.
Section B: To be completed by Central Office	
1. Complete question #7.	
2. Fax Ticket assignment to Maximus; in	clude IPE.
3. Confirmation of Ticket assignment rec	
4. Notified the VR counselor of confirma	date ation status.
5. Client added to Ticket data base.	

Form Approved OMB No. 0960-0641

STATE AGENCY TICKET ASSIGNMENT FORM TICKET TO WORK AND SELF-SUFFICIENCY PROGRAM

Instructions - This form must be completed to record that a beneficiary who is a ticket holder has decided to assign the ticket to a State Vocational Rehabilitation (VR) Agency. The form must be completed by both the State VR agency representative and the ticket holder or, as appropriate, the ticket holder's representative. The State VR agency will submit this form in lieu of submitting the Individualized Plan for Employment. The ticket holder or his/her representative, as appropriate must sign this form to confirm the decision to assign the ticket to the State VR agency. The State VR agency will either send or fax the completed and signed form to:

Mail - MAXIMUS Ticket to Work Fax - 703-683-3289
ATTN: Ticket Assignment
P.O. Box 25105

A. To be Completed by State VR Agency (after verifying the beneficiary has a ticket which may be assigned o the State VR agency)

Alexandria, VA 22313

which may be assigned o the State VR agen	cy)
Enter the State VR Agency's name	nter the State VR Agency's Employer Identification Number (EIN)
2. Ticket Holder's Name (Last, First, Middle Initial) 3	Ticket Holder Number (This is the Social Security Number on the ticket with the TW suffix.) TW
4. (a) What vocational objective or employment outcome is out	tlined in the ticket holder's Individualized Plan for Employment?
(b) What is the expected type of job? (Check one EEOC cla	ssification below):
Executive/Managerial Sk	lled Craft Laborer
☐ Professional ☐ Se	cretarial/Office/Clerical
☐ Sales ☐ Sel	vice Worker
Technical/Paraprofessional Op	perative
5. (a) Date the Individualized Plan for Employment was signed by ticket holder or his/her representative (month, day, year)	Date the Individualized Plan for Employment was signed by the State VR agency counselor (month, day, year)
6. In the Individualized Plan for Employment, date established	for meeting the vocational objective chosen (month, year)
7. What SSA Payment system is the State VR agency selecting	g with respect to this ticket holder?
(Place an X in the appropriate box.)	
(Place an X in the appropriate box.) Cost Reimbursement Payment System	`
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Cost Reimbursement Payment System State VR agency's employment network payment syster (If this option is selected, submit Form SSA-1366, "State or equivalent information with this SSA-1365) B. To be completed by the ticket holder or ticket Check the appropriate box and sign your name in the space pro I am the ticket holder to whom the information on this form I am the representative of the ticket holder to whom the in understand that once my ticket is assigned to the State VF I acknowledge that the information contained on this form agree to assign my ticket to the State VR agency shown about	n of record e Vocational Rehabilitation Ticket to Work Information Sheet" et holder's representative vided below. Information on this form applies and am acting on his/her behalf. It agency, I have the right to retrieve my ticket for any reason. The relating to the ticket holder is correct, and that I do willingly ove. tation which I know is false concerning the requirements of
Cost Reimbursement Payment System State VR agency's employment network payment syster (If this option is selected, submit Form SSA-1366, "State or equivalent information with this SSA-1365) B. To be completed by the ticket holder or ticket Check the appropriate box and sign your name in the space pro I am the ticket holder to whom the information on this form I am the representative of the ticket holder to whom the in I understand that once my ticket is assigned to the State VF I acknowledge that the information contained on this form agree to assign my ticket to the State VR agency shown about understand that if I make, or cause to be made, a representation of the state VR agency shown about understand that if I make, or cause to be made, a representation of the state VR agency shown about the state VR agency shown as the state VR agency shown	n of record e Vocational Rehabilitation Ticket to Work Information Sheet" et holder's representative vided below. Information on this form applies and am acting on his/her behalf. It agency, I have the right to retrieve my ticket for any reason. The relating to the ticket holder is correct, and that I do willingly ove. tation which I know is false concerning the requirements of

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Collection and Use of Information from Your Ticket Assignment Form Privacy Act Statement

The Social Security Administration is authorized to collect the information on this form under Public Law 106-170 and section 1148 of the Social Security Act. While furnishing the information on this form is voluntary, failure to provide all or part of the information on this form to the Social Security Administration will prevent assignment of your Ticket to Work to the provider of services chosen by you. The information provided on this form will allow the Social Security Administration to monitor the progress of a participant in the Ticket to Work and Self-Sufficiency Program.

Although the information you furnish on this form is almost never used for any other purposes than stated in the foregoing, there is a possibility that for the administration of the Social Security programs or for the administration of programs requiring coordination with the Social Security Administration, information may be disclosed to another person or to another government agency as follows: (1) to another Federal, State, or local government agency for determining eligibility for a government benefit or program; (2) to a Congressional office requesting information on behalf of the program participant; (3) to a third party for the performance of research and statistical activities; and (4) to the Department of Justice for use in representing the Federal Government.

The information you provide may also be used without your consent in automated matching programs. These matching program are computer comparisons of Social Security Administration records with records kept by other Federal agencies or State and local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

We may also use this information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Notice

We are required by law to notify you that this information collection is in accordance with the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid Office of Management and Budget control number. We estimate that it will take you about 3 minutes to complete this form. This includes the time it takes to read the instructions, gather the necessary facts, and answer the questions.

Transition Notification Referral for Vocational Rehabilitation Services

From:	School Address	
	Phone	
	Responsible Local	
	Education Authority Staff	
To:	Local Rehabilitation Office	
	Address	
	Phone	
	ATTN: (Counselor Name)	
Student:	Name	
	Address	
	Phone	
	Social Security Number	
	Birth Date	
	Expected Date to complete	
	or exit school	
Notificati	on Accompanied by:	
		Signed release of information
		• Current IEP
		Current Three year evaluation
		• Psychological testing information as recent as age 16 if available.
	CONSENT FOR	R REFERRAL/RELEASE OF INFORMATION
Below is t Rehabilita vocationa	the signature authorization for ation Services. I hereby consent rehabilitation planning.	to be referred for Vocational to the release of the information to be sent to Rehabilitation Services for
Signature	e of Student	DateDate
* If signed	d by parent/legal guardian, plea	ase provide address and phone number if different than the student's.
Address:		
Reasonab	ole accommodations needed:	

Kansas Department for Children and Families Rehabilitation Services

Vehicle Inspection Report

	·				
	ress:				
1010	ephone #:				
	icle Information				
Mak	xe:				
Y ea	r:	N	Mileage Reading:		
V 11 V	[:				
	Items	Inspected	Needs Attention	Needs Immediate Attention	Estimated Cost
1.	Tire Wear/Condition Front				
2.	Tire Wear/Condition Back				
3.	Drive Axle Joint Boots				
4.	Steering Linkage				
5.	Wheel Bearings				
6.	Condition of Struts & Shocks				
7.	Condition of Front Brakes				
8.	Condition of Rear Brakes				
9.	Brake, Hydraulic system				
10.	(fluid, visual check) Emergency Brake Adjustment				
11.	Wheel Alignment				
12.	Clutch System (fluid, visual check)	H			
13.	Condition of Muffler/Exhaust Pipes				
14.	Engine Oil (condition, fluid, leaks)		H		
15.	Transmission Fluid	H	H	H	
	Condition of Drive Belts	H	H		
17.	Condition of Radiator/Coolant	H	H		
18.	Condition of Radiator & Heater Hoses	H	H	ä	
19.	Condition of Battery/Cables	Ħ	Ħ	\Box	
20.	Condition of Spark Plugs/Wires	Ē	Ī	Ī	
21.	Condition of Air Filters	$\overline{\sqcap}$	$\overline{\Box}$		
22.	Condition of Wiper Blades/Coolant				
23.	Head Light Operation				
24.	Stop, Tail, Turn Signal Lights				
25.	Heater/AC Operation				
26.	Engine Compression Check				
27.	Condition of Windows/Glass				
28.	Condition of Accessories (cruise, locks etc.)				
29.	Other				
					Page 366 of 692
Sign	nature:		Date:		

Kansas Department for Children and Families Rehabilitation Services

Vehicle purchase agreement

Make/Model/Year: Vehicle ID#:	
Purchase Date:	
urchase i fice.	
I understand that this vehicle is being purchased for complete my rehabilitation plan and become emplo receiving this vehicle, I agree to cooperate fully with ob.	yed. Therefore, as a condition of
I agree that while my rehabilitation case is active, I without prior written approval of the counselor. If I rehabilitation plan I agree to sell this vehicle for fair proceeds of that sale to Rehabilitation Services.	I fail to successfully complete my
The vehicle will be titled in my name only. I have re there are no liens against it.	esearched the title for this car and
I understand that Rehabilitation Services does not a the vehicle. I will be responsible for all follow-up mosts that are not specifically listed in my plan for ex	naintenance, repairs and insurance
Client signature	Date
Witness signature Date	

Form W-9
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

2	Name (as shown on your income tax return)				
on page	Business name, if different from above				
Print or type Specific Instructions o	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=p ☐ Other (see instructions) ▶	artnership) ▶		Exempt payee	
Print ic Insti	Address (number, street, and apt. or suite no.)	Requester's	s name and a	ddress (optional)	
Specifi	City, state, and ZIP code				
See	List account number(s) here (optional)				
Pai	rt I Taxpayer Identification Number (TIN)				
back	r your TIN in the appropriate box. The TIN provided must match the name given on Line 1 cup withholding. For individuals, this is your social security number (SSN). However, for a re	esident	Social secur	rity number	
	, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other enti- employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> of			or	,
	e. If the account is in more than one name, see the chart on page 4 for guidelines on whos ber to enter.	e	Employer id	entification number	
Par	rt II Certification				_
Unde	er penalties of perjury, I certify that:				
1. T	The number shown on this form is my correct taxpayer identification number (or I am waitir	ig for a num	ber to be iss	sued to me), and	
F	am not subject to backup withholding because: (a) I am exempt from backup withholding, Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to repositified me that I am no longer subject to backup withholding, and				
3. I	am a U.S. citizen or other U.S. person (defined below).				
	ification instructions. You must cross out item 2 above if you have been notified by the II nolding because you have failed to report all interest and dividends on your tax return. For				

For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must

Here ∪.s. person ► General Instructions

Signature of

Sign

Section references are to the Internal Revenue Code unless otherwise noted.

provide your correct TIN. See the instructions on page 4.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or

Date ▶

 A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,

Form W-9 (Rev. 10-2007) Page **2**

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
- 3. The IRS tells the requester that you furnished an incorrect TIN,

- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Form W-9 (Rev. 10-2007) Page **3**

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

- 1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
- 2. The United States or any of its agencies or instrumentalities,
- 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
- 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
- 5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

- 6. A corporation,
- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 - 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
 - 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7

See Form 1099-MISC, Miscellaneous Income, and its instructions.

However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

Form W-9 (Rev. 10-2007)

- **3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- **4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

	For this type of account:	Give name and SSN of:
	Individual Two or more individuals (joint account)	The individual The actual owner of the account or, if combined funds, the first individual on the account '
3.	Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4.	a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
	b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5.	Sole proprietorship or disregarded entity owned by an individual	The owner ³
	For this type of account:	Give name and EIN of:
6.	Disregarded entity not owned by an individual	The owner
7.	A valid trust, estate, or pension trust	Legal entity ⁴
8.	Corporate or LLC electing corporate status on Form 8832	The corporation
9.	Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10.	Partnership or multi-member LLC	The partnership
11.	A broker or registered nominee	The broker or nominee
12.	Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or	The public entity

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.consumer.gov/idtheft* or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

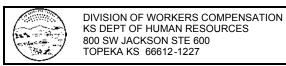
Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.



K-WC 1101-A (Rev. 1-02)

EMPLOYER'S REPORT OF ACCIDENT

or	ubmit riginal ort only	OSHA Case or File Number There is a \$250 penalty for repeated failure to file Accident Reports within 28 days of the employer's receipt of knowledge of the accident.	DO NOT WRITE IN THIS SPACE
		READ INSTRUCTIONS BEFORE FILLING IT OUT.	
1.	Federal En	ployers Identification Number	
2.	Name of E	mployer Telephone # ()	
3.	Mailing Add	Iress	AGE
4.	Location, if	different from mailing address Street City State Zip Code	
5.	Nature of B	usiness S.I.C Code Dept. or Division	OD
6.	Name of E	mployee Age Sex	Y N
7.	Home Addr	ESS	
8.	Soc. Sec. #	Birth Date Emp's Occupation Home Ph. # ()	CAUSE
9.	Date of inju	rry or Occupational Disease Time of injury A.M./P.M.	NATURE
		ility Began Gross Average Weekly Wage \$	
10.	Place of Ad	cident or last exposure	SEVERITY
11.	Was accide	ent or last exposure on employer's premises?	
12.	How did ac	cident occur?	O – NO TIME LOST
13.	What was e	employee doing when injured?	1 – TIME LOST
14.	Name subs	tance or object that directly caused injury	2 - MEDICAL
15.	Describe in	detail nature and extent of injury, indicate part of body involved	3 - FATAL
16.		r admitted to hospital? YES NO Date Treated by emergency room only? YES NO NO Ime & address	SOURCE
17.	Name and	address of attending physician or clinic	
18.	Has employ	vee returned to regular duty?	MEMBER
19.	Is compens	ation now being paid? YES NO Date first/initial payment	
20.	Weekly cor	npensation rate \$ Is further medical aid needed? \[\subseteq YES \] NO \[\subseteq UNKNOWN	
21.	Did employ	ee die? YES NO If so, give date of death (File amended report within 28 days if death subsequently occurs.)	DO NOT WRITE IN THIS SPACE
22.	Name and	address of dependents (death cases only)	
23.		Carrier and Third Party Administrator	
		Street City State Zip Phone Description	
		ber Name of Claim Representative	
24.		port Completed by Title	
	Questions	or comments can be directed to the Kansas Division of Workers Compensation. Topeka. KS Phone: 1 800 332 0353	

Topeka CDC Only

PROCEDURES FOR WORKERS COMPENSATION CLAIM FOR CLIENT

- 1) If immediate aid is necessary go to the emergency room at St. Francis hospital located at 631 SW Horne (corner of 6th and Horne).
- 2) E-mail the Worker's Compensation staff person, Cindy King, cik@dcf.ks.gov her of the accident/injurform (Worker's Compensation KWC-1101) for all injuries/accidents including those that do not require outside medical attention. It is very important to fax this information within 24 hours of the accident as it needs to be reported to the insurance carrier within a very short time line. See Section 8 / Part 50 for the form.
- 3) Mail or e-mail an incident report. There is no form available for this report. Just outline the incident with who, what, when, where and the circumstances surrounding the incident.
- 4) If medication is needed immediately and there is no other means of payment Walgreen's Pharmacy has a billing agent that allows us to purchase the necessary medication immediately. Ask for an Apollo reimbursement form.
- 5) Mail all original correspondence, charges, including prescription medications, etc. to Central Office Attention:

Cindy King 915 SW Harrison 9N Topeka, KS 66612 785-368-7295

Maintain copies of all materials in the client case file.

The insurance carrier is: Continental Western Insurance (Berkley Risk Administration)

1500 Barkley Suite 224 Overland Park, KS 66212 866-784-5768

PROCEDURES FOR WORKERS COMPENSATION CLAIM FOR CLIENT

- 1) If immediate aid is necessary go to the emergency room of your local hospital/clinic. However, if time allows see client's primary care physician.
- 2) E-mail the Worker's Compensation staff person, Cindy King, cik@srs.ks.gov to inform her of the accident/injury. Print and fill out the Employer's Report of Accident form (Worker's Compensation KWC-1101) for all injuries/accidents including those that do not require outside medical attention. It is very important to fax this information within 24 hours of the accident as it needs to be reported to the insurance carrier within a very short time line. See Section 8 / Part 50 for the form.
- 3) Mail or e-mail an incident report. There is no form available for this report. Just outline the incident with who, what, when, where and the circumstances surrounding the incident.
- 4) If medication is needed immediately and there is no other means of payment Walgreen's Pharmacy has a billing agent that allows us to purchase the necessary medication immediately. Ask for an Apollo reimbursement form.
- 5) Mail all original correspondence, charges, including prescription medications, etc. to Central Office Attention:

Cindy King 915 SW Harrison 9N Topeka, KS 66612 785-368-7295

Maintain copies of all materials in client case file.

The insurance carrier is: Continental Western Insurance (Berkley Risk Administration)

1500 Barkley Suite 224 Overland Park, KS 66212 866-784-5768

STEP 4 — CHILD INFORMATION

To be completed by the client and/or RS.

Note: When more than one child in the family will be covered by child care services, it is necessary to provide information on only one of those children.

Child's Last Name		First Name	First Name	
Date of Birth	Gender	Social Security Number	Alasl	neck 1 or more) kan or American Native k or African American
Hispanic? Relationship of Yes No		of child to client		
TEP 5 — VISIO o be completed	N CARD I by the client an	nd/or RS.		
oes the RS client	already have a Visi	ion Card? Yes No		
		t the office or through the Office Mail	nail.	
TED <i>e</i> AliTU	ORIZED FUNDS	~		
o be completed	l by RS.	•		
o be completed	l by RS.			
o be completed unds authorized	l by RS.	Septem	ber	October
To be completed funds authorized for the second sec	for child care:	Septem		October February
o be completed tunds authorized to July November	for child care: August	Septem		
o be completed ands authorized and authorized authorized and authorized and authorized authorized authorized and authorized author	for child care: August Decemb April Y ON KMIS, VER	Septem January	y	February
o be completed funds authorized funds au	for child care: August Decemb April Y ON KMIS, VERI by RS.	Septem January May	y	February
o be completed unds authorized in the complete of the complete	August Decemb April Y ON KMIS, VERI by RS.	Septem January May RIFICATION AND REF	ERRAL	February
July November TEP 7 — ENTR to be completed	for child care: August Decemb April Y ON KMIS, VER I by RS. itial and date each Child care so Client's SSN	Septem January May RIFICATION AND REFI step when it is completed. creens on KMIS completed on this form matches KMI	ERRAL S records.	February
July November TTEP 7 — ENTR To be completed	August Decemb April Y ON KMIS, VER I by RS. itial and date each Child care so Client's SSN Primary lang	Septem January May RIFICATION AND REFI step when it is completed. creens on KMIS completed on this form matches KMI guage code inserted on pag	S records.	February
July November March STEP 7 — ENTR To be completed	August Decemb April Y ON KMIS, VER I by RS. itial and date each Child care so Client's SSN Primary lang	Septem January May RIFICATION AND REFI step when it is completed. creens on KMIS completed on this form matches KMI	S records.	February

Notificación de Transición Remisión para Servicios de Rehabilitación Vocacional

De:	Escuela	
	Personal responsable	de la Administración de Educación Local
A:	Oficina de Rehabilitaci	ón Local
	Dirección	
	Teléfono	
		sejero)
Estudia	ante:Nombre	
		cial
	Fecha de nacimiento _	
	Fecha en que espera t	erminar o egresar de la escuela
Notifica	ación tiene adjuntos:	 Autorización firmada para divulgar información Plan de educación individualizado (IEP) actual Evaluación actual de tres años
		 Información de las pruebas psicológicas realizadas tan
		recientemente como a la edad de 16 años, si la tiene disponible.
	CONSENTIMIE	ENTO PARA REMISIÓN/DIVULGACIÓN DE INFORMACIÓN
A conti Rehabi de Reh	nuación se encuentra la fir ilitación Vocacional. Por la labilitación para la planifica	ma para autorizar la remisión de a Servicios de presente autorizo la divulgación de la información a ser enviada a Servicios ción de rehabilitación vocacional.
Firma	del estudiante	Fecha
* Si lo t estudia	rider padre/rutor legal (si co firma el padre/tutor legal, fa inte.	Fecha
Direcci	ón:	
Teléfor	no:	
Acomo	daciones razonables neces	sarias:

Kansas Department for Children and Families Rehabilitation Services

Request for Exception

Date:	
Couns	elor's name:
	name:
SSN <u>:</u> _	
Client	's current status:
Type	of Request:
	Exception to counselor's spending authority (cost cap) (Manual Section 3/Part 8)
	Service code:
	Service description:
	Counselor's spending authority:
	Amount requested above the counselor's spending authority for this request: Amount already spent on this service during the life of the case*:
	* Amount spent for the life of the case is available in client history/view client case costs, or through authorization reports/by client/by payment.
	Exception to grant more than one month emergency maintenance (Manual Section 3/ Part 8)
	Exception to allow more than three months of maintenance during job placement (Manual Section 3/Part 8)
	Exception to established rate Specify the current rate and Manual reference:
	Exception to allow provision of VR services for a transition student prior to 18-month or 3 semester timeline (Manual Section 3/ Part 12)
	Exception to allow a student to take less than 30 college hours per year or less than full-time participation (Manual Section 3/ Part 17)
	Exception to allow for 13-24 psychotherapy sessions (Manual Section 4/ Part 6)
	Exception to counselor's authority to authorize surgery/surgeries expected to cost \$10,001 or more (Manual Section 4/ Part 11)
	Other specify:

Rationale for exception: Must include an analysis of the comparable benefits search undertaken, including the availability and timeliness of such comparable benefits; the impact of the service on the client's progress in his/her rehabilitation plan or employment; and a summary of the counseling and guidance provided related to future expenditures in this category, if appropriate.				
Staff wi	n Taken: Ill use the procedures established nendations:	d by the RS R	regional Program Administrator for approvals and routing of	
Level Name Date: Ration	Approve Deny	_	Recommend approval to Level 2 Recommend denial to Level 2	
Level Name Date: Ration	Approve Deny	trator — —	Recommend approval to Level 2 Recommend denial to Level 2	
Level Name Date: Ration	Approve Deny	ld Liaison — —	Recommend approval to Level 2 Recommend denial to Level 2	

Upon final action, copies of the form should be e-mailed to the Counselor, RS Manager, RS Program Administrator and RS Policy Specialist in the Central Office (Mary Hirsch). The Counselor should file a copy in the case record.

Consumer				Counselor
Date		Monthly net income		
Section I: Maintenance Analysis				
	At application	Increase in expenses caused by participation in IPE	Time period for which increase applies	Comments
Housing				
Utilities:				
Electricity				
Gas				
Phone				
Cable				
Chilling				
Food				
Other				
Section II: Reference for Comparab	ole Benefits			
	Is the service received at application	Funding Source	Comments	
Health Care:				
Insurance premiums				
Medications				
Doctors Child Care				
Transportation:				
Vehicle				
Insurance				
Public transportation Personal Attendant Services				
Case Management				
Assistive Technology				
Other				

Note if any expenses such as health care were deducted from gross income.

Section - '!' FYgci fWg

Section 9 / Part 4 Effective Date: November 1, 2003 Length of document: 10 pages

Customer/Client guide to developing the IPE

Developing your Individualized Plan for Employment (IPE)

Congratulations! You have been determined eligible to receive vocational rehabilitation (VR) services. Now it is time to work on developing your Individualized Plan for Employment (IPE). This step is essential to your success. Through this plan, you have the opportunity to define your employment goal and the services you require to achieve this goal.

This guide will assist you in understanding the process and the information you will need to develop your IPE

What is an Individualized Plan for Employment (IPE)?

The IPE is a plan designed specifically for you. It includes a description of:

- Your employment goal and your target date for starting work at a job.
- The steps you will need to take to reach your employment goal.
- Services you will need to reach your employment goal.
- Who will provide you with the services.
- The cost of those services and who will pay the costs.
- How your progress on carrying out your plan will be reviewed and evaluated.
- Your rights as a VR consumer.
- Your responsibilities in carrying out the plan.

How do you develop the IPE?

The following people can help you write all or part of your IPE:

- Your RS counselor.
- A community program.
- Your family members or friends.
- Anyone you trust to help you develop this plan.

Or, you can also work on writing it by yourself.

Remember that you can work directly with your RS counselor to develop your plan if that is your choice. You can ask your RS counselor for help at anytime. Your RS counselor can help you discuss your work goals as well as the barriers you may face. Your counselor is well versed in the services, accommodations, and technology that can empower you to be successful on the job.

If you get someone other than your RS counselor to assist you in developing your IPE, remember that your IPE will still have to be reviewed and approved by your RS counselor. This is to assure that the services and expenditures are made in compliance with our federal and state rules and procedures.

You and your RS counselor must sign the IPE before services begin.

What services does RS offer?

RS offers a variety of services to help people with disabilities regain or achieve employment. Because IPEs and services are customized according to each person's unique needs, skills, interests and abilities, not all eligible consumers will receive the same services.

Services which may be provided include:

- Vocational assessment to help you identify your skills, abilities, interests and employment goals, and to help identify the services you will need.
- Vocational counseling and guidance.
- Physical and mental restoration services (not covered by other insurance) that you may need before you go to work or to improve your chances of getting a job, such as artificial limbs or braces, vision services or speech therapy.
- Training and education to learn new vocational skills.
- Assistive technology, such as telecommunication aids, wheelchairs, or job-site modifications.
- Help with getting a job after leaving high school.
- Assistance in starting a business, such as writing a business plan, buying equipment, stocks and supplies.
- Job coaching to help you learn a job after you begin work.
- Support services while you are participating in other IPE services.
- Job placement to help you look for a job, find a job and stay on the job.
- Referral to other services to help you succeed in getting a job.
- Post-employment services to help you keep your job.

Are there any fees?

The assessment services needed to determine if you are eligible, vocational counseling and guidance, referral, and job placement will be provided at no cost.

RS payment for most other services will depend on whether you meet financial need guidelines. RS will need information about your finances to see if we will be able to pay for services or if you will be asked to help pay for services. You will also be asked to provide information about your spouse's finances or your parent's finances. Such information includes tax returns or check stubs.

If you are receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), you will not be expected to pay for any approved services. You will be asked to provide a copy of a letter or other verification of your SSI or SSDI status to show that you have these benefits.

Please ask your RS counselor if you have any questions about this policy.

Will you need to apply for other financial benefits?

You may need to apply for other benefits before RS can pay for services. These include any benefits provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance, or by employee benefits. They include such things as college financial aid and medical insurance benefits, including Medicaid. You do not have to apply for other benefits if the delay would cause you extreme medical risk or you would lose a job opportunity because of the delay. RS staff can work with you to help you decide what other benefits must be used before we can pay for services.

Where do you get the services you need?

You can help decide where you want to go for the services you need to reach your work goal, as long as the services are available and cost effective. RS can provide you with information about service providers. When thinking about choosing your service provider, it is important that you compare the possible providers using the following criteria:

- Is the service provider qualified?
- Does the service provider have a good reputation in the community?
- Is the program or service accessible to you, considering your disability-related needs?
- Do you have transportation to attend the service provider or program?
- If the provider is a school, do most of the students graduate or complete the training?
- Is the program successful in getting people jobs?
- Does the cost of the program seem reasonable when compared with the costs of similar programs?

Writing your IPE

Your employment goal

Choosing the right employment goal is perhaps the most important step you will take to succeed on the job. There are many resources that can help you make this decision, including vocational assessment services available through our Career Development Centers or through the Rehabilitation Center for the Blind and Visually Impaired. Your counselor can help you develop your goal or help you locate other resources, if you wish.

When developing your goal, think about things like:

- Does the employment goal meet your abilities and interests?
- How long will it take you to prepare for the goal? Is this reasonable?
- Will the job be available in your location, or will you need to travel or relocate?
- Will the salary and benefits meet your needs?

Because your employment goal is so important, you will want to discuss it in detail with your RS counselor before making any final plans. Remember, your RS counselor must

approve your IPE, which includes your employment goal, before it can be implemented.

Steps to complete your employment goal

There are a number of steps you may need to take to reach your employment goal. (Some examples might be: Type 50 words per minute. Get a college degree in accounting.)

Knowing the steps is important because it assures that both you and your counselor understand how you plan to get to your goal and how we can review your progress. Please also think about how we will know when a step is completed. (For instance, if you need to learn to type 50 wpm, you will know that you have done this successfully when both you and your counselor get a report from your typing instructor.)

Services needed to achieve your employment goal

When thinking about what services you will need, consider your work goal and the steps you will need to take to reach that goal. Only those services that you will need to reach the work goal will be approved. We encourage you to talk to your counselor if you have any questions about the services we can provide, and whether they are right for you.

How is the IPE approved?

Your RS Counselor must review the plan and decide whether it can be implemented by RS. Some of the things the counselor must consider include:

- Is the employment goal consistent with your abilities, capabilities, and interests?
- Are the services necessary to achieve your work goals?
- Will the services result in employment?
- Are the services cost-effective? RS may not pay for a high cost program, when a lower cost option is available that meets your needs.

Services cannot begin until the IPE is signed by you and your RS counselor. RS will not pay for services or equipment that you received before the IPE was approved and signed.

If there are parts of your plan which cannot be approved, your RS counselor will continue to work with you on plan development. You may need to provide additional information or consider other work goals or services.

Through the process of developing your IPE, If you disagree with any RS decisions, you may request that those decisions be reconsidered. Such requests may involve one or all of the following:

- Meeting with counselor and/or the counselor's supervisor.
- Mediation.
- Administrative review.
- Fair hearing.

You may also request assistance from the Client Assistance Program (CAP) to help resolve any disagreements with RS. You can contact CAP at 1-800-432-2326 (V/TTY).

IPE development form

Name:	
SSN: I did this form by myself	
I did this form by myself I received help from the following individual to complete this form:	
Name	
Address	
Telephone	
Deciding if you need additional assistance Think about the statements listed and choose the response that best fit your situation. Please make notes of additional thoughts, comments of questions, if appropriate, in the space provided.	
I have an employment goal.	
Yes No I will need help about this.	
Notes:	
I know when I would like to begin working. Yes No I will need help about this. Notes:	
I know the job duties that are usually needed for the kind of work I want to do.	
Yes No I will need help about this.	
Notes:	
I know my abilities and interests well enough to choose a work goal. Yes No I will need help about this. Notes:	
I know whether I will need reasonable accommodations because of my disability.	
Yes No I will need help about this. Notes:	
notes.	
I know the job market and employment outlook for my employment goal. Yes No I will need help about this. Notes:	

I know what skil	s I have based on my work and education history.
	No I will need help about this.
Notes:	
_	need to take to reach my employment goal.
Yes Notes:	No I will need help about this.
	termine whether I have completed each step to reach my employmen
goal.	No. I will need help about this
Notes:	No I will need help about this.
example, moneyYes	n my life that may keep me from reaching my employment goal (for child care, transportation, etc.) No I will need help about this.
	ices I will need to reach my employment goal. No I will need help about this.
	be able to provide the services I need. No I will need help about this.
	n each of these services will cost. No I will need help about this.

I know about other benefits I have or can apply for to help pay for the services I need. Yes No I will need help about this. Notes:				
Circle the answer w	hich best matches yo	our preference:		
Circle the answer w	men best materies ye	our preference.		
I like to work:				
Notes:	With morning			
My employment	goal			
I'd like to discuss th	ne following employn	nent options when I meet with my RS counselor:		
I'd like to work:	_ full-time pa	art-time (specify)		
I want to be workin	g by: Month/Year _			
		include: (for example: contact with public, ting, driving, etc.)		
I have the following	g personal strengths t	that will help me achieve this employment goal:		

I have the following limitation(s) because of my disability that may affect me on this job (such as limited amount of standing, lifting; difficulty concentrating; unable to work with others).			
This employment goal matche	s my interests and abilities in the following ways:		
The educational background I	have that will help with my work goal is:		
I have worked before: You If yes, please complete the folion			
	· ·		
Job:	Employer:		
Dates: Start I left this job because:	Employer: End		
Job:	Employer:		
What I did in this job:	2mploy011		
Dates: Start	End		
I left this job because:			
Job:	Employer:		
What I did in this job:			
Dates. Start	End		
I left this job because:			

Steps to completing my employment goal

Example: My employment goal is to be a Welder. For me to do this job I need to do these steps:

Complete first semester of the Welding program at Vo-Tech.

I will know I have reached these steps because: I will receive passing grade(s).

For me to reach my employ	yment goal, I need to do the following step	s:
1		
2		
I will know I have reached		
1		
2		
3		
Services needed to reac	ch my employment goal	
I need the following service	es to reach my work goal:	
1. Service:		
Options where I would get	this service, if approved:	
	T. 1'	
Starting on:	Ending on:	
Cost:		
Other benefits which could	l fund this service:	
Comments:		

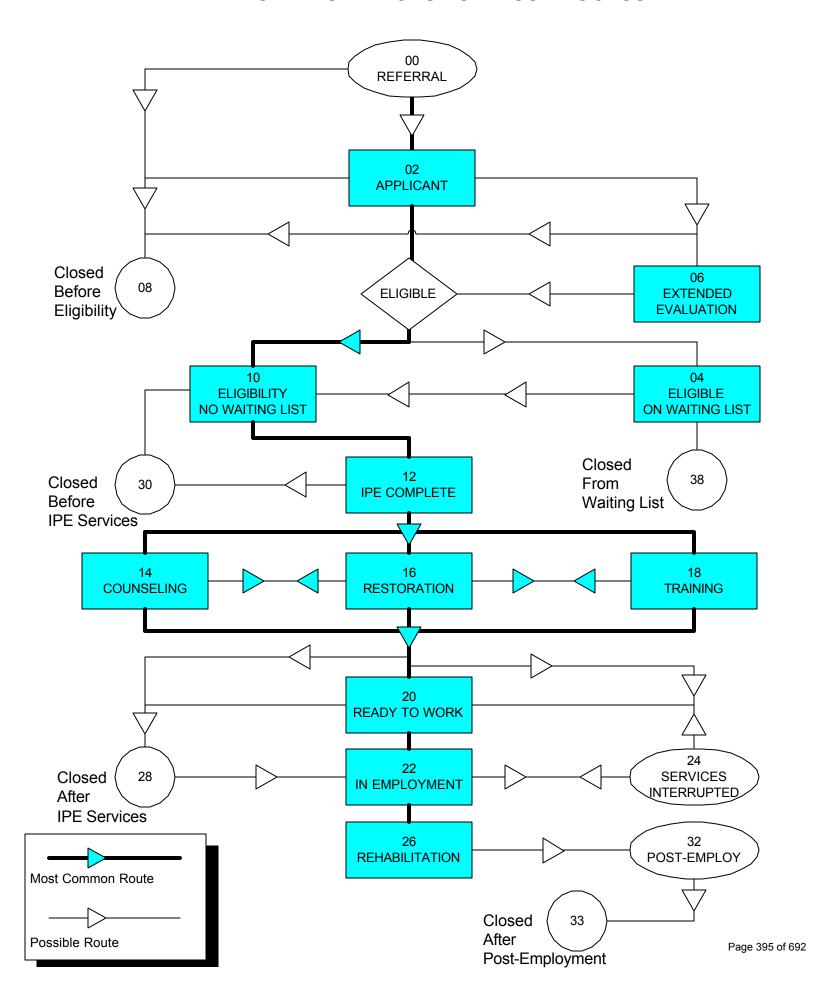
2. Service:
Options where I would get this service, if approved:
Starting on:Ending on:
Cost:
Other benefits which could fund this service:
Comments:
3. Service:
Options where I would get this service, if approved:
Starting on:Ending on:
Cost:
Other benefits which could fund this service:
Comments:
4. Service:
Options where I would get this service, if approved:
Starting on:Ending on:
Cost:
Other benefits which could fund this service:
Comments:
Use additional pages if needed. Give this information to your RS counselor after you complete it.
Your Signature:
Date

DEFINITIONS OF CASE STATUS PROCESS

The status system is a federally required method of tracking an individual-s movement through major steps in the rehabilitation process. This coding system provides a common management tool for counselors, state agencies, and the federal Rehabilitation Services Administration.

Berviec	os rammistration.	
STATU	JS	
00	Referral	Indicates that a potential applicant has been referred to the agency.
02	Applicant	Indicates that an individual has applied for rehabilitation services by signing the service application.
04	Eligible Waiting List	The individual is on the order of selection waiting list. (Central Office Function – will not show on KMIS)
06	Extended Evaluation	The counselor has certified how the disabilities, and any other factors, result in a substantial impediment to employment, and there is a need to provide certain services to help determine if the individual can benefit from rehabilitation services in terms of an employment outcome.
08	Closed Before Eligibility	The individual may be ineligible or withdraw from agency consideration for other reasons.
10	Eligibility (Acceptance)	The counselor has certified how the disabilities, and any other factors, result in a substantial impediment to employment, and that the individual can benefit from rehabilitation services in terms of an employment outcome.
12	IPE Complete	An Individual Plan for Employment (IPE) is complete, having been jointly developed by the counselor and client to address those vocational and related problems identified as substantial impediments to employment on the eligibility certificate.
14	Counseling & Guidance	The IPE has started and the only major service is counseling/guidance or counseling/guidance and job placement.
16	Restoration	The IPE has started and the primary service is physical or mental restoration.
18	Training	The IPE has started and the primary service is training.
20	Ready to Work	Preparation for employment is complete and the client is ready to seek or begin work.
22	In Employment	The client=s employment has started.
24	Services Interrupted	All services are interrupted from statuses 14-22.
26	Rehabilitation	Successful case closure.
28	Closed After IPE Services	Closed not rehabilitated after the IPE has started (at least one IPE service was provided).
30	Closed Before IPE Services	Closed not rehabilitated after eligibility (status 10) and before IPE services had begun (status 12).
32	Post-Employment Services	A post-employment IPE is developed to maintain or regain employment after a rehabilitated closure.
33	Closed From Post-Employment	The post-employment services are complete.
38	Closed From Waiting List	Closed directly from the order of selection waiting list. (Central Office Function – will not show on KMIS)

DIAGRAM OF VR CASE STATUS PROCESS



Disability Code Crosswalk	IMPAIRMENT CODE	SOURCE CODE
VISUAL IMPAIRMENTS		
Blindness, both eyes, no light perception, due to:		
cataract	01	30
glaucoma	01	30
all other diseases	01	30
congenital condition	01	13
accident, poisoning, exposure or injury	01	01
ill-defined, unspecified or unknown cause	01	00
Blindness, both eyes (with correction not more than 20/200 in better eye or limitation in field within 20		
degrees,but not Codes 100 - 109), due to:	01	20
cataract	01 01	30 30
glaucoma all other diseases	01	30
congenital condition	01 01	13 01
accident, poisoning, exposure or injury ill-defined, unspecified or unknown cause	01	00
Blindness, one eye, other eye defective (better eye with correction less than 20/60, but better than 20/200, or corresponding loss in visual field), due to: cataract glaucoma all other diseases congenital condition accident, poisoning, exposure or injury ill-defined, unspecified or unknown cause	02 02 02 02 02 02 02	30 30 30 13 01
Blindness, one eye, other eye good, due to:		
cataract	02	30
glaucoma	02	30
all other diseases	02	30
congenital condition	02	13
accident, poisoning, exposure or injury	02	01
ill-defined, unspecified or unknown cause	02	00
Other visual impairments, due to:		
cataract	02	30
glaucoma	02	30
all other diseases	02	30
congenital condition	02	13
accident, poisoning, exposure or injury	02	01
ill-defined, unspecified or unknown cause	02	00

Disability Code Crosswalk	IMPAIRMENT CODE	SOURCE CODE
HEARING IMPAIRMENTS		
Deafness, pre-lingual, due to:		
congenital condition	03	13
degenerative or infectious disease	03	30
accident, injury or poisoning	03	01
ill-defined, unspecified or unknown cause	03	00
Deafness, pre-vocational, due to:		
degenerative or infectious disease	03	30
accident, injury or poisoning	03	01
ill-defined, unspecified or unknown cause	03	00
Deafness, post-vocational, due to:		
degenerative or infectious disease	04	30
accident, injury or poisoning	04	01
ill-defined, unspecified or unknown cause	04	00
Hard of hearing, pre-lingual, due to:		
congenital condition	05	13
degenerative or infectious disease	05	30
accident, injury or poisoning	05	01
ill-defined, unspecified or unknown cause	05	00
Hard of hearing, pre-vocational, due to:		
degenerative or infectious disease	06	30
accident, injury or poisoning	06	01
ill-defined, unspecified or unknown cause	06	00
Hard of hearing, post-vocational, due to:		
degenerative or infectious disease	06	30
accident, injury or poisoning	06	01
ill-defined, unspecified or unknown cause	06	00
DEAF-BLIND (See definition after code listing) Combined visual and hearing loss, as indicated:		
both congenital	08	13
both adventitious	08	00
visual loss congenital-hearing loss adventitious	08	13
hearing loss congenital-visual loss adventitious	08	13
ill-defined, unspecified or unknown cause	08	00

Disability Code Crosswalk	IMPAIRMENT CODE	SOURCE CODE
ORTHOPEDIC IMPAIRMENTS, EXCEPT AMPUTATIONS		
Impairment involving three or more limbs or entire body, due to:		
cerebral palsy	12	12
congenital condition or ill-defined birth injury	12	13
diseases unspecified in code listing	12	30
arthritis and rheumatism	12	05
intracranial hemorrhage, embolism, and thrombosis (stroke)	12	36
polio	12	31
muscular dystrophy	12	27
multiple sclerosis	12	26
Parkinson's disease	12	28
accidents and injuries involving the spinal cord	12	35
all other accidents, injuries and poisonings	12	01
Impairment involving one upper and one lower limb		
(including side), due to:		
cerebral palsy	12	12
congenital condition or ill-defined birth injury	12	13
diseases unspecified in code listing	12	30
arthritis and rheumatism	12	05
intracranial hemorrhage, embolism, and thrombosis (stroke)	12	36
polio	12	31
muscular dystrophy	12	27
multiple sclerosis	12	26
Parkinson's disease	12	28
accidents and injuries involving the spinal cord	12	35
all other accidents, injuries and poisonings	12	01
Impairment involving one or both upper limbs		
including hands, fingers and thumbs), due to:		
cerebral palsy	11	12
congenital condition or ill-defined birth injury	11	13
diseases unspecified in code listing	11	30
arthritis and rheumatism	11	05
intracranial hemorrhage, embolism, and thrombosis (stroke)	11	36
polio	11	31
muscular dystrophy	11	27
multiple sclerosis	11	26
Parkinson's disease	11	28
accidents and injuries involving the spinal cord	11	35
all other accidents, injuries and poisonings	11	01
Impairment involving one or both lower limbs		
(including feet and toes), due to:		
cerebral palsy	10	12
congenital condition or ill-defined birth injury	10	13
diseases unspecified in code listing	10	30
arthritis and rheumatism	10	05
intracranial hemorrhage, embolism, and thrombosis (stoke)	10	36
polio	10	31
P0110	10	.

Disability Code Crosswalk	IMPAIRMENT CODE	SOURCE CODE
muscular dystrophy	10	27
multiple sclerosis	10	26
Parkinson's disease	10	28
accidents and injuries involving the spinal code	10	35
all other accidents, injuries and poisonings	10	01
Other and ill-defined impairments (including trunk,		
back and spine), due to:		
cerebral palsy	13	12
congenital condition or ill-defined birth injury	13	13
diseases unspecified in code listing	13	30
arthritis and rheumatism	13	05
intracranial hemorrhage, embolism, and thrombosis (stroke)	13	36
polio	13	31
muscular dystrophy	13	27
multiple sclerosis	13	26
Parkinson's disease	13	28
accidents and injuries involving the spinal cord	13	35
all other accidents, injuries and poisonings	13	01

Disability Code Crosswalk	OLD CODES	NEW IMPAIRMENT CODE	NEW SOURCE CODE
ABSENCE OR AMPUTATION OF MAJOR AND MINOR	MEMBERS		
Loss of at least one upper and one lower major extremity(including hands, thumbs and feet), due to:			
malignant neoplasm	400	12	10
congenital condition	402	12	13
diseases unspecified in code listing	404	12	30
accident, injury or poisoning	409	12	03
Loss of both major upper extremities			
(including hands or thumbs), due to:			
malignant neoplasm	410	11	10
congenital condition	412	11	13
diseases unspecified in code listing	414	11	30
accident, injury or poisoning	419	11	03
Loss of one major upper extremity (including hand or			
thumb), due to:			
malignant neoplasm	420	11	10
congenital condition	422	11	13
diseases unspecified in code listing	424	11	30
accident, injury or poisoning	429	11	03
Loss of one or both major lower extremities (including feet) due to:			
malignant neoplasm			10
congenital condition			13
diseases unspecified in code listing			30
accident, injury or poisoning			03
Loss of other and unspecified parts (including			
fingers and toes, but excluding thumbs), due to:			
malignant neoplasm			10
congenital condition			13
diseases unspecified in code listing			30
accident, injury or poisoning	l		03

Disability Code Crosswalk	OLD CODES	NEW IMPAIRMENT CODE	NEW SOURCE CODE
DISABLING CONDITIONS (CODES 500 - 699) FOR WHICH ETIOLOGY IS UNKNOWN OR NOT APPROPRIATE	ΓE		
Mental and emotional conditions:			
psychotic disorders	500	18	33
neurotic disorders	510	18	4,15,29
alcohol abuse or dependence	520	19	02
other drug abuse or dependence	521	19	18
mental and emotional disorders, not elsewhere classified	522	19	09,24,29
autism	526	18	08
mental retardation, mild	530	17	25
mental retardation, moderate	532	17	25
mental retardation, severe (including profound)	534	17	25
Other conditions resulting from neoplasms, not elsewhere classified			
colostomies resulting from malignant neoplasms	600	16	10
laryngectomies resulting from malignant neoplasms	601	09	10
leukemia and aleukemia	602	16	10
other malignant neoplasms	605	16	10
benign and unspecified neoplasms	609	16	10
Allergic, endocrine system, metabolic and nutritional			
diseases:	640		00
asthma and hay fever	610 611	14	06 06
other allergies diabetes mellitus	614	16 16	06 16
other endocrine system disorders (except Code 616, cystic fibrosis)	615	16	30
cystic fibrosis	616	14	14
avitaminoses and other metabolic diseases	619	16	30
Diseases of the blood and blood-forming organs:			
hemophilia			09
sickle cell anemia			09
other anemia and diseases of the blood and blood-forming			
organs (except Code 602, leukemia and aleukemia)			09
Other specified disorders of the nervous system:		l	24
epilepsy			21
specific developmental disorders (learning disabilities)			34, 07
other disorders of the nervous system not elsewhere classified			28
Cardiac and circulatory system conditions:			
congenital heart disease		l	11
rheumatic fever and chronic rheumatic heart disease		l	11
arteriosclerotic and degenerative heart disease		l	11
other diseases or conditions of heart	-	l	11 11
hypertensive heart disease other hypertensive disease	-	l	11
varicose veins and hemorrhoids		l	11
other conditions of circulatory system		l	11
		l	Dogg 404 of 60

Disability Code Crosswalk	OLD CODES	NEW IMPAIRMENT CODE	NEW SOURCE CODE
Respiratory system conditions:			
tuberculosis of the respiratory system	650	14	32
emphysema	651	14	32
pneumoconiosis and asbestosis	652	14	32
bronchiectasis	653	14	32
chronic bronchitis and sinusitis	654	14	32
other conditions of respiratory system	659	14	32
Digestive system conditions:			
conditions of teeth and supporting structures	660	16	30
ulcer of stomach and duodenum	661	16	17
chronic enteritis and ulcerative colitis	662	16	17
hernia	663	16	17
colostomies (from other than malignant neoplasm)	664	16	17
other conditions of digestive system	669	16	17
Genitourinary system conditions:			
genitourinary system conditions (except Code 671, end stage renal failure	670	16	20
end-stage renal failure	671	16	20
Speech impairments:			
cleft palate (with or without cleft lip)	680	09	13
stammering and stuttering	682	09	30
laryngectomies (from other than malignant neoplasms)	684	09	30
aphasia resulting from intracranial hemorrhage, embolism, or thrombosis (stroke)	685	09	36
other speech impairments	689	09	30
Other disabling diseases and conditions, not elsewhere classified (NEC):			
diseases and conditions of the skin and cellular tissue	690	16	30
all other disabling diseases and conditions, (NEC)	699	16	30

Disability Code Crosswalk	OLD CODES	NEW IMPAIRMENT CODE	NEW SOURCE CODE
TRAUMATIC BRAIN INJURY, leading to:			
blindness, both eyes no light perception	700	01	37
blindness, both eyes, some light perception	702	01	37
blindness, one eye, other eye defective	704	02	37
blindness, one eye, other eye good	706	02	37
other visual impairments	708	02	37
deafness, pre-lingual	710	03	37
deafness, pre-vocational	712	04	37
deafness, post-vocational	714	04	37
hard of hearing, pre-lingual	716	06	37
hard of hearing, pre-vocational	718	06	37
hard of hearing, post-vocational	720	06	37
orthopedic impairment involving three or more limbs or entire body	722	12	37
orthopedic impairment involving one upper and one lower limb (including side)	724	12	37
orthopedic impairment involving one or both upper limbs (including hands, fingers and thumbs)	726	11	37
orthopedic impairment involving one or both lower limbs (including feet and toes)	728	10	37
other and ill-defined orthopedic impairments (including trunk, back and spine)	730	13	37
psychotic disorders	732	18	37
neurotic disorders	734	18	37
other mental and emotional disorders	736	19	37
epilepsy	738	16	37
specific developmental disorders (learning disabilities)	740	17	37, 07
cposition and the control of the con	742	09	37
speech impairments			
all other disabling conditions singly or in combination, not elsewhere classified			37

Effective FFY 2002

Local office letterhead

Dear <u>:</u>	
I'm pleased to learn that you are still working at a your job is going well. According to our records, you have been employed th an hour and working	iere since
hours a week.	
I have tried to contact you numerous times in recent weeks to discuss closur case, but I have not been able to talk with you. Please complete the enclosed return it to me. If I do not hear from you by (DATE in 10 do assume that your employment continues to go well. I will also conclude that satisfied with your job and that you do not need additional services. Once _	l form and lays), I will t you are
(DATE) has passed, I will send you a letter to officially close your case.	
If you have any questions, please contact me at and best of luck to you in all your future endeavors.	Thank you,
Sincerely,	
Counselor's Name	
Enclosure: Status 26 Client Report Form	
cc: RS Regional Program Administrator	

Section 9 / Part 9 Effective Date: June 25, 2003 Page 1

Frequency of contact/best practice guidelines

- Overall, were the counselor's efforts timely?
- Frequent and regular contact between the counselor and client is essential to good casework. Such contact must be documented in the record of services.
- Frequency of contact should be determined by individual circumstances and at critical points in the rehabilitation process.
- As a general rule, contact on a monthly basis is appropriate. More frequent contact should typically happen during assessment for eligibility, Individualized Plan for Employment (IPE) development, initiation of services, and when employment begins. Less frequent contact might reasonably occur after the client has stabilized in longer term services, such as when an individual has established good performance in a training program.

Functional limitations (review limitations in terms of an employment outcome)	Indicators of serious limitation
MOBILITY A person has a functional limitation when he or she, because of a disability, lacks the physical, cognitive or psychological ability to independently travel or requires accommodations to move about safely within home, work and community environments.	Is significantly restricted or unable to safely travel or move about within common community, training, home, or work environments.
COMMUNICATIONS A person has a functional limitation when he or she, because of a disability, cannot accurately and efficiently give or receive information (through speaking, listening, reading, or writing) without reasonable accommodation, adaptive aids or technology.	The individual's communications ability is significantly limited in speed, clarity or duration. For example: 1. Cannot hear or understand the content of ordinary spoken conversations. 2. Cannot be readily understood by others with familiarity. 3. Cannot print or write short notes (Keep door closed, No exit, Out of order, Don't walk, Sweep floor, and other messages requiring "survival" writing skills). 4. Cannot read signs or short notes.
SELF-CARE A person has a functional limitation when he or she, because of a physical, cognitive or psychological disability, requires accommodation to plan for or perform the routine activities of daily living.	Cannot perform routine activities of daily living and/or self-care to the extent that it impacts employment.
SELF-DIRECTION A person has a functional limitation when he or she, because of a disability, does not have the physical, cognitive or psychological ability to independently plan, initiate, organize, make decisions and carry out personal, social and work activities after his or her self-care needs have been met.	Cannot independently start tasks, finish tasks, do all the steps in a task, follow schedules, or decide on what to do next.
INTERPERSONAL SKILLS A person has a functional limitation when he or she, because of a disability, cannot establish or maintain personal, family or community relationships, or cannot interact appropriately with others in the workplace, thereby affecting the ability to secure or maintain employment.	 Cannot establish and maintain working relationships with coworkers, fellow students, or family members. Exhibits inappropriate behaviors (such as hitting, yelling, temper tantrums, destruction of property, and sexual or racial harassment) which interfere with: The performance of others in training or work settings; or The individual's performance in training or work settings. Is avoided or rejected by coworkers or fellow students because of issues such as serious scarring, disfigurement, uncontrolled drooling, or uncontrolled motions.

Functional limitations (review limitations in terms of an employment outcome)

Indicators of serious limitation

WORK TOLERANCE

A person has a functional limitation when he or she, because of a disability, cannot meet the strength, stamina, endurance or psychological stresses of a job without accommodation regardless of the work skills possessed by the person; or cannot tolerate the physical environment of the workplace.

- 1. Is significantly restricted in ability to meet typical physical employment requirements to perform previous job or usual line of work, such as:
- * Is unable to lift or carry objects required.
- f Is unable to sustain continuous or prolonged paced movement of the arms, hands, or fingers.
- * Is unable to sustain a continuous or prolonged standing or sitting position of the body.
- * Is unable to sustain consistent physical work effort.
- 2. Is significantly restricted in ability to tolerate typical psychological stresses in the work environment.
- 3. Is unable to tolerate the common environmental conditions found at work.
- 4. Is unable to sustain a consistent mental work effort.
- 5. Is unable to complete tasks at a pace comparable to that of the average person in the general population.

WORK SKILLS

A person has a functional limitation when he or she, because of a disability, lacks the work skills, work experience or ability to perform the essential job tasks (without accommodation) needed to secure or maintain employment consistent with his or her strengths, resources, priorities, concerns, abilities, capabilities and informed choice.

- 1. Is unable to perform the work skills essential to maintaining employment in the previous job or usual line of work, and does not have other work skills which can be used to enter and maintain a job comparable in skill which is readily available locally, or in another area to which the individual is willing to relocate.
- Has not learned the work skills usually possessed by the average person of comparable age, education, and experience which can be used in employment which is readily available locally, or in another area to which the individual is willing to relocate.

Kansas Rehabilitation Services Analysis of substantiality of services and quality of IPE

VR Needs	IPE Services Planned	Service Provided Yes/No	Rehab Need Met Yes/No	Comments

Rehabilitation Services On-the-job training instructions

Policy Manual

There are two references to on-the-job training in the Rehabilitation Services Policy Manual.

Section 3 / **Part 17:** On-the-job training requires a written agreement between the client, counselor, and employer, which stipulates the hourly wage, training to be provided by the employer, and any other conditions of employment. Job coaching may be provided in conjunction with on-the-job training if it does not duplicate the work-related training being provided by the employer.

Section 3/Part 4: Use service code 560. On-the-job training is training in specific job skills by a prospective employer. Generally the individual is paid during this training and will remain in the same or a similar job upon successful completion.

Implementation instructions

Following extensive research about practices in other states and in other Kansas workforce development programs, the Field Advisory Committee developed the following questions/answers to assist counselors in implementing this service.

- 1. What is the purpose of on-the-job training? The purpose of on-the-job training is to provide an opportunity for a client to develop proficiency in the skills necessary to be successful in a specific job or occupation, or to learn work requirements that are unique to a specific employer. The training is planned, organized and conducted at the worksite by the employer. On-the-job training is also often used as a hiring incentive for employers since they can be reimbursed for part of the worker's wages during the training period. Clients benefit by being able to "learn while they earn."
- 2. In order to implement on-the-job training, is there a minimum number of hours per week that the client would be expected to work? No, there is no minimum. However the number of hours worked in the on-the-job training placement must be consistent with the IPE and vocational objective.
- **3. What is the length of time of the traning period?** It may be one to six months, depending on the needs of the client and the learning curve associated with the job. A good resource for information on the required skills associated with specific occupations is O'Net, which can be accessed at the following link: online.onetcenter.org Please also reference position descriptions or vacancy postings/classified ads. Extending the on-the-job training period beyond six months would require an exception approved by the Program Administrator.

- 4. What is the amount of on-the-job training expenses that can be funded through vocational rehabilitation? VR may fund up to 50% of the actual hourly wage being paid the client. The hourly wage must be the usual and customary wage paid to any person employed in the same position.
- **5. May we provide other VR services in conjunction with on-the-job training?** Yes, the full scope of VR services is available if related to the client's rehabilitation needs, identified on the IPE, and authorized in advance by the VR counselor. When considering the provision of job coaching in addition to on-the-job training, the counselor must assure that the job coaching does not duplicate the work-related training being provided by the employer.
- **6. Does VR pay the client or the employer?** VR pays the employer, who then pays the client. The client is working for the employer.
- 7. What Status should the case be in during on-the-job training? 18
- 8. When can we begin counting the 90-day period toward job stability and successful case closure? At the end of the on-the-job training and conclusion of any other substantial IPE services.
- **9. Are there other requirements that must be considered?** Jobs must be competitive, integrated employment.
- **10.** What are the specific requirements of the written agreement between **VR and the employer?** The written agreement must stipulate the hourly wage, training to be provided by the employer, and any other conditions of employment. The completion date should be specified. Please see the example agreement on the following pages.
- **11. Who must sign the written agreement?** The employer, the client and the VR counselor.
- **12. Is there an expectation of permanent employment if we use on-the-job training?** Yes, there is the expectation that the client will be retained in employment following the on-the-job training if the client meets the performance expectations of the employer.
- **13. Are there comparable benefits for on-the-job training?** Consider whether apprenticeships are available through your local workforce development center.
- **14.** How frequently are payments made to the employer? This is usually done on a monthly basis to coincide with the progress reports submitted by the employer. Please be sure that the employer clearly understands the prior approval, authorization, invoicing and payment procedures. The employer will also be required to have vendor identification number on FARMS.

Page 1 of 2

On-the-Job	Training A	Agreement

This agreement is made between	Rehabilitation Services (R	S) and
	(the employer)	
The purpose of the agreement is t	o provide on-the-job train	ing and employment to
	(the employee/	client).
		(job title). The employer will
The employee will be employed as taxes and will provide Workers' C	ompensation coverage.	e employer will withhold applicable training period as follows:
Total hourly wage:	RS share of hourly v	vage @ 50%:
Number of hours per week:		
Training period from	(date) to	(date).
The employer will report progress authorize monthly payments. Pro		n receipt of monthly reports, RS will abmitted to:
VR Counselor's Name:		
Address:		
City, State, Zip:		

Page 2 of 2

If the employee performs satisfactorily, he/she will be retained as a regular employee at the end of the training period.

If the employee's performance is not satisfactory, he/she will be provided a reasonable opportunity for improvement prior to a decision to terminate employment.

My signature below indicates that I have read and agree to the content of this agreement.

Employee/Client – Print Name		
Signature:	Date:	
Employer – Print Name		
Title:		
Signature:	Date:	
RS Counselor – Print Name		
Signature:	Date:	

Section 9 / Part 22

Effective Date: April 26, 2005 Length of document: 2 pages

United Cerebral Palsy Application for Financial Assistance – Independent Living Assistive Technology Services

Individuals served under this grant must meet the following eligibility criteria and procedures:

- * If services are provided solely to assist an individual with a severe disability to secure or engage in employment, and if the individual is also eligible for Vocational Rehabilitation services, the services must be provided under the Vocational Rehabilitation program.
- * Recipients must have a significant physical or developmental disability such as cerebral palsy, spina bifida, autism, spinal cord injury, head injury, hearing impairment, visual impairment, etc.
- * Recipient must be a Kansas resident.
- * The DCF share of individual grants will not exceed **\$2,500** and must be matched at least 50/50 by outside funding sources or the recipient.
- * Requests will be funded primarily on a first come-first serve basis. The only exception being that persons on the existing DCF durable medical equipment waiting list will be given initial priority in submitting requests. Further, UCP will be allowed discretion in prioritizing requests so that recipients represent a "reasonable" geographical dispersion across the state.
- * Computers may be purchased as part of a communication or other AT system.

 Computers cannot be purchased as a free standing piece of equipment, or for school age individuals.
- * DCF limits cost sharing to the lift mechanism for lift chairs.
- * DCF restricts the purchase of hearing aids. UCP-K is allowed discretion in determining eligibility on an individual basis.
- * Recipients will be subject to the UCP-K financial eligibility criteria.

For more information, call Dave Jones at (316) 688-1888 or (785) 266-2266.

United Cerebral Palsy Application For Financial Assistance

Client's Name	
AgeBirthdate	
Address	
CityStateZip	
Phone ()	
Parent's Name(s) [if client is a minor]	
Father's place of employment	
Mother's place of employment	
Disability or diagnosis	
Date of onset of disability (at birth) other	
Equipment requested	
Total cost \$ Amount family can contribute toward cost \$	
Amount requested from UCP \$	
Have other agencies or groups been contacted for assistance? YesNo	
If yes, which ones and what were the results?	
Will your personal insurance cover any or all of the equipment requested?	
Yes No If yes, how much?	
Name of the insurance company	
Is client eligible for and/or receiving assistance from: (circle one)	
Aid To Dependent Children Yes No	
Social Security Yes No	
Supplemental Security Income (SSI or SSDI) Yes No	
Kansas Special Health Services Yes No	
Medicaid Yes No	
Medicare Yes No	

Do you have a prescription or professional recommendation for the item requested? Yes
No If yes, from whom?
Gross annual family income \$
Number of persons living in the household
I verify that the information provided above is accurate and agree to complete a follow-up questionnaire if provided with financial assistance.
Signed
Date
Please return to:
UCP of Kansas
PO Box 8217
Wichita, KS 67208



Rehabilitation Services 915 SW Harrison St., 9th Floor North Topeka, Kansas 66612

W-9

Work Site Agreements Form KMIS Auth. For Services

KMIS Auth For Reimbursement

Client Log Sheet (document type of work performed)

FAX TO: Cindy King, RS Central Office FAX: 785-368-7469 FROM: DATE: SUBJECT: CBWA Job Tryout Billing Sheets TOTAL NUMBER OF PAGES INCLUDING COVER: NOTES: Checklist:

Facsimile Confidentiality Statement: The information transmitted by this fax is intended only for the addressee and may contain confidential and/or privileged material. Any interception, review, retransmission, dissemination, or other use of, or taking of any action upon their information by persons or entities other than the intended recipient is prohibited by law and may subject them to criminal or civil liability. If you receive this communication in error, please contact the sender.

American Dental Association Current Dental Terminology D7000-D7999 Oral and Maxillofacial Surgery

Extractions (include local anesthesia, suturing, if needed, and routine postoperative care)

D7111 extraction, coronal remnants - deciduous tooth

Removal of soft tissue-retained coronal remnants.

D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Includes routine removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.

Surgical extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)

D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

Includes cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.

D7220 removal of impacted tooth - soft tissue

Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.

D7230 removal of impacted tooth - partially bony

Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.

D7240 removal of impacted tooth - completely bony

Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.

D7241 removal of impacted tooth - completely bony, with unusual surgical complications

Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position.

D7250 surgical removal of residual tooth roots (cutting procedure)

Includes cutting of soft tissue and bone, removal of tooth structure, and closure.

Other surgical procedures

D7260 oroantral fistula closure

Excision of fistulous tract between maxillary sinus and oral cavity and closure by advancement flap.

D7261 primary closure of a sinus perforation

Subsequent to surgical removal of tooth, exposure of sinus requiring repair, or immediate closure of oroantral or oralnasal communication in absence of fistulus tract.

D7270 tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

Includes splinting and/or stabilization.

D7272 tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)

D7280 surgical access of an unerupted tooth

An incision is made and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted.

D7282 mobilization of erupted or malpositioned tooth to aid eruption

To move/luxate teeth to eliminate ankyolosis; not in conjunction with an extraction.

D7283 placement of device to facilitate eruption of impacted tooth

Placement of an orthodontic bracket, band or other device on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.

D7285 biopsy of oral tissue - hard (bone, tooth)

For removal of specimen only. This code involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery.

D7286 biopsy of oral tissue - soft

For surgical removal of an architecturally intact specimen only. This code is not used at the same time as codes for apicoectomy/periradicular curettage.

D7287 exfoliative cytological sample collection

For collection of non-transepithelial cytology sample via mild scraping of the oral mucosa. D7288 brush biopsy - transepithelial sample collection

For collection of oral disaggregated transepithelial cells via rotational brushing of the oral mucosa.

D7290 surgical reposition of teeth

Grafting procedure(s) is/are additional.

D7291 transseptal fiberotomy/supra crestal fiberotomy, by report

The supraosseous connective tissue attachment is surgically severed around the involved teeth. Where there are adjacent teeth, the transseptal fiberotomy of a single tooth will involve a minimum of three teeth. Since the incisions are within the gingival sulcus and tissue and the root surface is not instrumented, this procedure heals by the reunion of connective tissue with the root surface on which viable periodontal tissue is present (reattachment).

- Alveoloplasty surgical preparation of ridge for dentures
 - **D7310** alveoloplasty in conjunction with extractions per quadrant Usually in preparation for a prosthesis.
 - D7311 alveoloplasty in conjunction with extractions one to three teeth or tooth spaces, per quadrant.

The alveoloplasty is distinct (separate procedure) from extractions and/or surgical extractions.

- D7320 alveoloplasty not in conjunction with extractions per quadrant No extractions performed in an edentulous area. See D7310 if teeth are being extracted concurrently with the alveoloplasty.
- D7321 alveoloplasty not in conjunction with extractions one to three teeth or tooth spaces, per quadrant

Vestibuloplasty

Any of a series of surgical procedures designed to increase relative alveolar ridge height.

- D7340 vestibuloplasty ridge extension (secondary epithelialization)
- D7350 vestibuloplasty ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

	xcision of soft tissue lesions
D7410	n-odontogenic cysts excision of benign lesion up to 1.25 cm
D7411	excision of benign lesion greater than 1.25 cm
D7412	excision of benign lesion, complicated Requires extensive undermining with advancement or rotational flap closure.
D7413	excision of malignant lesion up to 1.25 cm
D7414	excision of malignant lesion greater than 1.25 cm
D7415	excision of malignant lesion, complicated Requires extensive undermining with advancement or rotational flap closure.
D7465	destruction of lesion(s) by physical or chemical method, by report Examples include using cryo, laser or electro surgery.
Surgical ex D7440	xcision of intra-osseous lesions excision of malignant tumor - lesion diameter up to 1.25 cm
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm

Excision of bone tissue

- D7471 removal of lateral exostosis (maxilla or mandible)
- D7472 removal of torus palatinus
- D7473 removal of torus mandibularis
- D7485 surgical reduction of osseous tuberosity
- D7490 radical resection of maxilla or mandible

Partial resection of maxilla or mandible; removal of lesion and defect with margin of normal appearing bone. Reconstruction and bone grafts should be reported separately.

Surgical incision

- **D7510** incision and drainage of abscess intraoral soft tissue Involves incision through mucosa, including periodontal origins.
- D7511 incision and drainage of abscess intraoral soft tissue complicated (includes drainage of multiple fascial spaces)
 Incision is made intraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.
- **D7520** incision and drainage of abscess extraoral soft tissue Involves incision through skin.
- D7521 incision and drainage of abscess extraoral soft tissue complicated (includes drainage of multiple fascial spaces)
 Incision is made extraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.
- D7530 removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
- D7540 removal of reaction producing foreign bodies, musculoskeletal system

May include, but is not limited to, removal of splinters, pieces of wire, etc., from muscle and/or bone.

- **D7550** partial ostectomy/sequestrectomy for removal of non-vital bone Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply.
- D7560 maxillary sinusotomy for removal of tooth fragment or foreign body

Treatment of fractures -	simp	le
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D7610 maxilla - open reduction (teeth immobilized, if present)

Teeth may be wired, banded or splinted together to prevent movement. Surgical incision required for interosseous fixation.

D7620 maxilla - closed reduction (teeth immobilized, if present)

No incision required to reduce fracture. See D7610 if interosseous fixation is applied.

D7630 mandible - open reduction (teeth immobilized, if present)

Teeth may be wired, banded or splinted together to prevent movement. Surgical incision required to reduce fracture.

D7640 mandible - closed reduction (teeth immobilized, if present)

No incision required to reduce fracture. See D7630 if interosseous fixation is applied.

- D7650 malar and/or zygomatic arch open reduction
- D7660 malar and/or zygomatic arch closed reduction
- **D7670 alveolus closed reduction, may include stabilization of teeth** Teeth may be wired, banded or splinted together to prevent movement.
- **D7671 alveolus open reduction, may include stabilization of teeth** Teeth may be wired, banded or splinted together to prevent movement.
- D7680 facial bones complicated reduction with fixation and multiple surgical approaches

Facial bones include upper and lower jaw, cheek, and bones around eyes, nose, and ears.

Treatment of fractures - compound

D7710 maxilla - open reduction

Surgical incision required to reduce fracture.

- D7720 maxilla closed reduction
- **D7730** mandible open reduction
 Surgical incision required to reduce fracture.
- D7740 mandible closed reduction
- D7750 malar and/or zygomatic arch open reduction

Surgical incision required to reduce fracture.

D7760 malar and/or zygomatic arch - closed reduction

D7770 alveolus - open reduction stabilization of teeth

Fractured bone(s) are exposed to mouth or outside the face. Surgical incision required to reduce fracture.

D7771 alveolus - closed reduction stabilization of teeth

Fractured bone(s) are exposed to mouth or outside the face.

D7780 facial bones - complicated reduction with fixation and multiple surgical approaches

Surgical incision required to reduce fracture. Facial bones include upper and lower jaws, cheek, and bones around eyes, nose, and ears.

Reduction of dislocation and management of other temporomandibular joint dysfunctions

Procedures that are an integral part of a primary procedure should not be reported separately.

D7810 open reduction of dislocation

Access to TMJ via surgical opening.

D7820 closed reduction of dislocation

Joint manipulated into place; no surgical exposure.

D7830 manipulation under anesthesia

Usually done under general anesthesia or intravenous sedation.

D7840 condylectomy

Surgical removal of all or portion of the mandibular condyle (separate procedure).

D7850 surgical discectomy, with/without implant

Excision of the intra-articular disc of a joint.

D7852 disc repair

Repositioning and/or sculpting of disc; repair of perforated posterior attachment.

D7854 synovectomy

Excision of a portion or all of the synovial membrane of a joint.

D7856 myotomy

Cutting of muscle for therapeutic purposes (separate procedure).

D7858 joint reconstruction

Reconstruction of osseous components including or excluding soft tissues of the joint with autogenous, homologous, or alloplastic materials.

D7860 arthrotomy

Cutting into joint (separate procedure).

D7865 arthroplasty

Reduction of osseous components of the joint to create a pseudoarthrosis or eliminate an irregular remodeling pattern (osteophytes).

D7870 arthrocentesis

Withdrawal of fluid from a joint space by aspiration.

D7871 non-arthroscopic lysis and lavage

Inflow and outflow catheters are placed into the joint space. The joint is lavaged and manipulated as indicated in an effort to release minor adhesions and synovial vacuum phenomenon as well as to remove inflammation products from the joint space.

- D7872 arthroscopy diagnosis, with or without biopsy
- **D7873 arthroscopy surgical: lavage and lysis of adhesions**Removal of adhesions using the arthroscope and lavage of the joint cavities.
- **D7874 arthroscopy surgical: disc repositioning and stabilization** Repositioning and stabilization of disc using arthroscopic techniques.

D7875 arthroscopy - surgical: synovectomy

Removal of inflamed and hyperplastic synovium (partial/complete) via an arthroscopic technique.

D7876 arthroscopy - surgical: discectomy

Removal of disc and remodeled posterior attachment via the arthroscope.

D7877 arthroscopy - surgical: debridement

Removal of pathological hard and/or soft tissue using the arthroscope.

D7880 occlusal orthotic device, by report

Presently includes splints provided for treatment of temporomandibular joint dysfunction.

D7899 unspecified TMD therapy, by report

Used for procedure that is not adequately described by a code. Describe procedure.

Repair of traumatic wounds

Excludes closure of surgical incisions

D7910 suture of recent small wounds up to 5 cm

Complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure)

Excludes closure of surgical incisions

- D7911 complicated suture up to 5 cm
- D7912 complicated suture greater than 5 cm

Other repair procedures

- D7920 skin graft (identify defect covered, location and type of graft)
- D7940 osteoplasty for orthognathic deformities

Reconstruction of jaws for correction of congenital, developmental or acquired traumatic or surgical deformity.

- D7941 osteotomy mandibular rami
- D7943 osteotomy mandibular rami with bone graft; includes obtaining the graft
- D7944 osteotomy segmented or subapical per sextant or quadrant
- D7945 osteotomy body of mandible

Surgical section of lower jaw. This includes the surgical exposure, bone cut, fixation, routine wound closure and normal post-operative follow-up care.

D7946 LeFort I (maxilla - total)

Surgical section of the upper jaw. This includes the surgical exposure, bones cuts, downfracture, repositioning, fixation, routine wound closure and normal post-operative follow-up care.

D7947 LeFort I (maxilla - segmented)

When reporting a surgically assisted palatal expansion without downfracture, this code would entail a reduced service and should be "by report."

D7948 LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft

Surgical section of upper jaw. This includes the surgical exposure, bone cuts, downfracture, segmentation of maxilla, repositioning, fixation, routine wound closure and normal post-operative follow-up care.

D7949 LeFort II or LeFort III - with bone graft

Includes obtaining autografts.

D7950 osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones - autogenous or nonautogenous, by report

This code may be used for sinus lift procedure and/or for ridge

augmentation. It includes obtaining autograft and/or allograft material. Placement of a barrier membrane, if used, should be reported separately.

D7953 bone replacement graft for ridge preservation - per site

Osseous autograft, allograft or non-osseous graft is placed in an extraction site to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Membrane, if used should be reported separately.

D7955 repair of maxillofacial soft and/or hard tissue defect

Reconstruction of surgical, traumatic, or congenital defects of the facial bones, including the mandible, may utilize autograft, allograft, or alloplastic materials in conjunction with soft tissue procedures to repair and restore the facial bones to form and function. This does not include obtaining the graft and these procedures may require multiple surgical approaches.

- **D7960 frenulectomy (frenectomy or frenotomy) separate procedure**The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when the frenum interferes with a prosthetic appliance; or when it is the etiology of periodontal tissue disease.
- **D7963** frenuloplasty

Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure.

- D7970 excision of hyperplastic tissue per arch
- D7971 excision of pericoronal gingiva

Surgical removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth.

- D7972 surgical reduction of fibrous tuberosity
- D7980 sialolithotomy

Surgical procedure by which a stone within a salivary gland or its duct is removed, either intraorally or extraorally.

D7981 excision of salivary gland, by report

D7982 sialodochoplasty

Surgical procedure for the repair of a defect and/or restoration of a portion of a salivary gland duct.

D7983 closure of salivary fistula

Surgical closure of an opening between a salivary duct and/or gland and the cutaneous surface, or an opening into the oral cavity through other than the normal anatomic pathway.

D7990 emergency tracheotomy

Surgical formation of a tracheal opening usually below the cricoid cartilage to allow for respiratory exchange.

D7991 coronoidectomy

Surgical removal of the coronoid process of the mandible.

D7995 synthetic graft - mandible or facial bones, by report includes allogenic material.

- D7996 implant mandible for augmentation purposes (excluding alveolar ridge), by report
- D7997 appliance removal (not by dentist who placed appliance), includes removal of archbar

D7999 unspecified oral surgery procedure, by report

Used for procedure that is not adequately described by a code. Describe procedure.

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Section 10 / Part 1

Effective Date: January 24, 2006

Disability Determination Services

Disability Determination Services (DDS) requires extensive medical information in order to process claims for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) in accordance with federal rules and regulations. Therefore, the service specifications and rates listed in this section apply exclusively to DDS and are not available for other Rehabilitation Services programs.

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Medical and Hospital Records

DDS requires extensive medical records including the patient's history as well as current information

- DS pays the following fees for copies of existing medical records from doctors, hospitals and other acceptable medical sources: \$16.29 plus 54 cents per page, up to a maximum of \$37.
- DDS also requests reports summarizing existing medical evidence of record (MER). DDS pays \$15 for brief MER reports and \$25 for comprehensive MER reports.

Government agencies such as state hospitals or the Veterans Administration provide records without charge. Schools provide records without charge except those records deemed to be medical evidence by Social Security standards. Medical evidence provided by schools may be paid at the rates listed above for medical records.

DDS will also pay search fee for medical records of \$1 per quarter hour (or portion thereof).

DDS does not pay for records in advance of receipt of the requested records.

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Mileage

Claimant, medical provider, vendor and any other service provider (such as sign language interpreter) travel must be pre-authorized by DDS. Travel is to be paid at the mileage rate for vendors established by Rehabilitation Services, which is currently no more than 25 cents per mile.

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Interpreter Services

DDS will pay for foreign language interpreting services and sign language interpreting services when needed as a reasonable accommodation to allow claimants to participate in medical exams and the DDS process.

- In accordance with Rehabilitation Services policy, fees for foreign language interpretation are paid at the usual and customary local rate.
- In accordance with Rehabilitation Services policy, fees for sign language interpretation are based on the certification level of the interpreter. The current fee schedule is: \$20 an

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hour for Level I, II or III certification; \$25 an hour for Level IV certification; and \$30 an hour for Level V certification.

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Office of Hearings and Appeals (OHA)

DDS will pay medical providers up to \$55 an hour for a review of medical records for OHA cases. This is available exclusively for OHA cases.

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Medical Services

Because of the comprehensive medical information required for the disability claims process, DDS has established the following fee schedule. This fee schedule is authorized only for use by DDS and may not be used by other units of Rehabilitation Services or the Department of Social and Rehabilitation Services.

1. Disability Determination Consultative Examination (DDCE)

- o Payment up to a maximum of \$85.
- This examination includes a review of a comprehensive medical history and physical examination with decision making of exceptional complexity. Specifically this includes:
 - Documentation of the claimant's major or chief alleged impairments.
 - A detailed description, within the area of specialty, of history of impairments.
 - Description, and disposition, of pertinent "positive" and "negative" detailed findings based on history, examination, and laboratory tests and any other abnormalities or lack thereof reported or found during examination or tests.
 - Diagnosis and prognosis for the claimant's impairments.
 - Statements about what the claimant can still do despite his/her impairment.
 - Consulting opinion about the claimant's ability, despite impairment to do workrelated activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling.
- o See Comprehensive Report (DDCR) description for report requirements.
- o Examinations may be provided by any contracting medically acceptable source as defined by the Social Security Administration.

2. Disability Determination Consultative Examination - LIMITED (DDCE-L)

- o Payment not to exceed \$55.
- o Same as DDCE only scope to include less comprehensive examination. See Comprehensive Report (DDCR) description for report requirements.

3. Disability Determination Consultive Examination - CHILD (DDCE-C)

- o Payment up to a maximum of \$85.
- o This includes a comprehensive history and physical examination with decision making of exceptional complexity. Specifically this includes documentation of:
 - The child's major or chief alleged impairments.
 - A detailed description, within the area of specialty, of history of impairments.
 - Description, and disposition, of pertinent "positive" and "negative" detailed findings based on history, examination, and laboratory tests and any other abnormalities or lack thereof reported or found during examination or tests.
 - Diagnosis and prognosis for the child's impairments.
 - Statements made by the child's parents/caregivers about what the child can still do despite his/her impairment
- o Consulting opinion about the child's ability, despite impairment to complete ageappropriate activities.
- o See Comprehensive Report (DDCR) description for report requirements. Developmental screening should be performed if requested by DDS.
- o Examinations may be provided by any contracting medically acceptable source as defined by the Social Security Administration.

4. Speech/Language Evaluation (SPLGN)

- o Payment up to a maximum of \$90.
- o These exams require a review of background material and a statement of problems and findings including quality, fluency, intelligibility, both oral and written.
- o Hearing screening is to be provided with comments and conclusions on all positive speech, language and hearing findings. Copy of all testing protocol is to be provided.
- o The Comprehensive Report (DDCR) fee is not available for this evaluation service.

5. Audiology Evaluation (AUDIO)

- o Payment up to a maximum of \$60.
- o The Comprehensive Report (DDCR) fee is not available for this evaluation service.

6. Goldman Evaluation (GOLDM)

- o Payment up to a maximum of \$100.
- o The Comprehensive Report(DDCR) fee is not available for this evaluation service.

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Psychological Services

1. Disability Determinations Consultative Examination - Psychological (DDCE-P)

- o Payment up to a maximum of \$70.
- o The DDCE-P exam includes a comprehensive history and psychological examination with decision making of exceptional (legally defensible) complexity. Specifically this includes documentation of:
 - The claimant's major or chief alleged impairments.
 - A detailed description, within the area of specialty, of history of impairments.
 - Description, and disposition, of pertinent "positive" and "negative" detailed findings based on history, examination, and laboratory tests and any other abnormalities or lack thereof reported or found during examination or tests.
 - Diagnosis and prognosis for the claimant's impairments.
 - Statements about what the claimant can still do despite his/her impairment.
 - Consulting opinion about the claimant's ability, despite impairment to do workrelated activities such as the claimant's ability to understand, to carry out and remember instructions and to respond appropriately to supervision, coworkers, and work pressures in a work setting.
- o See Comprehensive Report (DDCR) description for report requirements.
- o Examinations may be provided by any contracting medically acceptable source as defined by the Social Security Administration.

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Psychological Testing

The most current version of psychological testing instruments must be used. The Comprehensive Report (DDCR) fee is not available for these psychological testing services.

- 1. Intelligence testing up to a maximum of 2.5 hours @ \$52.50 per hour
 - o This includes the Weschler Adult Intelligence Scale and the Stanford-Binet. Intellectual testing should be ordered only if there is a reason to suspect an intellectual deficit or learning disability.
- 2. Standardized Achievement Testing up to a maximum of 2.5 hours @ \$52.50 per hour.
 - o In cases where a learning disability is suspected, the Woodcock-Johnson Achievement Battery may be ordered. When achievement deficits are believed to result from academic underachievement or lack of education, the Wide Range Achievement Test may be sufficient (maximum of 1 hour).
- 3. Personality Assessment up to a maximum of 2 hours @ \$52.50 per hour.
 - In situations where there is reason to suspect that a psychiatric impairment will interfere with work function or completion of a training or academic program, personality

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assessment such as the MMPI and/or projective testing such as the Rorschach or TAT may be appropriate, particularly if there is a minimum of existing information.

4. Neuropsychological assessment - up to a maximum of 8 hours (code M0601 or 90830).

 Neuropsychological evaluation (such as the Halstead Reitan and Luria Nebraska) should be done very sparingly but may be appropriate in complex cases of head injury or learning disability. The District or State Psychological Consultant must approve referrals for a complete neuropsychological battery. The hourly rate is procedure code M0601 or 90830. This is not a specialist exam.

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Comprehensive Report

1. Disability Determination Comprehensive Report (DDCR)

- o Payment up to a maximum of \$40 for reports generated by the medical provider. Payment up to a maximum of \$25 for reports generated with the DDS telerecorder system.
- o DDS requires timely, comprehensive reports to be submitted in accordance with the medical and psychological examinations. The report fee is available only in conjunction with exams, not in conjunction with psychological testing, speech/language evaluation, ancillary or laboratory testing or studies. The DDCR fee may be paid in addition to the examination fees.

2. DDCR requirements for medical exams

- o A comprehensive report is to be provided in a timely manner after the examination, to include:
 - Discussion of pertinent history with source of history and an estimate of the reliability of the history.
 - History of present illness, including reason for not working when appropriate for
 - Factors which increase problems/impairments.
 - Factors which may provide relief.
 - Claimant's (or child's) description of how the impairment limits the ability to
 - When appropriate for a child's exam, documentation related to growth and development history, developmental milestones including speech and language, and school performance.
- o Information must be in narrative rather than questionnaire or check-off form. Current medication should be listed by name of drug and dose. Social history and family history if pertinent shall be documented. Review of systems should describe other impairments and symptoms the claimant has experienced relative to specific organ systems. Pertinent negative findings, which would be considered in making a differential diagnosis of the current illness or in evaluating the severity of the impairments, shall be documented. The report should also include:
 - Blood pressure.
 - Pulse rate.
 - Respiratory rate.
 - Height/weight without shoes.
 - Head circumference if the child is under age 3.
 - Tanner stage as appropriate.
 - Description of claimant's general appearance and pertinent behavior during the examination.
 - Any other pertinent information specific to the specialty of the provider.

3. DDCR requirements for psychological exams

o A comprehensive report is to be provided in a timely manner after the examination, to include:

- Discussion of pertinent history with source of history and an estimate of the reliability of the history.
- History of present illness including reason for not working.
- Factors which increase problems/impairments.
- Factors which may provide relief.
- Claimant's description of how the impairment limits the ability to function.
- o Information must be in narrative rather than questionnaire or check-off form. Current medication should be listed by name of drug and dose. Social history and family history if pertinent shall be documented. Pertinent negative findings, which would be considered in making a differential diagnosis of the current illness or in evaluating the severity of the impairments, shall be documented.

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Ancillary/Laboratory Studies

Unless otherwise specified, ancillary/laboratory studies shall be purchased using the Medicaid fee schedule.

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Negotiates Fees

With the approval of the RS Director, the DDS Director has the authority to negotiate fees with hospitals, volume providers and providers in critically underserved areas in order to provide timely service. The prudent person concept will be used with maximum fees not to exceed usual and customary rates or rates allowed by the Social Security Administration.

Section 10 - Disability Determination Services

DDS Overview

Disability Determination Services (DDS) requires extensive medical information in order to process claims for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) in accordance with federal rules and regulations. Therefore, the service specifications and rates listed in this section apply exclusively to DDS and are not available for other Rehabilitation Services programs.

Medical and Hospital Records

DDS requires extensive medical records including the patient's history as well as current information

- DS pays the following fees for copies of existing medical records from doctors, hospitals and other acceptable medical sources: \$16.29 plus 54 cents per page, up to a maximum of \$37.
- DDS also requests reports summarizing existing medical evidence of record (MER). DDS pays \$15 for brief MER reports and \$25 for comprehensive MER reports.

Government agencies such as state hospitals or the Veterans Administration provide records without charge. Schools provide records without charge except those records deemed to be medical evidence by Social Security standards. Medical evidence provided by schools may be paid at the rates listed above for medical records. DDS will also pay search fee for medical records of \$1 per quarter hour (or portion thereof). DDS does not pay for records in advance of receipt of the requested records.

Mileage

Claimant, medical provider, vendor and any other service provider (such as sign language interpreter) travel must be pre-authorized by DDS. Travel is to be paid at the mileage rate for vendors established by Rehabilitation Services, which is currently no more than 25 cents per mile.

Interpreter Services

DDS will pay for foreign language interpreting services and sign language interpreting services when needed as a reasonable accommodation to allow claimants to participate in medical exams and the DDS process.

- In accordance with Rehabilitation Services policy, fees for foreign language interpretation are paid at the usual and customary local rate.
- In accordance with Rehabilitation Services policy, fees for sign language interpretation are based on the certification level of the interpreter. The current fee schedule is: \$20 an hour for Level I, II or III certification; \$25 an hour for Level IV certification; and \$30 an hour for Level V certification.

Office of Hearings and Appeals (OHA)

DDS will pay medical providers up to \$55 an hour for a review of medical records for OHA cases. This is available exclusively for OHA cases.

Medical Services

Because of the comprehensive medical information required for the disability claims process, DDS has established the following fee schedule. This fee schedule is authorized only for use by DDS and may not be used by other units of Rehabilitation Services or the Department of Social and Rehabilitation Services.

- 1. Disability Determination Consultative Examination (DDCE)
 - Payment up to a maximum of \$85
 - This examination includes a review of a comprehensive medical history and physical examination with decision making of exceptional complexity.
 - Specifically this includes:
 - a. See Comprehensive Report (DDCR) description for report requirements.
 - Examinations may be provided by any contracting medically acceptable source as defined by the Social Security Administration
- 2. Disability Determination Consultative Examination LIMITED (DDCE-L)
 - Payment not to exceed \$55.
 - Same as DDCE only scope to include less comprehensive examination. See Comprehensive Report (DDCR) description for report requirements.
- 3. Disability Determination Consultive Examination CHILD (DDCE-C)
 - Payment up to a maximum of \$85.
 - This includes a comprehensive history and physical examination with decision making of exceptional complexity. Specifically this includes documentation of:
 - a. The child's major or chief alleged impairments.
 - b. A detailed description, within the area of specialty, of history of impairments.
 - c. Description, and disposition, of pertinent "positive" and "negative" detailed findings based on history, examination, and laboratory tests and any other abnormalities or lack thereof reported or found during examination or tests
 - d. Diagnosis and prognosis for the child's impairments
 - e. Statements made by the child's parents/caregivers about what the child can still do despite his/her impairment.

- Consulting opinion about the child's ability, despite impairment to complete age-appropriate activities.
- See Comprehensive Report (DDCR) description for report requirements. Developmental screening should be performed if requested by DDS.
- Examinations may be provided by any contracting medically acceptable source as defined by the Social Security Administration.
- 4. Speech/Language Evaluation (SPLGN)
 - Payment up to a maximum of \$90.
 - These exams require a review of background material and a statement of problems and findings including quality, fluency, intelligibility, both oral and written.
 - Hearing screening is to be provided with comments and conclusions on all positive speech, language and hearing findings. Copy of all testing protocol is to be provided.
 - The Comprehensive Report (DDCR) fee is not available for this evaluation service.
- 5. Audiology Evaluation (AUDIO)
 - Payment up to a maximum of \$60.
 - The Comprehensive Report (DDCR) fee is not available for this evaluation service.
- 6. Goldman Evaluation (GOLDM)
 - Payment up to a maximum of \$100
 - The Comprehensive Report(DDCR) fee is not available for this evaluation service.

Psychological Services

- 1. Disability Determinations Consultative Examination Psychological (DDCE-P)
 - Payment up to a maximum of \$70.
 - The DDCE-P exam includes a comprehensive history and psychological examination with decision making of exceptional (legally defensible) complexity. Specifically this includes documentation of:
 - a. The claimant's major or chief alleged impairments.
 - b. A detailed description, within the area of specialty, of history of impairments.
 - Description, and disposition, of pertinent "positive" and "negative" detailed findings based on history, examination, and laboratory tests and any other abnormalities or lack thereof reported or found during examination or tests.
 - c. Diagnosis and prognosis for the claimant's impairments.
 - d. Statements about what the claimant can still do despite his/her impairment.
 - e. Consulting opinion about the claimant's ability, despite impairment to do work-related activities such as the claimant's ability to understand, to carry out and remember instructions and to respond appropriately to supervision, coworkers, and work pressures in a work setting.
 - See Comprehensive Report (DDCR) description for report requirements.
 - Examinations may be provided by any contracting medically acceptable source as defined by the Social Security Administration.

Psychological Testing

The most current version of psychological testing instruments must be used. The Comprehensive Report (DDCR) fee is not available for these psychological testing services.

- 1. Intelligence testing up to a maximum of 2.5 hours @ \$52.50 per hour
 - This includes the Weschler Adult Intelligence Scale and the Stanford-Binet. Intellectual testing should be ordered only if there is a reason to suspect an intellectual deficit or learning disability.
- 2. Standardized Achievement Testing up to a maximum of 2.5 hours @ \$52.50 per hour.
 - In cases where a learning disability is suspected, the Woodcock-Johnson Achievement Battery may be ordered. When achievement deficits are believed to result from academic underachievement or lack of education, the Wide Range Achievement Test may be sufficient (maximum of 1 hour).
- 3. Personality Assessment up to a maximum of 2 hours @ \$52.50 per hour.
 - In situations where there is reason to suspect that a psychiatric impairment will interfere with work function or completion of a training or academic program, personality assessment such as the MMPI and/or projective testing such as the Rorschach or TAT may be appropriate, particularly if there is a minimum of existing information.
- 4. Neuropsychological assessment up to a maximum of 8 hours (code M0601 or 90830).
 - Neuropsychological evaluation (such as the Halstead Reitan and Luria Nebraska) should be done very sparingly but may be appropriate in complex cases of head injury or learning disability. The District or State Psychological Consultant must approve referrals for a complete neuropsychological battery. The hourly rate is procedure code M0601 or 90830. This is not a specialist exam.

Comprehensive Report

- 1. Disability Determination Comprehensive Report (DDCR)
 - Payment up to a maximum of \$40 for reports generated by the medical provider.
 - Payment up to a maximum of \$25 for reports generated with the DDS telerecorder system.
 - DDS requires timely, comprehensive reports to be submitted in accordance with the medical and psychological examinations. The report fee is available only in conjunction with exams, not in conjunction with psychological testing, speech/language evaluation, ancillary or laboratory testing or studies. The DDCR fee may be paid in addition to the examination fees.
- 2. DDCR requirements for medical exams
 - A comprehensive report is to be provided in a timely manner after the examination, to include:
 - a. Discussion of pertinent history with source of history and an estimate of the reliability of the history.
 - b. History of present illness, including reason for not working when appropriate for adults.
 - c. Factors which increase problems/impairments.
 - d. Factors which may provide relief.
 - e. Claimant's (or child's) description of how the impairment limits the ability to function.
 - f. When appropriate for a child's exam, documentation related to growth and development history, developmental milestones including speech and language, and school performance.
 - Information must be in narrative rather than questionnaire or check-off form. Current medication should be listed by name of drug and dose. Social history and family history if pertinent shall be documented. Review of systems should describe other impairments and symptoms the claimant has experienced relative to specific organ systems. Pertinent negative findings, which would be considered in making a differential diagnosis of the current illness or in evaluating the severity of the impairments, shall be documented. The report should also include:
 - a. Blood pressure

- b. Pulse rate
- c. Respiratory rate
- d. Height/weight without shoes
- e. Head circumference if the child is under age 3
- f. Tanner stage as appropriate
- g. Description of claimant's general appearance and pertinent behavior during the examination.
- h. Any other pertinent information specific to the specialty of the provider.
- 3. DDCR requirements for psychological exams
 - A comprehensive report is to be provided in a timely manner after the examination, to include:
 - a. Discussion of pertinent history with source of history and an estimate of the reliability of the history.
 - b. History of present illness including reason for not working.
 - c. Factors which increase problems/impairments.
 - d. Factors which may provide relief.
 - e. Claimant's description of how the impairment limits the ability to function.
 - Information must be in narrative rather than questionnaire or check-off form. Current medication should be listed by name of drug and dose. Social history and family history if pertinent shall be documented. Pertinent negative findings, which would be considered in making a differential diagnosis of the current illness or in evaluating the severity of the impairments, shall be documented.

Ancillary and Laboratory Studies

Unless otherwise specified, ancillary/laboratory studies shall be purchased using the Medicaid fee schedule.

Negotiated Fees

With the approval of the RS Director, the DDS Director has the authority to negotiate fees with hospitals, volume providers and providers in critically under served areas in order to provide timely service. The prudent person concept will be used with maximum fees not to exceed usual and customary rates or rates allowed by the Social Security Administration.

Section 1% - 7cbhfUWg

Section 11 / Part 1

Effective Date: February 2012 Length of document: 14 pages

Provider Agreement Packet

DCF Provider Agreement

Contractual Provisions Attachment

Certification of Qualifications

DCF Confidentiality Policy

Service Agreement

Standard Language For Grants And Contracts Where Protected Health Information Will

Be Exchanged

Service Description(s)

PROVIDER AGREEMENT

Revised 5/2008

Step by step instructions for *Provider Agreement* completion. (Steps 1-5 may be completed by the vendor).

SECTION 1

- δ Name and address of vendor.
- δ Tax ID Enter the vendor Federal Employer Identification Number (FEIN) or Social Security Number (SSN). This will be used to report all payments to the IRS.
- δ Work phone, home phone, fax and e-mail of the vendor.
- δ Vendor license number and date of issue, if applicable.
- δ Enter name and address of all individuals or organizations having a direct or indirect ownership or controlling interest of five percent (5%) or more in the facility, organization or agency.

SECTION 2

δ Enter Regional Office name, Regional Director name or contact Designee, his or her address and phone number.

SECTION 3

 δ Mark the applicable service categories. Assign start and end dates.

SECTION 4 - 8

These Sections require no completion.

SECTION 9-10

Complete the reference to the appropriate appendices

SECTION 11

Regional Office staff must review the completed *Provider Agreement* for conformance with standards as set by DCF Central Office. The provider will sign the Agreement and the Regional Director's and or Director of Rehabilitation Services signature(s) signifies this conformance.

The Vendor must sign and date the *Provider Agreement*. Vendor signature signifies compliance with all required vendor criteria.

DCF must attach the appropriate Appendix designating the type of service being provided, and the capacity and type of facility, if applicable.

87: PROVIDER AGREEMENT

State of Kansas GS-3906 Department for Children and Families Administrative Services New Agreement Start Date Renewal **End Date** Amended Agreement # RS-**SECTION 1:** Vendor Name Address KS ZIP City State E-Mail **FEIN** Vendor ID # Phone FAX# TTY License # License Date List all individuals or organizations having a direct or indirect ownership or controlling interest of five percent (5%) or more in the facility, organization or agency. Name **Address SECTION 2:** Secretary, Department for Children and Families **RS Program Administrator** Phone Region Director of Rehabilitation Services: Michael Donnelly Address: 915 SW Harrison 9N, Docking State Office Building 66612-1505 City Topeka State KS ZIP Phone 785-368-8204 **SECTION 3:** Service Category. Complete an Appendix listed for each box checked. Appendix B Reserved Appendix A Child/Youth Assessment Education/Training Appendix D Appendix C **Employment-Related Services** Appendix E **Transportation** Appendix F

Appendix G

Other

87: PROVIDER AGREEMENT

This Provider Agreement is entered into by and between the party listed in SECTION 1, called the "Vendor" and the Secretary of the Kansas Department for Children and Families or designee as represented in SECTION 2, called "Secretary". The law of the State of Kansas, K.S.A. 39-708c, states that the Secretary shall have the power and duty to determine the general policies relating to all forms of social welfare, which are administered or supervised by the Secretary. The Secretary has deemed it necessary, according to the above statute, to enter into a Provider Agreement with the Vendor for services listed herein. The Vendor wishes to enter into a Provider Agreement with the Secretary for such services.

The parties agree as follows:

SECTION 4: Authority of Agent. The Secretary assures the Vendor that the Secretary has the authority to delegate and has delegated the full appropriate legal authority to the Region Director listed in SECTION 2, to enter into this Provider Agreement as representative and agent to the Secretary in all matters relating to this Provider Agreement's execution and performance.

SECTION 5: Compensation. The Secretary and the Vendor understand and agree that the Vendor shall receive compensation only for services provided to approved DCF clients in accordance with established current rates for such services.

SECTION 6: Billing and Payment.

- a. The Vendor agrees to bill the Secretary within the first ten (10) days of each month after services are provided, during the term of this Provider Agreement. The billing must include itemized charges for each DCF client and the specific dates services were provided.
- b. The Secretary agrees that payment shall be made to the Vendor within thirty (30) days of receipt of the billing.

SECTION 7: The Vendor's Duties. The Vendor agrees to:

- a. Provide services to DCF clients as authorized by the Secretary.
- b. Accurately maintain all records as required by Federal and State regulations and to allow and provide access to all such records as may be requested by the Secretary or designee.
- c. Maintain all assurances required for each Appendix marked in SECTION 3.
- d. Notify Secretary immediately upon forfeiture of operating license.
- e. Not enter into sub-contracts or assign any part of the service performed under this Agreement without obtaining written approval of the Secretary.
- f. Certify that Federal funds used under this Agreement do not replace in any way, Federal, State or local funds for already existing services.

SECTION 8: Private Liability. The Vendor agrees not to bill or otherwise attempt to collect payments from the client, relative of the client, client's estate and others for any amounts for any care, services or goods.

SECTION 9: Termination of Provider Agreement. This Provider Agreement may be canceled by either party by providing written notice at least thirty (30) days in advance of the effective date of the termination. The Vendor shall not perform new DCF client services after the termination date, and shall cancel as many existing DCF client services as possible.

The Secretary reserves the right to terminate this Provider Agreement if the Vendor fails to perform the duties as listed in SECTION 7.

SECTION 10: Incorporation by Reference. The provisions found in **CONTRACTUAL PROVISION ATTACHMENT** (Form DA146a), the **87:** 'Drovider Agreement, and Appendices, which are attached and executed by the parties to this Provider Agreement, are incorporated in this Provider Agreement and made a part of this Agreement by reference.

SECTION 11: Effective Date. This Provider Agreement shall become effective only upon its execution by the parties hereto, or by their duly authorized agents or representatives.

RS Program Administrator	Date
3	
Provider Signature	Date
ŭ	
Rehabilitation Services Director	Date

State of Kansas Department of Administration DA-146a (Rev. 10-11)

CONTRACTUAL PROVISIONS ATTACHMENT

Important:

This form contains mandatory contract provisions and must be attached to or incorporated in all copies of any contractual agreement. If it is attached to the vendor/contractor's standard contract form, then that form must be altered to contain the following provision:

"The Provisions found in Contractual Provisions Attachment (Form DA-146a, Rev. 10-11), which is attached hereto, are hereby incorporated in this contract and made a part thereof."

The parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being the ___ day of _____, 20__.

- 1. <u>Terms Herein Controlling Provisions</u>: It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated. Any terms that conflict or could be interpreted to conflict with this attachment are nullified.
- 2. Kansas Law and Venue: This contract shall be subject to, governed by, and construed according to the laws of the State of Kansas, and jurisdiction and venue of any suit in connection with this contract shall reside only in courts located in the State of Kansas.
- 3. <u>Termination Due To Lack Of Funding Appropriation</u>: If, in the judgment of the Director of Accounts and Reports, Department of Administration, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges-hereunder, State may terminate this agreement at the end of its current fiscal year. State agrees to give written notice of termination to contractor at least 30 days prior to the end of its current fiscal year, and shall give such notice for a greater period prior to the end of such fiscal year as may be provided in this contract, except that such notice shall not be required prior to 90 days before the end of such fiscal year. Contractor shall have the right, at the end of such fiscal year, to take possession of any equipment provided State under the contract. State will pay to the contractor all regular contractual payments incurred through the end of such fiscal year, plus contractual charges incidental to the return of any such equipment. Upon termination of the agreement by State, title to any such equipment shall revert to contractor at the end of the State's current fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the agency or the contractor.
- Disclaimer Of Liability: No provision of this contract will be given effect that attempts to require the State of Kansas or its agencies to defend, hold harmless, or indemnify any contractor or third party for any acts or omissions. The liability of the State of Kansas is defined under the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.).
- 5. Anti-Discrimination Clause: The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-1111 et seq.) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 et seq.) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) if it is determined that the contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

Contractor agrees to comply with all applicable state and federal anti-discrimination laws.

The provisions of this paragraph number 5 (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting State agency cumulatively total \$5,000 or less during the fiscal year of such agency.

- 6. <u>Acceptance Of Contract</u>: This contract shall not be considered accepted, approved or otherwise effective until the statutorily required approvals and certifications have been given.
- 7. Arbitration. Damages. Warranties: Notwithstanding any language to the contrary, no interpretation of this contract shall find that the State or its agencies have agreed to binding arbitration, or the payment of damages or penalties. Further, the State of Kansas and its agencies do not agree to pay attorney fees, costs, or late payment charges beyond those available under the Kansas Prompt Payment Act (K.S.A. 75-6403), and no provision will be given effect that attempts to exclude, modify, disclaim or otherwise attempt to limit any damages available to the State of Kansas or its agencies at law, including but not limited to the implied warranties of merchantability and fitness for a particular purpose.
- 8. Representative's Authority To Contract: By signing this contract, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this contract on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.
- 9. Responsibility For Taxes: The State of Kansas and its agencies shall not be responsible for, nor indemnify a contractor for, any federal, state or local taxes which may be imposed or levied upon the subject matter of this contract.
- 10. Insurance: The State of Kansas and its agencies shall not be required to purchase any insurance against loss or damage to property or any other subject matter relating to this contract, nor shall this contract require them to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.), the contractor shall bear the risk of any loss or damage to any property in which the contractor holds title.
- 11. <u>Information</u>: No provision of this contract shall be construed as limiting the Legislative Division of Post Audit from having access to information pursuant to K.S.A. 46-1101 et seq.
- 12. <u>The Eleventh Amendment</u>: "The Eleventh Amendment is an inherent and incumbent protection with the State of Kansas and need not be reserved, but prudence requires the State to reiterate that nothing related to this contract shall be deemed a waiver of the Eleventh Amendment."
- 13. <u>Campaign Contributions / Lobbying:</u> Funds provided through a grant award or contract shall not be given or received in exchange for the making of a campaign contribution. No part of the funds provided through this contract shall be used to influence or attempt to influence an officer or employee of any agency or a member of the Legislature regarding any pending legislation or the awarding, extension, continuation, renewal, amendment or modification of any government contract, grant, loan, or cooperative agreement.

CERTIFICATION OF QUALIFICATIONS

MY SIGNATURE BELOW CERTIFIES THE ABOVE INFORMATION AND ATTACHMENTS TO BE TRUE AND ACCURATE. I UNDERSTAND FAILURE TO DISCLOSE AN OFFENSE MAY RESULT IN TERMINATION OF THE PROVIDER AGREEMENT.

Provider Agency			
Address			
City	State	Zip	
SSN or FEIN	Vendor ID State Issued		
Phone	Fax		
Signature/Date			
Signature/Date			

PLEASE ALSO ATTACH:

- 1) COPY OF YOUR DRIVERS LICENSE AND VERIFICATION OF AUTO INSURANCE IF YOU WILL BE PROVIDING TRANSPORTATION TO ÖÔØÆLIENTS AT ANY TIME.
- 2) COPIES OF ANY LICENSE, CERTIFICATION OR CREDENTIALS REQUIRED RELATED TO PROVISION OF SERVICES.

87: CONFIDENTIALITY POLICY

For Provider Agreement Services

The provider agrees that none of its employees, agents, students, or assignees involved in providing services, receipt of services, the studies of services, or research/review of DCF programs, directly or indirectly, under the terms of this contract shall use any information, systems, records, or other material of a confidential nature for any purpose other than to fulfill its contractual responsibilities to DCF.

Almost all information concerning applicants, clients or former clients is considered confidential. Use of such information is limited to purposes directly connected with DCF program administration. All disclosure, even within the contracting agency, is limited to a need-to-know basis and to only that information reasonably necessary to accomplish the purpose of such disclosure. Information may be disclosed when the purpose of disclosure is directly related to: (1) the administration of DCF programs; (2) an investigation, prosecution, or criminal or civil proceeding connected with the administration of DCF program or SSI program; or (3) the administration of any Federal or Federally assisted program providing cash or in-kind assistance services to individuals on the basis of financial need. **Under no circumstances is a contractor/provider authorized to release, to an applicant, participant, or anyone else, any information obtained from another agency or facility.** Release of any confidential information to an outside source, other than under exceptions listed above, requires a written release of information, signed by the client. The nature of information to be safeguarded includes the following:

- (1) Names, addresses, phone numbers, and the fact that said person is receiving public assistance or is involved in a program requiring Federal financial assistance as a condition of eligibility for the program;
- (2) Written or verbal information contained in or concerning applications, reports of investigations, reports of medical or psychological examination/evaluations, correspondence, and other records concerning the condition or circumstances of any DCF applicant, client or former client;
- (3) DCF records of agency evaluations or summaries of such information;
- (4) Personal information shared by the client or about the client; and
- (5) Any and all information which reasonably could be considered to be identifying, i.e., reference to a TANF single parent from a certain area with six children, even without naming the client's name, could be identifying if the parent is from a small area and perhaps the only TANF single parent with six children.

In all cases, providers are required to follow the Confidentiality Policy. Students or research personnel under contract with DCF shall adhere to this policy, and DCF shall receive copies of each study completed. If a provider or DCF Service Center is in doubt of policy, questions may be directed to the DCF monitor or liaison.

SERVICE AGREEMENT

Effective Date	
	(Initial/Amended)

Carefully review the Contractual Provisions Attachment (DA-146a) and the *Provider Agreement* form for related information.

THE FOLLOWING INFORMATION APPLIES LOCALLY:

1.	1. SERVICES PROVIDED		
	TheDCF Region is purchasing the following service(s) from this particular provider (RS Program Administrator will check the services to be purchased, specify appropriate counties in which the provider has agreed to provide each service and accept rates established or for select service(s) rates are negotiated):		
Cou	nties served:		

	Service	Component	Payment Rate	
APPE	APPENDIX C – PFP ASSESSMENTS			
	Vocational Assessment \$42			
	Independent Living Assessment		\$150	
	Community-based Work Assessment		\$750	
APPE	APPENDIX D – EDUCATION/TRAINING			
	Orientation and Mobility Training	Teaching Action Plan	\$200	
		Per hour	\$70 per hour	
	Rehabilitation Teaching	Teaching Action Plan	\$200	
		Training	\$34 per hour	
APPE	APPENDIX E – EMPLOYMENT			
	PFP Job Preparation	Action Plan	\$200	
		Level 1 Monthly	\$250	
		Level 2 Monthly	\$500	
	PFP Guided Placement	Action Plan	\$200	
		Monthly	\$250	

1	Service	Component	Payment Rate
	PFP Customized Placement	Job Development/Action Plan	\$500
		2. Placement	\$500
		3. Stabilization: Supported Employment IPE Only	\$500
		4. 45 Days of Continuous, Successful Placement	\$500
		Extended Ongoing Service Plan Supported Employment IPE Only	\$500
		6. Successful VR Closure	\$1,000
	Job Placement for Transitioned-aged	Job Development Action Plan	\$200
	Youth with Disabilities - Soaring to New Heights	Placement in permanent, paid, integrated employment	\$300
		Completion of 30 days in employment and the expectation that the employment will continue	\$200
	PFP Job Coaching	Level 1	\$34 per hour
		Level 2	\$34 per hour
	PFP Community-based Job Tryout		\$175
	PFP IPE Research	1. Referral (30%)	Total Fee:
	(Negotiate Rate with Program Administrator)	2. IPE Research (30%)	\$
		IPE developed and signed by Customer and Counselor (40%)	
	IPE Case Coordination Milestone Payment (Negotiate Rates with Program Administrator)	Milestone 1: Referral to Contractor	Milestone 1:
		Milestone 2: Case coordination services in quarterly intervals	Milestone 2:
	PFP Purchasing Support	1: Referral (30%)	Total Fee:
	(Negotiate Rate with Program Administrator)	2: Purchase authorized (30%)	\$
		3: Service or item delivered (40%)	
APPE	NDIX G – OTHER		
	PFP Assistive Technology (AT)	Initial Assessment	\$200
	Services	Basic Functional Evaluation	\$800
		Comprehensive Functional Evaluation	\$1,200
		Basic Training	\$800
		Comprehensive Training	\$1,200
		Technical Assistance	\$300

Any changes to payment rates for this provider are explained in an updated addendum (or a letter to the provider if the maximum rates are increased) which is dated, initialed or signed, attached to, and becomes part of this Agreement.

2. COORDINATION (PIGGYBACK AUTHORIZATION)

Coordination between DCF Regional Offices, DCF Programs and the provider is described below or attached as a separate page. Include referral process, planned frequency of meetings, joint training, notification of client need for emergency services, service-related transportation arrangements, etc.

Please refer to service description(s) attached.

3. OTHER (Specify

STANDARD LANGUAGE FOR GRANTS AND CONTRACTS WHERE PROTECTED HEALTH INFORMATION WILL BE EXCHANGED

Confidentiality Under the Health Insurance Portability and Accountability Act, 1996 (HIPAA):

DCF is a covered entity under the act and therefore Contractor is not permitted to use or disclose health information in ways that DCF could not. This protection continues as long as the data is in the hands of the Contractor.

Definition: For purposes of this section, the terms "Protected Health Information" and "PHI" means individually identifiable information in any medium pertaining to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual, that Contractor receives from DCF or that Contractor creates or receives on behalf of DCF. The terms "Protected Health Information" and "PHI" apply to the original data and to any health data derived or extracted from the original data that has not been de-identified.

Electronic protected health information (EPHI) is a subset of PHI and means individually identifiable health information that is transmitted by or maintained in electronic media.

- a) Required/Permitted Uses Section 164.504(e)(2)(i): Contractor is required/permitted to use the PHI for the following purposes:
 - (I) PHI will not be used for any purpose other than to fulfill contractual responsibilities to DCF.
- b) Required/Permitted Disclosures Section 164.504(e)(2)(i): Contractor shall disclose DCF' PHI only as allowed herein or as specifically directed by DCF.
- <u>Limitation of Use and Disclosure Section 164.504(e)(2)(ii)(A)</u>:
 Contractor agrees that it will not use or further disclose the PHI other than as permitted or required by this contract or as required by law.
- d) <u>Disclosures Allowed for Management and Administration Section</u>
 <u>164.504(e)(2)(i)(A) and 164.504(e)(4)(i)</u>: Contractor is permitted to use and disclose PHI received from DCF in its capacity as a Contractor to DCF if such use is necessary for proper management and administration of the Contractor or to carry out the legal responsibilities of the Contractor.
- e) <u>Minimum Necessary</u>: Contractor agrees to limit the amount of PHI used and/or disclosed pursuant to this section to the minimum necessary to achieve the purpose of the use and disclosure.
- f) Safeguarding and Securing PHI Sections 164.308, 164.310, 164.312, 164.314 and 164.504(e)(2)(ii)(B): Contractor agrees to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI and or EPHI that the Contractor creates, receives, maintains, or transmits. Contractor will furnish DCF with a written description of such safeguards taken upon request. Contractor agrees to allow authorized representatives of DCF access to premises where the PHI and or EPHI is kept for the purpose of inspecting physical security arrangements.

- g) <u>Agents and Subcontractors Section 164.504(e)(2)(ii)(D)</u>: Contractor will ensure that any entity, including agents and subcontractors, to whom it discloses PHI received from DCF or created or received by Contractor on behalf of DCF agrees to the same restrictions, conditions and safeguards that apply to Contractor with respect to such information.
- h) Right to Review: DCF reserves the right to review terms of agreements and contracts between the Contractor and subcontractors as they relate to the use and disclosure of PHI belonging to DCF.
- i) Ownership: Contractor shall at all times recognize DCF' ownership of the PHI.
- j) Notification Section 164.304, 164.314 (a)(2)(C) and 164.504(e)(2)(ii)(C):
 Contractor shall notify DCF both orally and in writing of any use or disclosure of PHI and or EPHI not allowed by the provisions of this Contract of which it becomes aware, and of any instance where the PHI is subpoenaed, copied or removed by anyone except an authorized representative of DCF or the contractor/grantee. The Contractor shall report to DCF any security incident within 5 business days of becoming aware of such incident. For the purposes of this paragraph, "security incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification or interference with systems operations in an information system.
- k) <u>Transmission of PHI Section 164.312 (c)(1) and 164.312 (c)(2)</u>: Contractor agrees to follow the HIPAA standards with regard to the transmission of PHI.
- Employee Compliance with Applicable Laws and Regulations: Contractor agrees to require each of its employees having any involvement with the PHI to comply with applicable laws and regulations relating to security, confidentiality and privacy of the PHI and with the provisions of this Contract.
- m) <u>Custodial Responsibility</u>: An employee of Contractor will be designated as the custodian of PHI and will be responsible for observance of all conditions of use. If custodianship is transferred within the organization, Contractor shall notify DCF promptly.
- n) Access, Amendment, and Accounting of Disclosures Section 164.504(e)(2)(ii)(E-G):Contractor will provide access to the PHI in accordance with 45 C.F.R. Section 164.524. Contractor/Grantee will make the PHI available for amendment and incorporate any amendments to the PHI in accordance with 45 C.F.R. Section 164.526. Contractor will make available the information required to provide an accounting of disclosures in accordance with 45 C.F.R. Section 164.528.
- o) <u>Documentation Verifying HIPAA Compliance Section 164.504(e)(2)(ii)(H)</u>: Contractor will make its policies, procedures, and documentation relating to the security and privacy of protected health information, including EPHI, available to the Secretary of Health and Human Services for purposes of determining DCF's compliance with 45 C.F.R. Parts 160 and 164. Contractor will make these same policies, procedures, and documentation available to DCF or its designee upon request.
- p) <u>Contract Termination Section 164.314 (a)(2)(i)(D) and 164.504(e)(2)(ii)(I)</u>: Contractor/Grantee agrees that within 45 days of the termination of this contract, it will return or destroy, at DCF' direction, any and all PHI that it maintains in any form and will retain no copies of the PHI. If the return or destruction of the PHI is not feasible, the

protections of this section of the contract shall be extended to the information, and further use and disclosure of PHI is limited to those purposes that make the return or destruction of PHI infeasible. Any use or disclosure of PHI except for the limited purpose is prohibited.

q) Termination for Compliance Violation Section 164.314 (a)(2)(i)(D) 164.504(e)(2)(iii) and Section 164.504(e)(1)(ii): Contractor acknowledges that DCF is authorized to terminate this Contract if DCF determines that Contractor has violated a material term of this section of the contract. If termination of the Contract is not feasible due to an unreasonable burden on DCF, Contractor's violation will be reported to the Secretary of Health and Human Services, along with steps DCF took to cure or end the violation or breach and the basis for not terminating the contract.

SERVICE DESCRIPTION(S) Please Attach

Section 11 / Part 2 Effective Date: July 1, 2008

Length of document: 2 pages

Community-Based Job Tryout Services (Payment-for-Performance)

Rate: \$175.00

Use Service Code 655.

SERVICE DESCRIPTION

APPENDIX E: EMPLOYMENT RELATED – COMMUNITY-BASED JOB TRYOUT

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE — COMMUNITY-BASED JOB TRYOUT

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals. Community-based job tryouts are often essential to empower consumers to achieve their employment goals.

This service is a placement tool intended to help the VR consumer try out a certain job or job-family, but does not necessarily result in permanent placement.

COMMUNITY-BASED JOB TRYOUT

This service may be provided when authorized in advance by the RS counselor as part of the overall placement process.

The service of community-based job tryout includes:

- ❖ Identification of an employer willing to provide the job tryout in a field of work consistent with the consumer's vocational objective.
- On-the-job observation of the consumer's performance.
- ❖ An analysis of the consumer's potential for success in the specific field of work.
- Identification of options for permanent employment based on the job tryout.

The RS counselor will authorize separately for the consumer's compensation to participate in the community-based job tryout, up to a maximum of 80 hours. The number of hours will be authorized in advance by the RS counselor. RS will make workers compensation coverage available for the period of the community-based job tryout.

The contractor will be responsible for completion and dissemination of required forms, including the Community-based Job Tryout Agreement and W-9.

Payment for the community-based job tryout will be authorized when the contractor has completed the service and RS receives the required forms and final report from the contractor.

GENERAL TERMS

Written summary reports are required. Referrals can be withdrawn by RS with 15-day written notice. In case of disagreement over payment between the RS counselor and contractor, the contractor may appeal to the Regional RS Program Administrator. In case of continued dispute, the contractor may appeal to the RS Community Provider Manager.

PERFORMANCE EVALUATION

The purpose of Accountability Benchmarks is to provide parameters for RS staff and contractors to review progress and outcomes on a regular schedule so that the team can address any potential issues before they become significant problems for the contractor and/or consumer. The guidelines are established to help improve the potential for reaching successful outcomes by developing strategies for improvement rather than imposing negative consequences at the end of a review period. The expectation is that contractors providing Community-based Job Tryout will initiate services within 30 days of receiving the authorization. At the end of services, a written summary should be provided within 14 days of the last day of service. Program evaluation data will be reviewed on a quarterly basis so both the contractor and RS staff are aware of the outcomes and will determine what, if any, action will be taken to ensure success for the persons served.

RELATED SERVICES

Self-Directed Placement Guided Placement Customized Placement Job Coaching Section 11 / Part 3 Effective Date: July 1, 2008 Length of document: 2 pages

Community-Based Work Assessment Services (Payment-for-Performance)

Rate: \$750.00

Use Service Code 155.

SERVICE DESCRIPTION

APPENDIX C: ASSESSMENT – COMMUNITY-BASED WORK ASSESSMENT

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE - COMMUNITY-BASED WORK ASSESSMENT

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals. Community-based work assessments are often essential to empower consumers to develop a vocational plan and to achieve their employment goals.

This service is intended to answer questions about performance in an integrated, competitive situation and is not intended to result in permanent employment.

COMMUNITY-BASED WORK ASSESSMENT

This service may be provided when authorized in advance by the RS counselor as part of the overall assessment process.

The service of community-based work assessment includes:

- ❖ Identification of an employer willing to provide the assessment in a field of work consistent with the consumer's stated/implied/tested vocational interest.
- ❖ On-the-job observation of the consumer's learning style, performance, quality, consistency, stamina, and potential to perform the tasks/job.
- ❖ An analysis of the consumer's potential for success in the specific field of work.
- ❖ Identification of options for eventual permanent employment, recommended accommodations, and/or training needs based on the work assessment results.
- Providing answers to the referral questions.

The RS counselor will create a separate authorization to the consumer for compensation to participate in the community-based work assessment, up to a maximum of 80 hours. The number of hours will be authorized in advance by the RS counselor. RS will make workers compensation coverage available for the period of the community-based work assessment.

The contractor will be responsible for completion and dissemination of required forms, including the Community-based Work Assessment Agreement and W-9.

Payment for the community-based work assessment will be authorized when the contractor has completed the service and RS receives the required forms and final report from the contractor.

GENERAL TERMS

Written assessment reports are required. Referrals can be withdrawn by RS with 15-day written notice. In case of disagreement over payment between the RS counselor and contractor, the contractor may appeal to the Regional RS Program Administrator. In case of continued dispute, the contractor may appeal to the RS Community Provider Manager.

PERFORMANCE EVALUATION

The purpose of Accountability Benchmarks is to provide parameters for RS staff and contractors to review progress and outcomes on a regular schedule so that the team can address any potential issues before they become significant problems for the contractor and/or consumer. The guidelines are established to help improve the potential for reaching successful outcomes by developing strategies for improvement rather than imposing negative consequences at the end of a review period. The expectation is that contractors providing Community-based Work Assessment will find a community site and initiate services within 30 days of receiving the authorization. At the end of services, a written summary should be provided within 14 days of the last day of service. Program evaluation data will be reviewed on a quarterly basis so both the contractor and RS staff are aware of the outcomes and will determine what, if any, action will be taken to ensure success for the persons served.

RELATED SERVICES

Vocational Assessment Independent Living Assessment Section 11 / Part 4 Effective Date: February 1, 2005 Length of document: 3 pages

Customer Support (Fee-for-Service)

Use Service Code 001.

SERVICE DESCRIPTION

APPENDIX E: FEE-FOR-SERVICE - CUSTOMER SUPPORT

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

FEE-FOR-SERVICE - CUSTOMER SUPPORT

Rehabilitation Services (RS) is the State vocational rehabilitation (VR) agency. VR services help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each Customer's needs and goals.

RS seeks to contract with public/private service providers and/or organizations/businesses (hereinafter referred to as the Contractor) for the provision of Customer Support services.

The need for such services will be determined on a regional basis by the RS Program Administrator. The intent of this contract solicitation is to develop services that are Customer-driven, Counselor-driven and outcome-oriented.

The Contractor should propose an hourly fee for the scope of services identified by the RS Program Administrator. The number of hours of services will be identified by the RS Program Administrator. The frequency or interval of payments will be negotiated between the RS Program Administrator and the Contractor. Authorization of specific payments at the agreed-upon interval will occur when the services are provided to the Program Administrator's satisfaction.

CUSTOMER SUPPORT

Customer Support Services assist the Counselor in the delivery of VR services. Each Regional Program Administrator for RS will determine which of the following services are needed in their Regions, based on Customer needs and current staffing levels.

All Customer Support Services are provided at the direction of the RS Counselor and are overseen by the RS Regional Program Administrator:

- Completing initial orientation functions, such as:
 - > Explaining the application process to Customers.
 - > Reviewing application forms to assure that they are complete.
 - > Conducting interviews to gather medical history, work history or other relevant information.

- Securing Release of Information forms from the Customer if needed in order to request records.
- Requesting records and preparing the fee authorization on the Kansas Management Information System (KMIS) for the Counselor's approval.
- Following up to assure that records are received in a timely manner.
- Verifying Social Security status.
- Conveying collected information to the Counselor so that the Counselor can determine eligibility in accordance with Federal VR regulations.
- Assisting the Customer to access other services, either through referral or direct help in completing applications.
- Coordinating with the Customer to schedule appointments with the Counselor, service providers, contractors, medical professionals, vocational assessment staff, or others involved in the Customer's services. Sending appointment reminder notices or making reminder calls as needed.
- ❖ Assisting the Customer in completing the "Customer Guide to Developing the IPE," or in other activities to analyze employment and service options, assuring that the Customer has the opportunity exercise informed choice throughout the process. This Customer Guide may be found at: http://dcf.ks.gov/Services/RS/ See Policy Manual Section 9/Part 4.
- ❖ Collecting information from the Customer for the Economic Need analysis.
- Serving as a resource for the Customer and Counselor by:
 - ➤ Researching options for purchasing needed goods and services, which may include seeking qualified providers.
 - Seeking comparable benefits.
 - > Writing purchasing specifications to assure that the Customer's needs are met.
 - > Securing bids under the State's purchasing guidelines.
 - Securing materials received reports signed by the Customer for goods purchased.
- ❖ Providing case coordination and follow-along services related to the successful implementation of the IPE.
- Providing supported education services, such as:
 - > Orientation to the campus.
 - Assistance to identify housing options.
 - > Financial aid processing.
 - Development of tutoring options.
 - Coordination of enrollment, degree planning, and transcript analysis.
- ❖ Assuring timely receipt of Customer reports, such as grades for those in training plans.
- Completing case retention functions for all potential Status 28 cases.

For all services, the Contractor will provide the Counselor with appropriate documentation, reports of Customer contact and narratives related to interaction with the Customer.

GENERAL TERMS

Continuation of this fee-for-service contract may be withdrawn by either party with 15-day written notice. In case of disagreement regarding payment between the RS Program Administrator and Contractor, the Contractor may appeal to the RS Community Provider Manager.

Continued use of the services will be dependent upon the Contractor's success in assisting VR Customers and upon the satisfaction of the RS Counselors and Program Administrator.

RELATED CONTRACT SOLICITATIONS

- Purchasing Support
- Individualized Plan for Employment Research
- ❖ Individualized Plan for Employment Case Coordination

Section 11 / Part 6 Effective Date: February 25, 2005

Length of document: 3 pages

IPE Case Coordination (Milestone Payment)

For Component #1: Referral, use service code 028.

For Component #2: Quarterly Intervals, use service code 029.

SERVICE DESCRIPTION

APPENDIX E: MILESTONE PAYMENT – IPE CASE COORDINATION

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

MILESTONE PAYMENT — INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE) CASE COORDINATION

Rehabilitation Services (RS) is the State vocational rehabilitation (VR) agency. VR services help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each Customer's needs and goals.

RS seeks to contract with public/private service providers and/or organizations/businesses (hereinafter referred to as the Contractor) for the provision of Individualized Plan for Employment (IPE) case coordination services.

The need for such services will be determined on a regional basis by the Rehabilitation Services Program Administrator. The intent of this contract solicitation is to develop auxiliary Customer Support Services that are Customer-driven, Counselor-driven and outcome-oriented.

The Contractor should propose a specific payment to cover each milestone identified in the service description. (This milestone payment model specifies points of payment linked to the provision of specific services and submission of the related progress reports.) The milestone amounts are based upon the agreement with the specific Contractor may vary by community or region.

INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE) CASE COORDINATION

Successful provision of this Customer Support Service relies on collaboration to form a partnership among the Customer, the VR Counselo r and the Contractor to assist the Customer in making progress on his/her IPE and achieving the employment goal.

Milestone 1: Referral to Contractor

The referral process is intended to:

❖ Provide an opportunity for the Customer, Counselor and Contractor to determine if the Contractor's services are an effective resource to assist the Customer in meeting his/her IPE objectives and vocational goal.

❖ Provide information to the Contractor about the Individualized Plan for Employment (IPE), which has already been developed and signed, and the Customer's need for support and follow-along services related to the successful implementation of the IPE.

The Referral Milestone Payment will be made at the time the Contractor accepts the referral, and when the Customer, Counselor and Contractor agree to a scope of services statement and a start date for services. A referral payment is made one time per Contractor per Customer during the life of the existing case, not per service.

Milestone 2:

Case coordination services in quarterly intervals

Customer support and follow-along services must include the following:

- ❖ At least monthly contact with the Customer to monitor progress on achieving IPE objectives and the vocational goal, and, in coordination with the counselor, to proactively address issues which may arise. More frequent contact may be necessary when initiating a new phase of the IPE, starting a new service, or when the Customer's circumstances change.
- Provision of agreed upon support services involving direct customer contact, such as:
 - ➤ Regular contact to encourage progress and success.
 - ➤ Identification of transportation or other support service options.
 - > Instruction in self-advocacy.
 - ➤ Facilitation of peer support.
 - ➤ Facilitation of access to community supports and services.
 - > Collection of required documentation, such as school reports and grades, materials received reports, and signatures on IPE amendments.
 - > Coordination of accommodations.
 - Orientation to campus and community.
 - > Assistance to identify housing.
 - Financial aid processing.
 - > Development of tutoring options.
 - > Coordination of enrollment, degree planning, and transcript analysis.
 - ➤ Identification of available technology resources.
- Coordination with the customer to schedule appointments
- ❖ Referral and linkage to community services that support the Customer to achieve the employment outcome.
- Monthly progress reports submitted to the Counselor which provide:
 - > Specific information about services provided and frequency of contact with the Customer.
 - ➤ The Contractor's analysis of the Customer's progress.
 - > Identification of any trends or issues which may impact the success of the Customer and IPE.
 - > Recommendations to address issues, if any.
 - ➤ Identification of additional service needs, if any, to facilitate successful completion of the

IPE.

- > Documentation of the Customer's informed decision-making.
- Identification of next steps.
- ❖ Immediate notification to the Counselor when there is a change in the Customer's circumstances or progress which might negatively impact continuation of the case.

The Counselor will monitor progress reports to assure accomplishment of the objectives and employment goal. Payment for services will be authorized at quarterly intervals once the Counselor has received the required monthly reports and is satisfied that the reporting/service criteria have been met for that interval. Milestone 2 may be authorized multiple times consistent with the timetable of the IPE.

GENERAL TERMS

After establishment of a contract, referrals may be withdrawn by either party with 15-day written notice. Payments will be authorized by the RS Counselor as specified for each milestone. In case of disagreement regarding payment between the RS Counselor and Contractor, the Contractor may appeal to the RS Program Administrator for the Region. In case of continued dispute, the Contractor may appeal to the RS Community Provider Manager.

The contractor must consider accepting all referrals eligible for VR services who are seeking competitive employment goals. There is no guarantee of the number of referrals to be provided by RS. Continued use of the services will be dependent upon the VR Customers and Counselors satisfaction of service provision. This service cannot be used to supplant or duplicate any other service currently being provided.

RELATED CONTRACT SOLICITATIONS

- ❖ Individualized Plan for Employment Research
- Purchasing Support

Section 11 / Part 7

Effective Date: February 25, 2005 Length of document: 4 pages

IPE Research (Payment-for-Performance)

For Component #1: Referral, use service code 025.

For Component #2: Research, use service code 026.

For Component #3: IPE Developed/Signed, use service code 027.

SERVICE DESCRIPTION

APPENDIX E: PAYMENT-FOR-PERFORMANCE – IPE RESEARCH

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE — IPE RESEARCH

Rehabilitation Services (RS) is the State vocational rehabilitation (VR) agency. VR services help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each Customer's needs and goals.

RS seeks to contract with public/private service providers and/or organizations/businesses (hereinafter referred to as the Contractor) for the provision of IPE research services.

The need for such services will be determined on a regional basis by the Rehabilitation Services Program Administrator. The intent of this contract solicitation is to develop auxiliary customer support services that are customer-driven, counselor-driven and outcome-oriented.

The Contractor should propose a fee to cover the entire cost of the service. This fee will be distributed according to the percentage assigned to each Component. (This payment-for-performance model specifies points of payment to the Contractor based on successful completion of the requirements defined for each Component.) The percentage fee distribution among the Components will be consistent statewide. The total fee amount is based upon the agreement with the specific Contractor and may vary by community or region.

IPE RESEARCH

The purpose of this service is to assist the Customer and RS Counselor in researching the quality of information necessary to develop a comprehensive Individualized Plan for Employment (IPE) that will result in employment consistent with the Customer's primary employment factors (strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.) IPE research services may be authorized only once during the life of the current case, unless an exception is approved by the Regional Program Administrator for RS.

Component 1: Referral – 30%

The Counselor and Customer identify questions they have related to vocational planning, and communicate them with the Contractor.

In this Component, the Counselor, Customer and Contractor may seek to coordinate additional vocational evaluation or assessment services, to the extent necessary for identification of rehabilitation needs and effective IPE research. Such services may include administration of assessment tools, community-based work assessments, career exploration, job shadowing or other work assessments which allow the person to experience or learn about specific

employment opportunities. Such additional assessments are not automatic or routine. Rather RS supports the level of assessment needed to answer the Counselor's and Customer's vocational questions and identify services that will result in employment. Such services must be approved in advance by the Counselor and be provided in compliance with RS policy and procedure. (Such services will be authorized separately. Fees for such additional assessments should not be included in the IPE research Payment-for-Performance contract rate.)

Payment will be made upon acceptance of the referral and when the Counselor, Customer and Contractor agree to a timeline for completion of all three Components of this service. If the timeline will exceed 60 days, the Contractor must get the Customer's written agreement.

Component 2: IPE Research — 30%

This Component must include completion of the "Customer Guide to Developing the IPE." (http://dcf.ks.gov/Services/RS/ See Policies - Policy Manual Section 9 / Part 4.)

The Contractor must also compile a report which summarizes:

- ❖ The Customer's strengths and interests.
- * Recommendations for employment options consistent with the Customer's primary employment factors and relevant to the available job market and workforce trends.
- ❖ Analysis of how recommendations are consistent with the Customer's primary employment factors, RS policy, scope of services, and spending authorities.
- * Recommendations for service strategies to address employment barriers.
- Identification of non-work needs that may impact the achievement and maintenance of employment, and recommended strategies to address these needs.
- Benefits counseling/information provided.
- ❖ Analysis of assistive technology needs, if appropriate.
- ❖ Job accommodations, work site supports, and/or work site modifications which will be necessary for employment success.
- * Research related to the local and regional labor markets.
- Research related to prerequisites for entering potential occupations, such as education, licenses or ability to pass drug screens.
- ❖ Analysis of work-related implications in the case of felony convictions.
- Identification of potential service providers and comparable benefits.
- Collection of Customer's financial information and other information necessary for completion of the Economic Need analysis, if the Counselor specifies that it is required for the specific Customer receiving this service.
- ❖ Description of the methods and activities used to assist the Customer to fully participate and make informed choices in the vocational planning process. (Such information should address how the Customer assisted in assessing the qualification of proposed service providers.)
- Evidence of direct contact between the Contractor and Customer throughout the planning process.

The Contractor must review the report with the Customer, and secure the Customer's signature indicating agreement prior to submitting the report to RS. The Contractor will be responsible for scheduling a meeting to review the completed Guide and report with the Customer, Counselor and Contractor.

Component 3: IPE developed and signed by Customer and Counselor (RS Status 12) — 40%

In accordance with federal regulations and RS policy, the RS Counselor must:

- Review proposed outcomes to determine if they are consistent with the Customer's primary employment factors.
- * Review proposed services to determine if they are necessary to achieve the employment goal, and whether they will **result** in employment.
- * Review proposed services to determine if they are cost-effective.
- Review proposed services to determine if they are in compliance with RS policy, rates and fees.
- ❖ When appropriate, determine whether an IPE can be developed for the Customer, or whether the Customer's access to services is delayed through Order of Selection waiting lists. (This will occur only when there are not sufficient funds to serve all eligible individuals, and when waiting lists for access to services have been established.)

The Counselor will authorize payment for this service once the IPE has been signed by the Counselor and Customer (RS Status 12). In the event that an individual's access to services is delayed through Order of Selection waiting lists, the Counselor may authorize payment for this Component if the Component has been previously authorized and if the Counselor agrees that RS would have moved forward with the IPE if not for the waiting list.

GENERAL TERMS

After establishment of a contract, referrals may be withdrawn by either party with 15-day written notice. Payments will be authorized by the RS Counselor as specified for each payment-for-performance component. In case of disagreement regarding payment between the RS Counselor and Contractor, the Contractor may appeal to the RS Program Administrator for the Region. In case of continued dispute, the Contractor may appeal to the RS Community Provider Manager.

The contractor must consider accepting all referrals eligible for VR services who are seeking competitive employment goals. There is no guarantee of the number of referrals to be provided by RS. Continued use of the services will be dependent upon the contractor's success in assisting VR Customers in completing their individualized plans. This service cannot be used to supplant or duplicate any other service currently being provided.

RELATED CONTRACT SOLICITATIONS

- Purchasing Support
- ❖ Individualized Plan for Employment Case Coordination
- Vocational Assessment
- Community-based Work Assessment

Section 11 / Part 9

Effective Date: February 25, 2005 Length of document: 3 pages

Purchasing Support (Payment-for-Performance)

For Component #1: Referral, use service code 030.

For Component #2: Purchase Authorized, use service code 031.

For Component #3: Service or Item Delivered, use service code 032.

SERVICE DESCRIPTION

APPENDIX E: PAYMENT-FOR-PERFORMANCE - PURCHASING SUPPORT

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE — PURCHASING SUPPORT

Rehabilitation Services (RS) is the State vocational rehabilitation (VR) agency. VR services help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each Customer's needs and goals.

RS seeks to contract with public/private service providers and/or organizations/businesses (hereinafter referred to as the Contractor) for the provision of Purchasing Support services.

The need for such services will be determined on a regional basis by the Rehabilitation Services Program Administrator. The intent of this contract solicitation is to develop auxiliary Customer Support Services that are Customer-driven, Counselor-driven and outcome-oriented.

The Contractor should propose a fee to cover the entire cost of the service. This fee will be distributed according to the percentage assigned to each Component. (This payment-for-performance model specifies points of payment to the Contractor based on successful completion of the requirements defined for each Component.) The percentage fee distribution among the Components will be consistent statewide. The total fee amount is based upon the agreement with the specific Contractor and may vary by community or region.

PURCHASING SUPPORT

Component 1: Referral – 30%

The referral process is intended to:

- ❖ Provide an opportunity for the Customer, Counselor and Contractor to determine if the Contractor's services are an effective resource to assist the Counselor and Customer in purchasing a service or item already identified on the approved IPE.
- ❖ Provide information to the Contractor about the specific service or item to be purchased for which extensive additional research is needed. Examples of such situations include:
 - > To locate available providers.
 - > To further define specific computer, equipment or technology specifications.
 - > To identify usual and customary rates for exceptional circumstances.
 - > To gather information from potential vendors on pricing or rate flexibility.

- > To identify relevant State Contract and purchasing procedures which must be followed in this specific circumstance.
- > To help purchase a vehicle, including locating an appropriate vehicle, identifying Blue Book Value and securing the vehicle inspection.
- > To coordinate complex medical services, such as surgery or extensive dental care.

The Referral Payment will be made at the time the Contractor accepts the referral, and the Customer, Counselor and Contractor agree to a timeline for completion of this service. The timeline for completion through Component 2 may not exceed 30 days from the date of referral acceptance. A referral payment is made one time per Contractor per Customer during the life of the existing case, not per service.

Component 2: Purchase authorized — 30%

The Contractor will provide the Customer and Counselor with a comprehensive report describing options researched, specific recommendations, and rationale for the recommendations. The report will include information on how the Customer exercised informed choice throughout the process. The recommendations must be consistent with RS policy, scope of services, State purchasing rules, and spending authorities (or provide a rationale for requesting approval to exceed spending authorities).

Payment is authorized when the recommended option has been incorporated into the IPE and the purchase authorization has been completed by the Counselor.

Component 3: Service or item delivered — 40%

A report addressing the following factors must be provided by the Contractor to the Counselor:

- Confirmation that the service or item was delivered in satisfactory condition and consistent with specifications.
- Completion of the materials received report, when appropriate.
- ❖ A statement from the Customer indicating level of satisfaction with the purchasing process and item/service received.

In addition, the Contractor must provide or sub-contract to provide limited training (one to three hours) to the customer on equipment and follow-up services to assist with installation and set-up.

Payment will be authorized when the Report is completed to the Counselor's satisfaction, and the Customer's statement of level of satisfaction has been received by the Counselor.

GENERAL TERMS

After establishment of a contract, referrals may be withdrawn by either party with 15-day written notice. Payments will be authorized by the RS Counselor as specified for each payment-for-performance component or milestone. In case of disagreement regarding payment between the RS Counselor and Contractor, the Contractor may appeal to the RS Program Administrator for the Region. In case of continued dispute, the Contractor may appeal to the RS Community Provider Manager.

The contractor must consider accepting all referrals eligible for VR services who are seeking competitive employment goals. There is no guarantee of the number of referrals to be provided by RS. Continued use of the services will be dependent upon the VR Customers and Counselors satisfaction of service provision. This service cannot be used to supplant or duplicate any other service currently being provided.

RELATED CONTRACT SOLICITATIONS

- **❖** IPE Research
- **❖** IPE Case Coordination

Section 11 / Part 12 Effective Date: July 1, 2008 Length of document: 4 pages

Vocational Assessment (Payment-for-Performance)

Rate: \$425.00

Use service code 150.

SERVICE DESCRIPTION

APPENDIX C: ASSESSMENT - VOCATIONAL ASSESSMENT

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE - VOCATIONAL ASSESSMENT

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals. Vocational assessments are often essential to empower consumers to develop a vocational plan and to achieve their employment goals. This service is specifically designed to serve consumers who need or want to explore vocational options.

The specific service(s) requested for any individual will be based upon RS counselor analysis of all available information and data to determine the level and intensity of service needs.

Through review of medical and historical records, consumer input, personal interviews, referral information, and observation, the rehabilitation counselor and consumer will agree to a specific vocational goal as well as services necessary to obtain employment. If there are unanswered questions concerning vocational goals or options, the counselor and consumer may choose to pursue a vocational assessment to address these questions. Each assessment will require the contractor to develop an individualized evaluation plan which states the questions, tools, persons responsible, and time frame for completion of the assessment. The contractor is to complete the steps identified on the individualized evaluation plan that are designed to answer all the referral questions. A comprehensive written report will be required at the end of each assessment.

VOCATIONAL ASSESSMENT

The purpose of assessment is to gather employability related information with an individual that will assist/empower that individual in making vocational decisions. The expected outcomes are to help identify and plan for services or activities needed to assist the person in his/her career goals. Additionally, it will increase the individual's knowledge of his/her capabilities and jobs so appropriate occupational choices can be made.

The contractor is expected to adhere to the following accepted principles of assessment:

- ❖ Behavior observation and personal interaction are critical
- Information (findings) must be verified

- ❖ A variety of approaches and methods are essential to provide fair and accurate assessments
- ❖ Assessment is required to make decisions and develop plans
- ❖ Assessment represents an integral part of a larger process or system
- The assessment must be used and useful to the rehabilitation counselor and the customer
- ❖ Assessment requires collaboration and several sources of input
- ❖ Information must be current, valid, and relevant
- ❖ Assessment is systematic and organized, but flexible

In order to complete the vocational assessment, the contractor agrees to the following activities:

- Development of a written individualized evaluation plan which identifies questions to be answered, identifying who will answer them, and what assistive technology is to be used
- ❖ A vocational evaluator or vocational specialist will provide or supervise the services
- Tools utilized are based upon the individual needs and questions and may include work samples, situational assessment, and psychometric testing all done by qualified persons

Vocational assessment services should have the capability to assess or obtain the following:

- ❖ Ability to learn about oneself
- Educational and vocational achievements
- Assistive technology needed
- Community and employment supports needed
- Environmental conditions needed
- ❖ Tools/job site modifications or adaptive equipment needed
- ❖ Work and non-work needs
- Independent living skills
- Intellectual capacities
- Interests, aptitudes, and career aspirations
- ❖ Job-seeking and job-keeping skills
- Knowledge of occupational information
- Learning styles, including ability to understand, recall, and respond
- Personal, social and work related behaviors
- Physical and psychomotor capacities
- Possible employment objectives
- Transferable skills
- Work skills and tolerances
- Modes of communication

The vocational assessment report will be:

- ❖ Written and include answers to the referral questions,
- ❖ Able to be shared with the person seeking employment,
- ❖ Disseminated in a timely manner within 14 days of the last service,
- * Relevant to the desired employment outcome.

The written report should be received by the referring counselor no more than fourteen days following the last service provision of the assessment.

Payment for the vocational assessment will be authorized when RS receives an invoice and final report from the contractor following completion of the service.

GENERAL TERMS

Contractors are expected to initiate services in a timely manner once authorized, usually within a 30 day time period. A written summary report is required at the end of the assessment. Referrals can be withdrawn by either party with written notice before the service actually begins. Payments will be authorized by the RS counselor as specified above. In case of disagreement over payment between the RS counselor and contractor, the contractor may appeal to the RS Program Administrator for the Region. In case of continued dispute, the contractor may appeal to the RS Community Provider Manager.

Contractors are expected to adhere to the code of ethics for vocational evaluators as described by the Commission on the Certification of Work Adjustment and Vocational Evaluation Specialists (CCWAVES). See http://www.ccwaves.org/aboutus/ethics.html. (A summary is provided at the end of this document.)

The contractor must consider accepting all referrals by the rehabilitation counselor of persons who need or want to explore vocational options. There is no guarantee of the number of referrals to be provided by RS. Continued use of the services will be dependent upon the contractor's success in empowering/assisting VR consumers to in making vocational decisions, timeliness of the final reports, and customer's satisfaction.

PERFORMANCE EVALUATION

The purpose of Accountability Benchmarks is to provide parameters for RS staff and contractors to review progress and outcomes on a regular schedule so that the team can address any potential issues before they become significant problems for the contractor and/or consumer. The guidelines are established to help improve the potential for reaching successful outcomes by developing strategies for improvement rather than imposing negative consequences at the end of a review period. The expectation is that contractors providing Vocational Assessment will initiate the service within 30 days of the authorization and complete the final summary report within 14 days of the last service to the consumer. Program evaluation data will be reviewed on a quarterly basis so both the contractor and RS staff are aware of the outcomes and will determine what, if any, action will be taken to ensure success for the persons served.

RELATED SERVICES

Community-based work assessment Independent Living Assessment A summary of the Tenets is provided below. These are general principles shared by all professionals. A full version of the CCWAVES Code of Ethics may be downloaded from http://www.ccwaves.org/aboutus/ethics.html.

Tenet 1: Moral and Ethical Standards

Professionals shall behave in a moral and ethical manner in the conduct of their professional roles.

Tenet 2: Legal Standards

Work Adjustment and Vocational Evaluation Professionals shall abide by local, state and federal laws and statutes in the conduct of their professions, maintaining the integrity of the Code of Ethics and avoiding any behavior which would cause harm to others.

Tenet 3: Professional-Consumer Relationships

Professionals shall respect the dignity and worth of all individuals with whom they work. The primary ethical obligation of professionals is to their consumers; or those persons who are directly receiving their services. Professionals will endeavor at all times to protect each consumer's welfare and to place this interest above their own.

Tenet 4: Professional Relationships

Cooperative interpersonal relationships shall be seen as vital in achieving optimum benefits for consumers. Professionals shall respect the value and roles of professionals and staff in other disciplines and act with integrity in their relationships with professional colleagues, organizations, agencies, referral sources and related disciplines.

Tenet 5: Confidentiality

Professionals shall respect the confidentiality of information obtained from consumers in the course of their work.

Tenet 6: Professional Competency

Professionals shall provide services to consumers which demonstrate competence of critical knowledge and performance areas as established by CCWAVES, and ensure that all services are necessary and appropriate.

Tenet 7: Research and Publication

Professionals shall volunteer to engage in or support research and publication activities that will benefit service delivery.

Tenet 8: Consultation

Professionals shall adhere to recognized professional practices in pricing, promoting and contracting their services.

SERVICE DESCRIPTION

APPENDIX E: EMPLOYMENT RELATED – JOB PREPARATION

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE - JOB PREPARATION

RATES: Action Plan - \$200, Level 1 - \$250 Monthly, Level 2 - \$500 Monthly

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals. Job preparation is often an essential VR service to help consumers achieve skills to enhance their placement potential and thereby better achieve their employment goals.

The specific service(s) requested for any individual will be based upon the RS counselor analysis of all available information and data to determine the level and intensity of service needs.

Job Preparation is purposeful, direct, individualized training and intensive consumer support to obtain skills and abilities which will assist the consumer in moving on to self-directed, guided, contracted customized placement or supported employment activities. The intent is that this service will address, reduce, successfully manage, or eliminate any/all pre-employment barriers or limitations that would negatively impact the consumer's ability to find employment in an integrated, permanent, unsubsidized setting consistent with the consumer's identified vocational objective. Community service providers who agree to provide this service will do so by meeting and/or exceeding the expectations delineated in this payment-for-performance service description before remuneration. Job Preparation for VR consumers is a stand-alone service.

The RS counselor will notify the contractor of a potential referral for services. It is expected that the contractor will accept or reject the referral for services within one week. Once the contractor accepts the referral, the counselor will authorize Job Preparation services for up to 3 months.

RS reimbursement will be based upon the level of services required for the individual. The contractor will be paid monthly. The monthly rate will be determined as either Level 1 or Level 2. Level 1 is identified as working with consumers with 3 or less identified barriers to employment. The minimum expectation is that substantial consumer contact* for Level 1 consumers will be up to 2 hours per week with an average of approximately 8 hours per month. Consumers who have 4 or more identified barriers to employment will be paid at the Level 2 rate. The minimum expectation is that

substantial consumer contact* for Level 2 consumers will regularly be up to 4 hours per week with an average of approximately 16 hours per month.

The determination of level of intensity of services will be made by the RS counselor based upon all available information.

The contractor will, with input from the consumer and counselor, develop a written individual action plan with specific action steps to address, reduce, successfully manage, or eliminate any/all pre-employment barriers or limitations that would negatively impact the consumer's ability to find employment. The written individual action plan will also determine the frequency and type of reports required per individual. Action Plan payment will be authorized once the plan is approved by the RS counselor and consumer. The consumer must sign this plan to demonstrate agreement. The consumer signature must represent informed consent. The consumer is to be asked to sign only fully completed forms.

The individual action plan can be modified, as necessary with consultation and agreement from the consumer and RS counselor. One outcome of this service will be that the consumer and counselor have evidence to determine the level and intensity of placement services and can decide between self-directed, guided, contracted customized placement or supported employment.

RS must pre-authorize any and all services before the contractor can expect payment for any services. RS counselors will authorize services for consumers not to exceed 3 months per authorization until services are completed. However, payment for services will be made in one month increments based on acceptable progress or completion of services and documentation that the contractor has provided services as described in the consumer's individual action plan.

 Individual variations may be approved through the regionally established exception process.

Referral for Job Preparation services does not guarantee any other services will be authorized to the contractor.

The contractor will abide by the standards outlined in the Provider Agreement, including maintaining the capacity to perform the expected duties and maintaining qualified staff (i.e.: see http://www.crprcep7.org/reference/13 competencies.pdf) to achieve the stated goals and outcomes. Failure to achieve successful outcomes in a timely fashion, or failure to achieve successful outcomes for at least 80% of referrals within a one-year period will result in a suspension of new referrals and possible termination of the agreement.

JOB PREPARATION Level 1 and Level 2

The primary function of this service is preparation for job placement. This service must include:

- ❖ Meeting with the consumer face-to-face and developing a written individual action plan with specific action steps which supports the IPE goals.
- ❖ Activity, direction, planning, and contact with the consumer that demonstrates active assistance in training, education, and skill development that focuses on job preparation. (Level 1 − up to 2 hours per week; Level 2 − up to 4 hours per week.)
- ❖ Implementing strategies to assist the consumer to successfully reduce, manage, or eliminate the identified barriers to employment and related issues related to readiness for job placement as described in the consumer's individual action plan.
- Successfully achieving the goals described in the written consumer's individual action plan.

Based on individual consumer needs, this service may include the following:

- Training and orientation for the consumer on how to complete employment applications, and employment interview skills, attitudes, actions and personal appearance.
- ❖ Specific independent living services as described in 34 CFR, Part 364.4 and identified in the individual action plan which will contribute to successful placement.
- Guidance for the consumer on appropriate disclosure of disability information and reasonable accommodation requests to potential employers.
- * Resume development.
- Analysis of transportation options and needs related to general employment opportunities commensurate with the consumer's stated vocational objective, interests and informed choice.
- ❖ Analysis of assistive technology or reasonable accommodation needs related to general employment opportunities commensurate with the consumer's stated vocational objective, interests and informed choice.

Payment will be made monthly, but only after the contractor has completed the service as described in the consumer's individual written action plan and has submitted a written report describing the services provided (including dates, times and by whom), success achieved, barriers encountered, and any other requested information to the RS counselor. The written report must demonstrate clear documentation that activity related to achieving the goals identified in the consumer's individual action plan have been provided before payment will be authorized. Once all services are completed, the expectation is that the consumer will be ready to pursue integrated, competitive employment which supports the IPE goals.

GENERAL TERMS

Progress reports, at intervals no less than monthly and agreed to in the individualized written plan and/or as requested by the RS counselor, are required. Individual authorizations can be withdrawn by either party with a 15-day written notice. Once a 15-day notice is given, activity should cease and payments will not be authorized for outcomes reached via alternative methods. Monthly payments will be authorized by the RS counselor as specified in the service description.

In case of disagreement over payment between the RS counselor and contractor, the contractor may appeal to the RS Program Administrator for the Region. In case of continued dispute, the contractor may appeal to the RS Community Provider Manager.

• In the event that an outcome is not achieved, but enough information has been obtained for the RS counselor to pursue an alternate plan, the monthly fee may be authorized by the RS counselor with advance approval of the RS Program Administrator depending on the needs and informed choice of the consumer and performance history and capacity of the contractor.

This payment for-performance approach emphasizes payment for outcomes rather than process.

The contractor must consider all persons who are committed to competitive employment as an attainable goal. There is no guarantee of the number of authorizations to be provided by RS. Continued use of the services will be dependent upon the contractor's success in assisting the VR consumer to achieve successful outcomes.

PERFORMANCE EVALUATION

The purpose of Accountability Benchmarks is to provide parameters for RS staff and contractors to review progress and outcomes on a regular schedule so that the team can address any potential issues before they become significant problems for the contractor and/or consumer. The guidelines are established to help improve the potential for reaching successful outcomes by developing strategies for improvement rather than imposing negative consequences at the end of a review period. The expectation is that contractors providing Job Preparation will have 80% of the persons served completing the action steps indicated on their individual action plans. The length of time to achieve the action steps will depend upon the number and type of services needed. A successful outcome of Job Preparation would be that the type of placement services is clearly identified. Program evaluation data will be reviewed on a quarterly basis so both the contractor and RS staff are aware of the outcomes and will determine what, if any, action will be taken to ensure success for the persons served.

RELATED TERMS

* Substantial consumer contact = 90% of the total time excluding any travel time. Substantial consumer contact may include face-to-face meetings, one-to-one contact via electronic medium, and advocacy work directly related to the consumer's individual action plan. May also include necessary documentation of services related to the consumer's individual action plan. This does NOT include general staff meetings, travel time, or staff trainings.

Section 11 / Part 14 Effective Date: August 20, 2007 Length of document: 7 pages

Assistive Technology Services (Payment-for-Performance)

Use Service Code 180 for Assistive Technology Assessment services. Use Service Code 417 for other Assistive Technology services.

SERVICE DESCRIPTION

APPENDIX G: PAYMENT-FOR-PERFORMANCE - ASSISTIVE TECHNOLOGY SERVICES

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE – ASSISTIVE TECHNOLOGY SERVICES

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals. Assistive Technology (AT) is used with some individuals to assist them with obtaining, retaining, or regaining integrated competitive employment.

The specific service(s) requested for any individual will be based upon the RS counselor analysis of all available information and data to determine the level and intensity of service needs. Assistive Technology (AT) is any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

RS will not pay for services attained prior to eligibility determination or IPE development, or without prior commitment and written authorization to purchase those services.

This payment-for-performance model specifies payment to the contractor based on **successful completion of the requirements** defined for each service. RS must pre-authorize any and <u>all services before the contractor can</u> expect payment for any services. Services will be purchased individually from the available menu of services. Authorization for one service does **not** imply any commitment to authorize additional services.

The contractor will abide by the standards outlined in the Provider Agreement, including maintaining the capacity to perform the expected duties as well as maintaining qualified staff to achieve the desired goals and outcomes. Staff providing AT services must be either an AT Specialist II or AT Specialist I. (*See Qualification Details, page 7).

Failure to successfully complete the requested service for at least 80% of referrals within a oneyear period will result in a suspension of new referrals and possible termination of the agreement.

ASSISTIVE TECHNOLOGY SERVICES

Each service will:

- Commence within 30 days of the authorization or the authorization may be rescinded.
- ❖ Include assistance in incorporating AT devices, supports and services as they relate to the consumer's Individual Plan for Employment.
- ❖ Begin with a consumer specific written assistive technology action plan.
- Require a written summary report prior to payment.

Initial Assistive Technology Assessment Rate: \$200.

An individual written assistive technology action plan is required for implementation of Assistive Technology services. The action plan must:

- ❖ Be developed based upon individual, direct contact with the RS counselor and the consumer.
- ❖ Include analysis of all available information and describe the Individual steps (actions) and objectives that address either the further assessment of the consumers assistive technology needs, identification of devices, identification of training or technical assistance related to rehabilitation technology.
- Include anticipated time frames for completion of identified actions or services.
- ❖ Include vendor resources for recommended AT devices
- ❖ Include device bids if devices are \$1,999 or higher
- ❖ Be agreed upon by consumer, RS Counselor and contractor.

If the assistive technology action plan includes recommendations for assistive technology functional evaluation, training, and/or other assistive technology services the additional services will need to be authorized by the RS counselor prior to implementation of services.

Payment will be authorized when the contractor meets the above stated expectations, provides the required written action plan and completed billing form, including the consumer's signature indicating agreement with the plan. The consumer signature must represent informed consent. The consumer is to be asked to sign only fully completed forms.

Assistive Technology - Basic Functional Evaluation Rate: \$800.

Basic Functional AT Evaluation assesses how technology can address functional limitations the consumer experiences in achieving employment. <u>Focus on 1 or 2 assistive technology categories</u> (i.e., ergonomic or adaptive keyboards for computer access; accessible telephones and signalers devices for telecommunications.) Service will:

- ❖ Be conducted at an AT Access Site or one on-site location, including but not limited to, the consumer's worksite, home or educational/training school site, as indicated by needs identified during the referral or evaluation process or after an AT consult.
- Provide hands-on use or demonstration of appropriate assistive technology within necessary environment, including but not limited to consumer's worksite, home or educational/training school site.
- ❖ Provide trial use of a recommended device. If device is not available for loan, a shortterm lease arrangement of the recommended assistive technology device will be arranged by AT staff and, upon approval, paid by RS.

- ❖ Provide detailed recommendation of specification for device, system or service with justification, including advantages over other options, how it addresses the individual's functional limitations and vocational goals, maintenance cost, and cost/benefits. If a brand or a model is specified, generic equivalents should also be allowed.
- ❖ Provide at least three alternatives considered, including a comparison of features, future expansion capabilities, costs, reliability, etc. If fewer options are considered, the reasons should be documented.
- ❖ Include vendor resources for recommended AT devices
- Include device bids if devices are \$1,999 or higher
- ❖ Include requirement for delivering the service, including training of the individual, family members and/or employer, necessary modifications to the system or site, follow-up schedule and potential providers.

Payment will be authorized when the contractor meets the above stated expectations along with any specific individual requests, provides the required end summary reports, information, and completed billing form.

Assistive Technology - Comprehensive Functional Evaluation Rate: \$1,200.

Comprehensive Functional AT Evaluation assesses how technology can address functional limitations the consumer experiences in achieving employment and may be conducted at multiple onsite locations across all necessary environments. <u>It requires integration of two or more devices to develop the needed assistive technology solution OR evaluation of a complex device solution</u> (i.e., environmental control units, diverse applications of JAWS) Service may:

- ❖ Be conducted at multiple onsite locations across all necessary environments, including but not limited to home, worksite, and educational/training school settings, as indicated by needs identified during the referral process.
- Provide hands-on use or demonstration of appropriate assistive technology within necessary environment, including but not limited to consumer's worksite, home or educational/training school site.
- ❖ Provide trial use of a recommended device. If device is not available for loan, a shortterm lease arrangement of the recommended assistive technology device will be arranged by AT staff and, upon approval, paid by RS.
- ❖ Detailed recommendation of specification for device, system or service with justification, including advantages over other options, how it addresses the individual's functional limitations and vocational goals, maintenance cost, and cot/benefits. If a brand or a model is specified, generic equivalents should also be allowed.
- ❖ Provide at least three alternatives considered, including a comparison of features, future expansion capabilities, cots, reliability, etc. If fewer options are considered, the reasons should be documents.
- ❖ Include vendor resources for recommended AT devices
- ❖ Include device bids if devices are \$1,999 or higher
- ❖ Include requirement for delivering the service, including training of the individual, family members and/or employer, necessary modifications to the system or site, follow-up schedule and potential providers.
- * Require input of 2 or more AT Specialists due to the range of assistive technology needs.

Payment will be authorized when the contractor meets the above stated expectations along with any specific individual requests, provides the required end summary reports, information, and completed billing form.

Assistive Technology - Basic Training Rate: \$800

Basic AT Training is defined as device specific training designed to familiarize the consumer with a new AT device needed to achieve the identified employment goal. The training will be provided through identified, measurable goals. AT Training objectives will be outlined within an AT Action Plan as described in an Initial AT Assessment.

Basic AT Training is indicated when:

- Consumer needs to learn basic use and maintenance of an assistive technology device or software program.
- ❖ Consumer needs to learn a new device that is complex enough to require at least two training sessions to acquire the skills needed to use the device or software effectively.
- ❖ Training may need to involve teaching co-workers, family members, personal attendants or other appropriate support persons basic operation and maintenance of the device and how to restore basic settings if the consumer is unable to perform maintenance and reset activities.
- Consumer needs assistance in tailoring an existing complex assistive technology solution to new employment demands.
- Troubleshooting existing integrated, complex assistive technology solution involving several devices and/or software programs.

Payment will be authorized when the contractor meets the above stated expectations along with any specific individual requests, provides the required end summary reports, information, and completed billing form. The written summary report will include services provided, documentation of the consumer's abilities or skills acquisition if appropriate, and subsequent recommendations if any.

Assistive Technology - Comprehensive Training Rate: \$1,200.

Comprehensive AT Training is defined as device specific training designed to increase the consumer's expertise in the use of complex or integrated AT device solutions needed to achieve the identified employment goal. The training will be provided through identified, measurable goals. AT Training objectives will be outlined within an AT Action Plan as described in an Initial AT Assessment.

Comprehensive AT Training is indicated when:

- Consumer needs to learn an integrated, complex assistive technology solution involving several devices and/or software programs.
- Consumer needs to learn a more complex assistive technology device and has significant memory, organizational or other learning difficulties.
- ❖ Assistive technology solution is complex so training will have to occur across multiple sessions.

Payment will be authorized when the contractor meets the above stated expectations along with any specific individual requests, provides the required end summary reports, information, and completed billing form. The written summary report will include services provided, documentation of the consumer's abilities or skills acquisition if appropriate, and subsequent recommendations if any.

Assistive Technology - Technical Assistance Rate: \$300.

This is a stand-alone service and not to be included in conjunction with any of the other AT services identified. It can include equipment setup, troubleshooting existing equipment or incompatibility problems, upgrading technology, and reviewing work setting changes, installing software, etc.

Other AT Service Delivery is defined as an assistive technology service other than assessment, functional evaluation, or training that helps the consumer achieve the identified employment goals. This is a stand-alone service and not to be included with any of the other services identified in this service description.

AT Technical Assistance is indicated when:

- Equipment setup that involves assembly, loading software and reviewing operation of the device.
- Troubleshooting existing equipment including resolving compatibility problems and difficulties due to operation error.
- Upgrading existing technology solutions used by the consumer and demonstrating new features.
- Review of changes in the work setting that may require modification of existing AT solutions.

REQUIRED REPORTING

For each service the contractor will develop an individual action plan which describes the desired outcome(s) and steps to achieve the outcome(s). The team (contractor, RS counselor and consumer) will agree to the individual action plan, which will specify the specific action steps and the frequency and type of reports required per individual. Reports should specifically address services provided and progress toward integrated, competitive employment

Payment will be authorized when the contractor meets the above stated expectations along with any specific individual requests, provides the required end summary reports, information, and completed billing form. The written summary report will include services provided, documentation of the consumer's abilities or skills acquisition if appropriate, and subsequent recommendations if any.

GENERAL TERMS

Progress reports, at intervals no less than stated and potentially more frequently as requested by the RS counselor, are required in all services. Individual authorizations can be withdrawn by either party with a 15-day written notice. Once a 15-day notice is given, activity should cease and additional payments will not be authorized for components reached via alternative methods. Payments will be authorized by the RS counselor as specified in each service.

In case of disagreement over payment between the RS counselor and contractor, the contractor may appeal to the RS Program Administrator for the Region. In case of continued dispute, the contractor may appeal to the RS Community Provider Manager.

This payment for-performance approach emphasizes payment for outcomes rather than process.

The contractor must consider all persons who are committed to competitive employment as an attainable goal. There is no guarantee of the number of authorizations to be provided by RS. Continued use of the services will be dependent upon the contractor's success in assisting the VR consumer to achieve and maintain competitive employment.

Section 11 / Part 15 Effective Date: August 20, 2007 Length of document: 5 pages

Rehabilitation Engineering (Payment-for-Performance)

Use Service Code 417.

SERVICE DESCRIPTION

APPENDIX G: PAYMENT-FOR-PERFORMANCE – REHABILITATION ENGINEERING

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE – REHABILITATION ENGINEERING

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals. Rehabilitation Engineering is often an essential VR service to help consumers obtain and/or maintain their employment goals.

Rehabilitation Engineering is the application of engineering principals to the design, modification, customization and/or fabrication of assistive technology for persons with disabilities. Through the delivery of these services, assistive technology is recommended, developed, installed or modified as appropriate to ensure operation at maximum potential and benefit to the consumer.

Community service providers who agree to provide this service will do so by meeting and/or exceeding the expectations delineated in this payment-for-performance service description before remuneration. Rehabilitation Engineering for VR consumers is a stand-alone service.

RS reimbursement will be based upon the level of services required for the individual. The contractor will be paid based on **successful progress or completion of the requirements** defined for the service in the consumer's individual action plan. Payment will not be authorized by KRS until receipt of complete reports which include all required information.

RS must pre-authorize any and all services before the contractor can expect payment for any services. Referral for Rehabilitation Engineering services does not guarantee any other services will be authorized to the contractor.

The contractor will abide by the standards outlined in the Provider Agreement, including maintaining the capacity to perform the expected duties and maintaining qualified staff* to achieve the stated goals and outcomes. Failure to achieve successful outcomes in a timely fashion, or failure to achieve successful outcomes for at least 80% of referrals within a one-year period will result in a suspension of new referrals and possible termination of the agreement.

REHABILITATION ENGINEERING

Each service will:

- Commence within 30 days of the authorization or the authorization may be rescinded.
- ❖ Include assistance in incorporating Rehabilitation Engineering supports and services as they relate to the consumer's Individual Plan for Employment.
- ❖ Include the cost of travel to provide the services on-site.
- Begin with a consumer specific written action plan.
- Require a written summary report prior to payment.

Rehabilitation Engineering - Level 1 Consultation

Rate: Cost per client project \$1,000

This service would require a limited time commitment and could include phone, email communications, and travel to on-site meetings. On-site provisions under this category would be limited. Scope of work could include:

- Review existing facility/home floor plans for modification appropriateness
- Installation of commercially available equipment devices (example: install grab bars, minor control relocation on equipment, install small elevated platform, etc.),
- Simple modifications or adjustments to existing or commercially available equipment/ access (to facility/home) method determination,
- Job simplification, job potential determination
- ❖ Liaison with employers and property owners, liaison with manufacturers and vendors, and referral to other appropriate service sources.

Rehabilitation Engineering - Level 2 Consultation

Rate: Cost per client project \$2,000.

This service would require extended time commitment and could include phone, email communications and travel to on-site meetings and locations where assessments for assistive technology interventions are needed. Scope of work could include:

- ❖ Work-site or residential determination of appropriate modifications.
- Workstation/Job ergonomics evaluation and accommodation.
- Evaluation of need and installation of safety equipment.
- ❖ Assembly, delivery and installation of commercially available equipment/devices and or modification or adjustment to existing or commercially available equipment/devices (example: equipment control or access modifications, small ramps, designing home or work-site plans for construction modifications.)
- Transportation issues, client specific consultation and assessment.
- Research and evaluation of Vendor or Construction Company responses with Cost Analysis.
- ❖ Comprehensive Work-site/School/Farm/Home ADA compliance assessment.
- Client, Counselor, and Contractor/Vendor interfacing prior to, during, and/or following the implementation of a modification or construction project.
- Ongoing liaison with employers, property owners, manufacturers, vendors, and other services requiring an extended time commitment are applicable to this service category.
- Team membership in multi-discipline service approaches.

Rehabilitation Engineering - Level 3 Consultation

Rate: Cost per client project \$3,500.

This category of service would require extensive time commitment and could include phone, email communications and travel to on-site meetings and locations where assistive technology interventions have been recommended and authorized. This level of service may require an extended time commitment (beyond one month). Scope of service could include:

- * Research existing blueprints or floor plans for modification appropriateness.
- Design of facility/home modifications, would include floor plan layout drawings and other written specifications as required by State Purchasing Agents to obtain competitive Construction Contractor bids.
- Custom fabrications tools, devices, mechanisms, machines.
- ❖ Extensive commercial product customization (example: wheelchair porch lifts or complete workstations such as computer work centers).
- ❖ Assembly, delivery, and installation of major commercially available equipment/devices.
- Construction of ramps, landings, and other access considerations.
- Extensive installation of access and safety equipment.
- Major equipment recommendations would include sufficient detail and specifications as required by State Purchasing Agents to obtain competitive bids from supplying vendors.
- Ongoing liaison with employers, property owners, manufacturers, vendors, and others as needed to complete project.

REQUIRED REPORTING

For each service the contractor will develop an individual action plan which describes the desired outcome(s) and steps to achieve the outcome(s). The team (contractor, RS counselor and consumer) will agree to the individual action plan, which will specify the specific action steps and the frequency and type of reports required per individual. Reports should specifically address services provided and progress toward integrated, competitive employment.

Payment will be made at the completion of the service delivery, but only after the contractor has completed the service as described in the individual action plan and, along with a billing form, has also submitted a written report describing the services provided (including dates, times and by whom).

GENERAL TERMS

Progress reports, at intervals no less than stated and agreed to in the consumer's individual written action plan and/or as requested by the RS counselor, are required. Individual authorizations can be withdrawn by either party with a 15-day written notice. Once a 15-day notice is given, activity should cease and payments will not be authorized for outcomes reached via alternative methods. Monthly payments will be authorized by the RS counselor as specified in the service description.

In case of disagreement over payment between the RS counselor and contractor, the contractor may appeal to the RS Program Administrator for the Region. In case of continued dispute, the contractor may appeal to the RS Community Provider Manager.

In the event that an outcome is not achieved, but enough information has been obtained for the RS counselor to pursue an alternate plan, the fee or partial fee may be authorized by the RS counselor with advance approval of the RS Program Administrator depending on the needs and informed choice of the consumer and performance history and capacity of the contractor.

This payment-for-performance approach emphasizes payment for outcomes rather than process.

The contractor must consider all persons who are committed to competitive employment as an attainable goal. There is no guarantee of the number of authorizations to be provided by RS. Continued use of the services will be dependent upon the contractor's success in assisting the VR consumer to achieve successful outcomes.

Rates - effective July 1, 2008

<u>Service</u>	Component	<u>C</u> (<u>ost</u>
Vocational Assessme	nt	\$	425.00
Independent Living A	Assessment	\$	150.00
Community-based Work Assessment		\$	750.00
Community-based Job Tryout			175.00
Job Preparation	Action Plan Level 1 Monthly Level 2 Monthly	\$	200.00 250.00 500.00
Guided Placement	Action Plan		200.00 250.00
Customized Placement	Job Development/Action Plan Placement Stabilization 45 Days Employed Extended Support Services Plan Successful Closure	\$ \$	500.00 500.00 500.00 500.00 500.00 ,000.00
Job Coaching	Per Hour	\$	34.00
Rehabilitation Engine	eering Minor On Site Major	\$2	,000.00
Assistive Technology	Initial Assessment Basic Functional Assessment Comprehensive Functional Assessment Basic Training Comprehensive Training Other	\$ \$1	200.00 800.00 ,200.00 800.00 ,200.00 300.00

*QUALIFICATION DETAILS

- ❖ All work will be performed by an Assistive Technology Practitioner (ATP) certified through the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) with 3 years experience in rehabilitation engineering practices and applications. ATP personnel must also be familiar with ADA regulations, and have access to and be familiar with design software such as computer assisted drafting (CAD). Personnel must be familiar with and able to understand blueprints and specifications of facilities, and be knowledgeable of construction procedures in order to consult, advise, and approve of construction companies projects. Personnel must be able to understand and produce technical drawings of devices and mechanisms/machines in order to evaluate, troubleshoot, design, and produce appropriate assistive technology as authorized by the RS counselor.
- ❖ The contractor will maintain access to fabrication facilities and tools/equipment necessary to carry out all authorized modifications and/or fabrications. Mobile facilities are required in order to carry out fabrications, modifications, deliveries, and installations on location throughout the State of Kansas.

*QUALIFICATION DETAILS

AT Specialist II

A qualified individual must have a degree or certification in a disability related field with links to assistive technology (e.g., Assistive Technology Practitioner certification, special or regular educator, occupational therapist, physical therapist, speech-language pathologist, rehabilitation engineer). An AT Specialist II must have a minimum of two years experience working with persons with disabilities and/or chronic health conditions in the field of assistive technology. Each AT Specialist must demonstrate expertise in at least two assistive technology categories based on certification, educational training and experience.

AT Specialist I

A qualified individual must have adequate professional and/or personal experience in assistive technology to demonstrate expertise in one or more areas of assistive technology. Individuals with certification or a degree in a disability related field with links to assistive technology would start as an AT Specialist I if they were not able to document two years of professional experience working with persons with disabilities and/or chronic health conditions in the field of assistive technology. An AT Specialist I must have his/her cases reviewed by an AT Specialist II employed by the contractor. An AT Specialist I must demonstrate expertise in one assistive technology categories based on certification, educational training and experience and identify a second assistive technology category for skill development.

Continuing Education Requirements

AT Specialists are required to attend state, regional and/or national assistive technology workshops and conferences. AT Specialists must develop and follow a professional development plan to maintain their skills and to maintain licensure or certification in their field. A minimum of 20 assistive technology-training hours will be needed annually and documented by the contractor. The contractor will maintain continuing education records for all AT Specialists I and II.

Accountability Benchmarks

Community-base Job Tryout

	<u> Target Goal</u>	<u>Yellow Flag</u>	<u>Red Flag</u>
Service Started after authorized (days*)	30	31-45	> 45
Report Received after last service (days*)	14	15-21	> 21

Guided Placement

	Target Goal	<u>Yellow Flag</u>	<u>Red Flag</u>
Percent Obtaining Jobs	80%	70% to 79%	< 70%
Average Days* to Obtain Job	90	91 - 150	> 150

Customized Placement

	Target Goal	Yellow Flag	Red Flag
Percent Obtaining Jobs	80%	70% to 79%	< 70%
Average Days* to Obtain Job	120	121-180	> 180
Average Days* to Obtain Job *SE ONLY	180	181-240	>240
Percent Successful Closures	60%	55% - 59%	< 55%

Job Coaching

	Target Goal	<u>Yellow Flag</u>	Red Flag
Percent Successfully Complete Plan	80%	70% to 79%	< 70%
Average Days* to Complete Plan	90	91 - 150	> 150

Job Preparation

	<u> Target Goal</u>	<u>Yellow Flag</u>	<u>Red Flag</u>
Percent Successfully Complete Plan	80%	70% to 79%	< 70%

IL / Voc & Community-based Work Assessments

	<u> Target Goal</u>	<u>Yellow Flag</u>	<u>Red Flag</u>
Service Started after authorized (days*)	30	31-45	> 45
Report Received after last service (days*)	14	15-21	> 21

AT & Rehab Engineering

	Target Goal	<u>Yellow Flag</u>	<u>Red Flag</u>
Service Started after authorized (days*)	30	31-45	> 45
Report Received after last service (days*)	21	22-30	> 30

^{*} Days = calendar days

SERVICE DESCRIPTION

APPENDIX E: EMPLOYMENT RELATED – CUSTOMIZED PLACEMENT

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE - CUSTOMIZED PLACEMENT

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals. Customized Placement is sometimes an essential VR service to assist and support consumers in achieving their employment goals.

The specific service(s) requested for any individual will be based upon the RS counselor analysis of all available information and data to determine the level and intensity of service needs.

Customized Placement is purposeful, direct, individualized consumer support to obtain and maintain work commensurate with the person's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. This service is designed for consumers who need more support than would be expected in Self-Directed or Guided Placement. Customized Placement must result in individual, integrated, permanent, unsubsidized work consistent with the consumer's vocational objective and be based upon an individualized action plan. Community service providers who agree to provide these services will do so by meeting and/or exceeding the expectations delineated in this payment-for-performance service description before seeking remuneration.

Customized Placement for VR consumers is comprised of several components and options depending upon the needs of the individual and the RS counselor decision on required level of services as indicated on the Individualized Plan for Employment (IPE). The consumer will be in agreement with the IPE as per RS Policy: Section 3, Part 1, and effective April 26, 2005.

RS will not pay for components or services attained prior to eligibility determination or IPE Development, or without prior commitment and written authorization to purchase those services.

This payment-for-performance model specifies points of payment to the contractor based on successful completion of the requirements defined for each Component. RS

must pre-authorize any and all services before the contractor can expect payment for any services or components. The RS counselor will notify the contractor of a potential referral for services. It is expected that the contractor will accept or reject the referral for services within one week. Once the contractor accepts the referral, the counselor will authorize the Customized Placement components needed to achieve successful closure. The RS counselor will authorize individual component payments as completed.

The contractor will abide by the standards outlined in the Provider Agreement, including maintaining the capacity to perform the expected duties as well as maintaining qualified staff (i.e.: see http://www.crprcep7.org/reference/13 competencies.pdf) to achieve the desired goals and outcomes. Failure to move consumers from one component to the next in a reasonable amount of time, or failure to achieve successful closures for at least 60% of referrals within a one-year period will result in a suspension of new referrals and possible termination of the agreement.

Component 1: Job Development Action Plan - Rate \$500

An individual job development action plan must be written by the contractor with consumer input and agreement, and approved by the RS counselor. This job development action plan should be completed within 2 weeks after accepting the authorization, and will describe the individual steps (actions) and objectives which will be taken to obtain integrated, competitive employment consistent with the consumer's IPE goals. This plan should include details for accommodations, job matching, job development, job carving, building relationships with the employer, interview skills, follow along, and an analysis of the labor market. The contractor must have met with the consumer and counselor to develop this plan and it must be in agreement with the consumer's informed choice.

• When the RS Counselor has determined that a "supported employment" plan is necessary, the contractor will include details describing objective stabilization criteria in placement. (Supported employment determination will be based upon 34 CFR Part 361, 53 – 56 of the Final Regulations of the Rehabilitation Act)

Once the plan is approved, it is expected that the contractor will implement the action steps as soon as possible to develop, carve and/or find employment consistent with the plan and IPE goal. Individual, direct job development or job carving is often required in order to obtain placement consistent with the IPE goal.

Payment will be authorized when the contractor meets the above stated expectations, provides the required written job development action plan and documentation that the contractor has provided services. The consumer must indicate agreement with the plan by signing the completed plan. The consumer signature must represent informed consent. The consumer is to be asked to sign only fully completed forms.

• In exceptional circumstances, a consumer with a supported employment IPE may require significantly more intensive job development to obtain the best job match. Following the approved exception process, the RS counselor may request

(with manager approval, if appropriate) that the RS Program Administrator approve the payment of Job Development a second time by presenting thorough specific, detailed information and data that supports the exceptionality due to the intensity of disability related barriers to employment which interfere with placement and require significantly more effort, time and resources.

This Component must include:

- ❖ Individual, direct job development or job carving which requires active participation and involvement from the contractor in a placement consistent with the IPE goal.
- ❖ Development and identification of potential employers consistent with the consumer's vocational objective, skills, abilities and informed choice, as well as linking the consumer to those specific jobs leads. (Consumer-specific job development & job matching.)
- ❖ Action or activity which demonstrates involvement from the contractor to aid/assist the consumer in job options.
- Individual assistance to help consumers effectively apply for specific jobs.
- Consumer understanding of positive methods to build a relationship with the employer.
- ❖ Analysis of consumer interview skills and addressing any issues related to that analysis.
- Analysis of transportation options and needs related to specific available employment.
- ❖ Analysis of assistive technology or reasonable accommodation needs related to specific employment opportunities.

Component 2: Placement in permanent, paid, integrated employment - Rate \$500

Customized Placement must be integrated, permanent, unsubsidized work consistent with the consumer's vocational objective, skills, abilities and informed choice. Consumer and counselor must agree that the Customized Placement is consistent with the IPE goals. Employment must occur within 120 days of the authorization or the authorization may be rescinded. On an individual basis, the consumer's needs and informed choice will affect where and how support is provided.

This Component must include:

- ❖ Analysis of assistive technology or reasonable accommodation needs related to specific employment opportunities.
- ❖ Counselor verification that the consumer is still satisfied with the placement after 10 working days of success on the job and working the maximum hours as described in the IPE.
- ❖ An assessment of the consumer's short-term work orientation skills.
- Monthly progress reports and more frequently if indicated by the individual action plan.
- ❖ Systematic, planned follow along services and supports to assure job retention as defined in the action steps of the approved plan.

❖ Notification of any issues, problems, or barriers which might affect the permanency of the placement.

This Component may include:

❖ Short-term work orientation as determined by the required assessment of skills.

Payment will be authorized when the contractor meets the above stated expectations, including 10 working days successfully on the job, provides the required reports and information in an approved format, signed by the contractor, including information on the specific placement, documentation that the contractor has provided services as described in the consumer's individual action plan, and the RS counselor is able to verify the information directly with the consumer.

• In the event that a placement is not successfully maintained, following the approved exception process, the RS counselor may request (with manager approval, if appropriate) that the RS Program Administrator approve the payment of Component 2 Placement a second time by presenting thorough, specific, detailed information and data that supports the need to start the process over due to disability related unknown barriers to employment or unforeseen circumstances. In such cases, the RS Program Administrator will consider the needs and informed choice of the consumer as well as the performance history and capacity of the contractor.

Component 3: * (SE ONLY) Stabilization as defined in the Individualized Plan for Employment - Rate \$500

This component is necessary only if the RS counselor and consumer have developed a "supported employment" plan. The primary outcome in component 3 is stabilization, which was individually determined and agreed upon prior to acceptance of the referral. Documentation must be presented to validate the attainment of such criteria. The consumer, RS counselor, and contractor must agree stabilization has been achieved.

These criteria will be individually determined for each consumer. In order to achieve the pre-established stabilization criteria, evidence and documentation should address all employment supports presented in the plan and/or subsequent modifications of the plan.

This component must include:

- ❖ Attainment of the pre-established criteria for stabilization. (See Component 1 − Job Development Action Plan completed).
- * Refinement of specific ongoing services to maintain job stability.
- Consumer agreement.

Some areas that should be considered include, but are not limited to:

- Work related behaviors
- Amount/type of support needed to keep the job
- **❖** Attendance
- Interaction with co-workers and supervisors
- ❖ Medical/Mental Health supports
- Financial management supports
- Transportation supports

Payment will be authorized when the contractor meets the above stated expectations, provides the required reports and information in an approved format.

Component 4: 45 Days of Continuous Successful Placement in permanent, paid, integrated employment - Rate \$500

This component is achieved only if the original placement has been uninterrupted and remains integrated, permanent, unsubsidized work consistent with the consumer's vocational objective, skills, abilities and informed choice. These are calendar days which start the first day of unsubsidized employment. If there is a supported employment plan, the calendar days will start the first day after achieving stabilization. It will require a detailed, comprehensive report providing a full assessment of the status of the consumer on the job, including strengths, issues, concerns, and services expected to achieve successful closure.

This Component must include:

- ❖ Detailed report of a full assessment of the status of the consumer on this job, including strengths, issues, concerns, and services expected to achieve successful closure.
- ❖ Analysis of needs, assistive technology, reasonable accommodations, and services expected to achieve a successful closure.
- Report of the follow along services and supports provided and recommended to assure job retention as defined in the action steps of the approved plan.
- Notification and remediation or addressing possible solutions of any issues, problems, or barriers which might affect the permanency of the placement.

This Component may include:

- Separately authorized job coaching services as needed (See Job Coaching service description).
- ❖ Refinement of the planning and implementation of extended ongoing support structure from the community service system

On an individual basis, the consumer's choice to disclose his/her disability to the employer will affect where and how support is provided.

Component 5: (SE ONLY) Extended Ongoing Service Plan Completed - Rate \$500

When the RS counselor has determined a "supported employment" plan (34 CFR Part 361) is needed, an individual written plan describing the extended ongoing services must be developed and approved by the RS counselor. The extended ongoing service provision plan will describe the responsibility of the community service system to provide extended ongoing supports necessary to maintain employment once VR services cease. The contractor must have met with the consumer and counselor to develop this plan and it must be in agreement with the consumer's informed choice. The plan will not be accepted before stabilization has occurred and the consumer has achieved 45 days of continuous successful placement. If changes are needed prior to closure, the contractor is expected to modify the plan with no additional remuneration.

Payment will be authorized when the contractor meets the above stated expectations, provides the required written plan and documentation that the contractor has provided services. The consumer must indicate agreement with the plan by signing the completed plan. The consumer signature must represent informed consent. The consumer is to be asked to sign only fully completed forms.

Component 6: Successful case closure due to permanent, paid, integrated employment - Rate \$1,000

This Component will be achieved when RS is able to close the case in successful employment (Status 26). This means that the following criteria must be met:

- ❖ At the end of the appropriate period, not less than 90 days of unsubsidized employment, the consumer and the RS counselor consider the job to be satisfactory and agree that the consumer is performing well in the job and no longer needs VR services.
- ❖ A summary report of services provided and strengths of the placement is provided to the RS counselor.

Payment will be authorized when the RS counselor determines that these case closure criteria have been met and when the contractor provides the completed reports, information, and billing form, including the contractor signatures as well as documentation that the contractor has provided services as described in the consumer's individual action plan.

 Payment of Component 6 may be approved through the regionally established exception process if and only if, all of the criteria for closure has been met and no other employment services are required and closure of an individual is delayed due to non-work issues.

GENERAL TERMS

Progress reports, at intervals no less than monthly and potentially more frequently as requested by the RS counselor, are required in all Components and services. Individual authorizations can be withdrawn by either party with a 15-day written notice. Once a 15-day notice is given, activity should cease and additional payments will not be authorized for components reached via alternative methods. Payments will be authorized by the RS counselor as specified in each Component.

In case of disagreement over payment between the RS counselor and contractor, the contractor may appeal to the RS Program Administrator for the Region. In case of continued dispute, the contractor may appeal to the RS Community Provider Manager.

This payment for-performance approach emphasizes payment for outcomes rather than process.

The contractor must consider all persons who are committed to competitive employment as an attainable goal. The contractor will notify the RS counselor in one week or less of the intent to accept or reject a referral for customized placement services. There is no guarantee of the number of authorizations to be provided by RS. Continued use of the services will be dependent upon the contractor's success in assisting the VR consumer to achieve and maintain competitive employment.

PERFORMANCE EVALUATION

The purpose of Accountability Benchmarks is to provide parameters for RS staff and contractors to review progress and outcomes on a regular schedule so that the team can address any potential issues before they become significant problems for the contractor and/or consumer. The guidelines are established to help improve the potential for reaching successful outcomes by developing strategies for improvement rather than imposing negative consequences at the end of a review period. The expectation is that contractors providing Customized Placement will have 80% of the persons served reaching employment for at least 10 days (Component 2). This should happen within 120 days of the plan development. 60% of all persons referred to a contractor should achieve a successful employment outcome with a minimum of 90 days of stability (Component 6). Program evaluation data will be reviewed on a quarterly basis so both the contractor and RS staff are aware of the outcomes and will determine what, if any, action will be taken to ensure success for the persons served.

RELATED SERVICES

Job Coaching

SERVICE DESCRIPTION

APPENDIX E: EMPLOYMENT RELATED - GUIDED PLACEMENT

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE - GUIDED PLACEMENT

RATES: Action Plan - \$200, Monthly - \$250

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals. Guided Placement is often an essential VR service to empower consumers to achieve their employment goals.

The specific service(s) requested for any individual will be based upon the RS counselor analysis of all available information and data to determine the level and intensity of service needs.

Guided Placement is purposeful, direct, individualized consumer support to obtain work commensurate with the person's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. This service is designed for consumers who have demonstrated vocational skills through training or past work history; are able to describe job interests and skills; initiate job seeking tasks and identify job sources; prepare a resume; complete application forms; demonstrate effective interview skills and ability to describe past work experience and interest in learning the job; and have or can demonstrate the ability to successfully obtain employment opportunities through commonly used methods of job search, but still require minimal practice or support to carry out these steps in job seeking independently. Guided Placement must result in integrated, permanent, unsubsidized work consistent with the consumer's vocational objective and be based upon a written individual action plan.

A written individual action plan must be developed by the contractor and approved by the RS counselor. This action plan will describe the individual steps (actions) and objectives which will be taken to obtain integrated, competitive employment consistent with the consumer's IPE goals. This plan should include details for accommodations, job matching, follow along, and an analysis of the labor market. The contractor must communicate directly with the consumer and counselor to develop this plan and it must be in agreement with the consumer's informed choice.

Monthly reports are required, but the approved written individual action plan with specific action steps will determine if there is need for increased frequency and type of reports required per individual. Reports should specifically address any identified barriers or issues related to employment, training, skill development, services and

progress toward achieving integrated, competitive employment. The individual action plan can be modified, as necessary with consultation and agreement from the consumer and RS counselor. One expected outcome of this service will be that the consumer achieves permanent, integrated, competitive employment consistent with his/her strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

RS must pre-authorize any and all services before the contractor can expect payment for any services. The RS counselor will notify the contractor of a potential referral for services. It is expected that the contractor will accept or reject the referral for services within one week. Once the contractor accepts the referral, the RS counselor will authorize services for the consumer not to exceed 3 months per authorization until services are completed. However, payment for services will be made in one month increments based on acceptable progress or completion of services and documentation that the contractor has provided services as described in the consumer's individual action plan. The contractor will be paid monthly with the minimum expectation that substantial consumer contact* will be up to 2 hours per week with an average of approximately 8 hours per month.

• Individual variations may be approved through the regionally established exception process. Referral for Guided Placement services does not guarantee any other services will be authorized to the contractor.

The contractor will abide by the standards outlined in the Provider Agreement, including maintaining the capacity to perform the expected duties and maintaining qualified staff (i.e.: see http://www.crprcep7.org/reference/13 competencies.pdf) to achieve the stated goals and outcomes. Failure to achieve successful placement outcomes consistently within 90 days, or failure to achieve successful placement outcomes for at least 80% of referrals within a one-year period will result in a suspension of new referrals and possible termination of the agreement.

GUIDED PLACEMENT

Guided Placement must be integrated, permanent, unsubsidized work consistent with the consumer's vocational objective, skills, abilities and informed choice. Consumer and counselor must agree that the Guided Placement is consistent with the IPE goals. Guided Placement must occur within 90 days of the authorization or the authorization may be rescinded.

The consumer, contractor and counselor will agree on specific action steps for the job seeking process which may include services such as:

- Develop/refine a resume and cover letter
- Complete job applications
- Practice contacting employers
- Practice interviewing skills
- Identify job leads that match the consumer's skills, interests, and needs

Demonstrate an understanding of disability, the ADA and rights in the interview setting.

A written action plan will describe the individual steps (actions) and objectives which will be taken to obtain integrated, competitive employment consistent with the consumer's IPE goals. Contact with the consumer and contractor must be no less than weekly. Monthly reports are required along with individual monthly reviews of progress and services. Payment for the individual written action plan will be made once the plan is approved, and subsequent payments will be authorized monthly based on acceptable progress or completion of services and documentation that the contractor has provided services as described in the consumer's individual action plan. The consumer signature must represent informed consent. The consumer is to be asked to sign only fully completed forms.

The last monthly payment will occur once placement has been uninterrupted and remains integrated, permanent, unsubsidized work consistent with the consumer's vocational objective, skills, abilities and informed choice for 10 consecutive work days and represents the maximum number of hours as identified on the IPE. A final report will be required which summarizes the status of the consumer on the job, including strengths, issues, concerns, and services expected to achieve successful closure. Payment will be made once the RS counselor verifies information with the consumer.

GENERAL TERMS

Weekly individual contact is expected in this service provision. Progress reports, at intervals no less than once per month, and potentially more frequently as requested by the RS counselor, are required. Individual authorizations can be withdrawn by either party with a 15-day written notice. Once a 15-day notice is given, activity should cease and additional payments will not be authorized for components reached via alternative methods. Payments will be authorized by the RS counselor as specified.

In case of disagreement over payment between the RS counselor and contractor, the contractor may appeal to the RS Program Administrator for the Region. In case of continued dispute, the contractor may appeal to the RS Community Provider Manager.

The contractor must consider all persons who are committed to job placement as an attainable goal. There is no guarantee of the number of authorizations to be provided by RS. Continued use of the services will be dependent upon the contractor's success in assisting the VR consumer to achieve competitive employment.

PERFORMANCE EVALUATION

The purpose of Accountability Benchmarks is to provide parameters for RS staff and contractors to review progress and outcomes on a regular schedule so that the team can address any potential issues before they become significant problems for the contractor and/or consumer. The guidelines are established to help improve the potential for reaching successful outcomes by developing strategies for improvement rather than

imposing negative consequences at the end of a review period. The expectation is that contractors providing Guided Placement will, within 90 days, have 80% of the persons served completing 10 working days on the placement as indicated on their individual action plans. Program evaluation data will be reviewed on a quarterly basis so both the contractor and RS staff are aware of the outcomes and will determine what, if any, action will be taken to ensure success for the persons served.

RELATED TERMS

* Substantial consumer contact = 90% of the total time excluding any travel time. Substantial consumer contact may include face-to-face meetings, one-to-one contact via electronic medium, and advocacy work directly related to the consumer's individual action plan. May also include necessary documentation of services related to the consumer's individual action plan. This does NOT include general staff meetings, travel time, or staff trainings.

SERVICE DESCRIPTION

APPENDIX C: ASSESSMENT - INDEPENDENT LIVING ASSESSMENT

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE - INDEPENDENT LIVING ASSESSMENT

RATE: \$150.00

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals. Assessment is often essential to empower a consumer to develop a comprehensive individualized plan and to achieve his/her employment goals. This service is specifically designed to serve consumers who need or want to explore independent living skills related to vocational options.

The specific service(s) requested for any individual will be based upon RS counselor analysis of all available information and data to determine the level and intensity of service needs.

Through review of medical and historical records, consumer input, personal interviews, referral information, assessment and observation, the rehabilitation counselor and consumer will agree to a specific vocational goal as well as services necessary to obtain and maintain employment. If there are unanswered questions concerning independent living goals or options related to employment, the counselor and consumer may choose to pursue an independent living assessment to address any questions. Each assessment will require the contractor to develop an individualized evaluation plan which states the questions, tools, persons responsible, and time frame for completion of the assessment. The contractor is to complete the steps identified on the individualized evaluation plan that are designed to answer all the referral questions. A written summary report will be required at the end of each assessment.

INDEPENDENT LIVING ASSESSMENT

The purpose of assessment is to gather independent living skill information with an individual that will assist/empower that individual in making vocational decisions. The expected outcomes are to help identify and plan for services or activities needed to assist the person in his/her independent living and potential career goals. Additionally, it will increase the individual's knowledge of his/her capabilities so future choices can be made.

The contractor is expected to adhere to the following accepted principles of assessment:

- ❖ Behavior observation and personal interaction are critical
- Information (findings) must be verified
- A variety of approaches and methods are essential to provide fair and accurate assessments
- ❖ Assessment is required to make decisions and develop plans
- ❖ Assessment represents an integral part of a larger process or system
- ❖ The assessment must be used and useful to the rehabilitation counselor and the customer
- ❖ Assessment requires collaboration and several sources of input
- ❖ Information must be current, valid, and relevant
- ❖ Assessment is systematic and organized, but flexible

In order to complete the assessment, the contractor agrees to the following activities:

- ❖ Development of a written individualized evaluation plan which identifies questions to be answered, identifying who will answer them, and what assistive technology is to be used
- ❖ An Independent Living Skills Specialist or evaluator will provide or supervise the services
- ❖ Tools utilized are based upon the individual needs and questions and may include questionnaires, practical experience, monitored demonstration, and situational assessment all done by qualified persons

Independent Living assessment should have the capability to assess the following:

- ❖ Ability to learn about oneself
- Assistive technology needed
- Community supports needed
- Environmental conditions needed
- ❖ Tools/modifications or adaptive equipment needed
- ❖ Independent living skills
- ❖ Learning styles, including ability to understand, recall, and respond
- Personal, social and work related behaviors
- Physical and psychomotor capacities
- Possible employment objectives
- Transferable skills
- **❖** Modes of communication

The assessment report will be:

- Written and include answers to the referral questions
- ❖ Able to be shared with the person being served
- ❖ Disseminated in a timely manner within 14 days of the last service
- * Relevant to the desired employment or independent living outcome

The written report should be received by the referring counselor no more than fourteen days following the last service provision of the assessment.

Payment for the independent living assessment will be authorized when RS receives an invoice and final written report from the contractor following completion of the service.

GENERAL TERMS

Contractors are expected to initiate services in a timely manner once authorized, usually within a 30 day time period. A written summary report is required at the end of the assessment. Referrals can be withdrawn by either party with written notice before the service actually begins. Payments will be authorized by the RS counselor as specified above. In case of disagreement over payment between the RS counselor and contractor, the contractor may appeal to the RS Program Administrator for the Region. In case of continued dispute, the contractor may appeal to the RS Community Provider Manager.

Contractors are expected to adhere to the code of ethics for evaluators as described by the Commission on the Certification of Work Adjustment and Vocational Evaluation Specialists (CCWAVES). See http://www.ccwaves.org/aboutus/ethics.html . (A summary is provided at the end of this document.)

The contractor must consider accepting all referrals by the rehabilitation counselor of persons who need or want to explore independent living options. There is no guarantee of the number of referrals to be provided by RS. Continued use of the services will be dependent upon the contractor's success in empowering/assisting VR consumers to in making decisions, timeliness of the final reports, and customer's satisfaction.

PERFORMANCE EVALUATION

The purpose of Accountability Benchmarks is to provide parameters for RS staff and contractors to review progress and outcomes on a regular schedule so that the team can address any potential issues before they become significant problems for the contractor and/or consumer. The guidelines are established to help improve the potential for reaching successful outcomes by developing strategies for improvement rather than imposing negative consequences at the end of a review period. The expectation is that contractors providing Independent Living Assessment will initiate the service within 30 days of the authorization and complete the final written summary report within 14 days of the last service to the consumer. Program evaluation data will be reviewed on a quarterly basis so both the contractor and RS staff are aware of the outcomes and will determine what, if any, action will be taken to ensure success for the persons served.

RELATED SERVICES

Community-based work assessment Vocational Assessment A summary of the Tenets is provided below. These are general principles shared by all professionals. A full version of the CCWAVES Code of Ethics may be downloaded from http://www.ccwaves.org/aboutus/ethics.html.

Tenet 1: Moral and Ethical Standards

Professionals shall behave in a moral and ethical manner in the conduct of their professional roles.

Tenet 2: Legal Standards

Work Adjustment and Vocational Evaluation Professionals shall abide by local, state and federal laws and statutes in the conduct of their professions, maintaining the integrity of the Code of Ethics and avoiding any behavior which would cause harm to others.

Tenet 3: Professional-Consumer Relationships

Professionals shall respect the dignity and worth of all individuals with whom they work. The primary ethical obligation of professionals is to their consumers; or those persons who are directly receiving their services. Professionals will endeavor at all times to protect each consumer's welfare and to place this interest above their own.

Tenet 4: Professional Relationships

Cooperative interpersonal relationships shall be seen as vital in achieving optimum benefits for consumers. Professionals shall respect the value and roles of professionals and staff in other disciplines and act with integrity in their relationships with professional colleagues, organizations, agencies, referral sources and related disciplines.

Tenet 5: Confidentiality

Professionals shall respect the confidentiality of information obtained from consumers in the course of their work.

Tenet 6: Professional Competency

Professionals shall provide services to consumers which demonstrate competence of critical knowledge and performance areas as established by CCWAVES, and ensure that all services are necessary and appropriate.

Tenet 7: Research and Publication

Professionals shall volunteer to engage in or support research and publication activities that will benefit service delivery.

Tenet 8: Consultation

Professionals shall adhere to recognized professional practices in pricing, promoting and contracting their services.

Section 11 / Part 21 Effective Date: July 1, 2008 Length of document: 3 pages

Job Coaching (Payment for Performance)

Rate: \$34 per hour

Use Service Code 575.

SERVICE DESCRIPTION

APPENDIX E: EMPLOYMENT RELATED – JOB COACHING

Kansas Department for Children and Families

Rehabilitation Services

PAYMENT-FOR-PERFORMANCE – JOB COACHING

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals. The specific service(s) requested for any individual will be based upon the RS counselor analysis of all available information and data to determine the level and intensity of service needs. Job Coaching is often needed, either as an independent service or as an adjunct service to other services to assist and empower consumers to achieve their employment goals.

Community service providers who agree to provide these services will do so by meeting and/or exceeding the expectations delineated in this payment-for-performance service description before seeking remuneration.

The number of hours authorized and paid will be dependent upon the pre-authorization of the RS counselor for any individual. RS must pre-authorize any and all services before the contractor can expect payment for any services. Job Coaching is used as part of the overall placement process and may be authorized separately from other individualized service depending upon the needs of the individual consumer. When used in combination with placement services, it must be provided on the job site with the person being served (consumer) present and be directly related to the job unless the RS counselor gives prior approval for off-site services on an individual basis.

These services may be authorized by the RS counselor in conjunction with other individualized services, but **not** in conjunction with:

- Vocational assessment.
- Independent Living Assessment.

JOB COACHING

These services are individualized and intended to lead to successful movement toward employment, skill development, employment stabilization, and/or case closure in competitive, integrated employment (Status 26). Specific individualized services must

be defined in a written action plan that includes progress measures and anticipated contact time.

Services will be based upon the IPE and referral request and must include:

- A written action plan which complements the IPE and is approved by the RS counselor prior to service delivery
- Weekly reports to the RS counselor identifying services, progress, and details as listed in the approved action plan
- On-the-job support (When used in combination with placement services, must, with consumer approval, be provided on the job site with the person being served present and must be directly related to the job.)
- Services related directly to a specific job, usually provided face-to-face with the consumer

Services will be based upon the IPE and separate action plan and may include:

- Facilitating training opportunities to assist the consumer in learning specific job tasks and problem-solving skills.
- Working with the consumer to identify support needs, and then helping the
 consumer to become aware of natural supports and community resources, to develop
 a support network, and to learn to use the support network and community
 resources independently.
- Mentoring to assist the consumer in adjusting to the specific place of employment, and to support the consumer in appropriate interaction with the employer and coworkers.
- Long-term work orientation (beyond that described in the Placement plan).
- Short-term work orientation (if not receiving placement services).
- Facilitating social integration to achieve good co-worker relationships.
- Training on transportation options for maximum independence.
- Training on self-advocacy, especially related to requests for reasonable accommodations.
- Specific guidance to obtain and maintain employment if not combined with job development.
- Working with the employer, consumer and RS to analyze whether specific disability awareness training for supervisors and co-workers would be needed to facilitate the successful integration of the consumer into the workplace.
- Group skill training if approved by the RS counselor prorated for numbers of persons served (i.e. same hourly rate for time serving multiple consumers in one group not hourly rate per person in group).
- Promoting a partnership between the consumer, the employer and RS.
- Seeking feedback from the consumer and employer on their satisfaction with the job and work performance.

Payment for Job Coaching will be authorized upon receipt of periodic billing from the contractor if the required periodic reports are up-to-date, the written action plan is being followed, and clear documentation is presented that the contractor has provided services as described in the consumer's individual written action plan.

GENERAL TERMS

Progress reports, usually at weekly intervals, are required unless a different frequency is approved by the RS counselor. Authorizations can be withdrawn by either party with a 15-day written notice. Once a 15-day notice is given, activity should cease and additional payments will not be made for unauthorized services.

In case of disagreement over payment between the RS counselor and contractor, the contractor may appeal to the RS Program Administrator for the Region. In case of continued dispute, the contractor may appeal to the RS Community Provider Manager.

PERFORMANCE EVALUATION

The purpose of Accountability Benchmarks is to provide parameters for RS staff and contractors to review progress and outcomes on a regular schedule so that the team can address any potential issues before they become significant problems for the contractor and/or consumer. The guidelines are established to help improve the potential for reaching successful outcomes by developing strategies for improvement rather than imposing negative consequences at the end of a review period. The expectation is that contractors providing Job Coaching services will, within 90 days, have 80% of the persons served completing their individual action plan objectives. Program evaluation data will be reviewed on a quarterly basis so both the contractor and RS staff are aware of the outcomes and will determine what, if any, action will be taken to ensure success for the persons served.

RELATED SERVICES

Guided Placement Customized Placement Community-Based Job Tryout

Provider Agreement - Vendor Packet

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- Provider Obligations
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IMPORTANT INFORMATION FOR INDEPENDENT CONTRACTORS

- As an independent contractor, you have the responsibility to pay income and selfemployment taxes as determined by the applicable State and Federal rules. You should check with your accountant or the person who completes your income taxes to determine responsibilities related to tax preparation.
- As an independent contractor you have not been hired by DCF and therefore the agency cannot specifically direct your hours when the service will be provided.
 Direct supervision of your services will not come from DCF. However, DCF will monitor progress in accordance with the *Provider Agreement*.
- As an independent contractor you are required to provide your own tools and equipment necessary to complete this service. Use of agency phones, mail, automobiles and office space is not allowed, unless specifically outlined in a Memorandum of Understanding (MOU) signed by both parties.
- Compensation for services provided will be made as specified in the Provider and Client Service Agreements. Occasionally you will be requested to provide copies of the client service agreement as proof that you are receiving these from the local office.
- Overhead cost, i.e., meals, clothing and transportation are the responsibility of the contractor and not DCF. Some transportation cost may be made for specific services if approved by the DCF contact.
- DCF is not responsible for any training of independent contractors.
- As an independent contractor you are responsible for liability involving the delivery of services to DCF clients. You are also responsible for all insurance coverage. It may be advisable to contact other independent contractors for information regarding liability risk.
- As an independent contractor, you are free to accept referrals from other interested parties outside of DCF.
- As an independent contractor, you stand to realize a profit or suffer a loss as a result
 of the services being rendered.
- DCF will report to the Internal Revenue Service, a summary of your earnings at the end of each year.

PROVIDER OBLIGATIONS

1. AUTHORITY

DCF is entering into Agreements with all DCF-approved and qualified providers who agree to accept the established rate for these services. The Secretary of DCF under K.S.A. 39-708c has determined that it is necessary to enter into Agreements with providers for services to clients.

2. DCF CHOICE OF SERVICES

Each DCF area will select which service(s) to purchase, based on local need and other factors. Not all DCF areas will enter into agreements for all services.

3. CHOICE OF PROVIDER

DCF makes absolutely no guarantee that DCF clients will select any specific provider, and DCF cannot ensure a minimum number of clients referred to any provider for any service. The business name of each eligible provider who signs an agreement will be placed on a list and each client will select a provider. Exceptions to the client-choice concept may have to be made for group workshop services to ensure enough clients for a group. DCF strongly encourages providers of group workshops to coordinate with each other to assist DCF in establishing procedures fair and acceptable to all.

4. RATES

The rates established for each service is a maximum payment rate or cap. DCF strongly encourages each provider to examine actual costs of providing each service to determine if the provider is able to accept a lower payment rate than the established maximum. A lower payment rate may mean more clients are able to receive services. It also assists DCF in stretching available funding throughout the remainder of the fiscal year. At any time, DCF may request a Cost Report from the provider.

5. FUNDING

A. Most programs administered by DCF are funded by both Federal and State dollars. Rules and regulations governing the programs are subject to possible change. The Secretary of DCF shall revise rules, regulations and eligibility requirements in accordance with statutory provision when such changes are necessitated by money limitations or other circumstances. This means eligibility for participation in a program and the continuation of programs are subject to program and funding changes at both the Federal and State levels. Program and contract/provider agreement participation by DCF are subject to change after notice.

- **B.** Funding available to each DCF Area Office for these services varies. Providers who will be providing services in more than one DCF Area need to be aware that one DCF Area may have more funding for these services than another DCF Area.
- **C.** DCF strongly encourages providers to seek diversified funding sources to avoid depending too heavily on income from DCF payments. Funds for services are limited.

6. AUDITS AND RECORDS

- **A.** Neither party to this agreement shall prohibit or prevent the Legislative Post Audit or DCF Audit Services from having access to any records, documents or other information, confidential or otherwise, regarding or relating to the execution and/or performance of this agreement. (See K.S.A. 46-1101 et seq.)
- **B.** Unless the State specifies in writing a shorter period of time, the provider agrees to preserve and make available all of its books, documents, papers, records and other evidence involving transactions related to this *Provider Agreement* for a period of five (5) years from the date of the expiration or termination of this agreement.

Matters involving litigation shall be kept for one (1) year following the termination of litigation, including all appeals, if the litigation exceeds five (5) years. When so instructed by the State, documents should be shredded or burned. The provider agrees that authorized Federal and State representatives, including but not limited to, personnel of the using agency; independent auditors acting on behalf of State and/or Federal agencies shall have

access to and the right to examine records during the *Provider Agreement* period and during the five (5) year post-amendment period. Delivery of and access to the records shall be at no cost to the State.

C. All client records created and maintained by the provider shall be made available to DCF Central Office, Local Area Office staff or their designee upon request.

7. PERFORMANCE OUTCOMES

The performance outcomes for each specific service are the same for each provider of that service. Special Project and Pilot Projects *Provider Agreements* shall have performance outcomes specific to that project. DCF periodically will review performance outcomes against actual performance of multiple providers to test the reliability of each expected performance outcome. If the outcomes are found to be reasonable and on target, they will remain as written.

The local DCF Office will review the provider's performance against the outcomes every six months. During this review, DCF will take into consideration any situation beyond the provider's control which may have impacted the provider's performance and will make allowances for this. DCF will also consider whether the first six month review period may be a start-up period for the provider since the performance of a new provider of services may not be as effective as that of more experienced providers.

DCF may terminate the Agreement with thirty (30) days notice to the provider for failure to meet target outcomes, as well as for other reasons.

8. TEAMWORK

Frequent ongoing coordination of the team of DCF staff, provider staff and the client is essential to each client's success. Each member of the team will share information and resources, focus energies and services on client benchmarks and goals, and work with each other toward the goal of client self-sufficiency. The provider staff and the DCF case manager will meet and/or talk frequently and include the client in meetings and conversations whenever possible. Due to confidentiality, only one client may be present at any one time during a meeting unless the meetings are very general in nature.

The provider staff will make sure to assist the client toward achieving only those goals which are developed specifically for that client. If a provider staff member gains information which indicates a new goal may be need to be established, the staff member will discuss this possibility with the DCF case manager and the client. DCF will determine if revision of the goals is needed and will stay actively involved as a team member.

9. RIGHT TO REFUSE SERVICE

Providers have the right to refuse service, after an initial/ face-to-face interview, with good cause, to any referred client. Good cause includes, but is not limited to, behavior inappropriate to the setting and circumstances, such as displays of drunkenness, obvious drug use, physical or verbal abuse, disruptiveness, threats or carrying weapons. Good cause does not include client's multiple barriers, a long history of unemployment or other criteria that might render the client difficult to serve. When a provider refuses service with good cause, the provider will take immediate security action necessary and promptly report the circumstances to DCF, as soon as possible.

10. REFERRALS BACK TO DCF

The provider is to promptly notify the DCF case manager for case consultation and review if: a provider discovers a client that exhibits inappropriate behavior (see #9 above); or does not have adequate transportation, child care or other support services or is in a crisis situation; or if the needs of the client are such that the provider does not have the resources to address them. The case

consultation and review must be recorded in the client's DCF case file. After the provider and DCF staff have reviewed the case, DCF will document the final option. The option of referring the client back to DCF is possible at this point. If this option is selected, it formally ends the referral to the provider. The DCF case manager will work with the client to find the needed resources.

11. ASSURANCES REGARDING LOBBYING

BOTH the provider and DCF certify the following:

A. No Federal funds from this *Provider Agreement* have been paid or will be paid by either party to any person for the purpose of influencing or attempting to influence an officer or employee of

Congress, or an employee of a Member of Congress, in connection with the awarding of any Federal contract, including continuation, renewal, amendment or modification of any Federal agreement.

- **B.** If this *Provider Agreement* is for a total amount over \$100,000, the provider shall file a "Certificate Regarding Lobbying" form as required by Section 319 of Public Law 101-121.
- C. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, or an employee of a Member of Congress in connection with this Federal agreement (if such is over \$100,000), the undersigned shall complete and submit Standard Firn LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

12. SIGNATURE ON PROVIDER AGREEMENTS

All *Provider Agreements* must have the Area Director's or their designee's and or the Rehabilitation Director's signature(s).

13. CONFLICT OF INTEREST

A. DCF Employee(s)

DCF staff authorized to develop or sign *Provider Agreements* will not develop or approve a *Provider Agreement* that will result in (or even appear to result in) personal gain for themselves, members of their immediate families, or others with whom they have a close relationship or association. DCF staff and staff of all providers providing services for DCF are expected to avoid even the appearance of a conflict of interest.

B. Provider Employee(s)

All procedures for *Provider Agreements* apply equally to all employers, regardless of their association with DCF or DCF employee(s).

Provider/vendor agencies/companies shall not make referrals or suggest additional services (beyond those which the vendor directly provides) for DCF clients when the referral or services result in (or even appear to result in) direct or indirect personal gain for themselves, members of their immediate families, or other with whom they have a close personal relationship, friendship, social or business association. Providers/vendors for DCF are expected to avoid even the appearance of a conflict of interest. Failure to report possible conflicts of interest to DCF during a current *Provider Agreement* may result in termination of the agreement.

C. Hiring

The provider shall not knowingly employ, during the period of this *Provider Agreement* or any extensions to it, any professional personnel who are also in the employ of the State and who are providing services involving this *Provider Agreement* or services similar in nature to the scope of this agreement to the State. Furthermore, the provider shall not knowingly employ, during the period of this *Provider Agreement* or any extensions to it, any State employee who has participated in the making of this *Provider Agreement* until at least two years after his/her termination of employment with the State.

14. ACTIONS BY THE PROVIDER WHICH MAY WARRANT TERMINATION OR DENIAL OF A PROVIDER AGREEMENT

A. Child Abuse And/or Neglect

Substantiation and validation of child abuse and/or neglect by a staff person providing direct services or an administrator of such and agency.

B. Failure to Agree To And/or Abide By

Failure to agree to and/or abide by conditions of the *Provider Agreement* and related documents: *Provider Agreement* GS-3906; Contractual Provisions Attachment DA-146a; Certification of Qualifications; DCF Confidentiality Policy; and the Provider Reporting Requirements. Failure to maintain licensing or registration requirements are also causes for termination.

C. Financial Records

Failure to maintain accurate financial records. A documented history of over billing, incorrect billing or not submitting billing.

D. Corrective Action Plan

Failure to comply with a corrective action plan and to respond within a designated time period.

E. Disclosure

Failure to disclose possible conflicts of interest. Failure to disclose an offense may result in termination of the *Provider Agreement*.

F. Falsification of Records

Deliberate falsification of information.

G. Service Provision

A documented inability to provide services as defined.

H. Qualified Staff

Failure of the provider to employ qualified staff may result in termination of this agreement.

DCF or the provider may choose not to continue the *Provider Agreement* based on Section 9. A thirty (30) clear day written notice must be given to the provider when terminating the *Provider Agreement* unless the provider requests termination. Refer to Section 9 of the DCF *Provider Agreement*.

If DCF denies or terminates a Provider Agreement, the provider shall not be eligible to reapply for another Provider Agreement for twelve (12) months from the date of the denial or termination. Providers have the right to appeal a DCF decision which adversely effects them.

15. TIME SHEET AND INVOICE MONITORING

This type of monitoring is to be done at, or right before, each time of payment. Each local DCF area will determine the appropriate employee/position responsible for this phase of monitoring. That employee will notify the contract monitor, case manager, provider liaison or other appropriate parties of any discrepancies. The local DCF office has the responsibility of making sure invoices are correct when approving them or returning incorrect invoices to the provider for correction. The DCF case manager, contract monitor, or provider liaison will obtain a copy of classes/workshops scheduled dates prior to each workshop or class. DCF will use a combination of the following methods as applicable:

- **A.** Comparing time sheet and/or invoices to the current provider authorization.
- **B.** Checking and correcting providers' math calculations on invoices.
- **C.** Comparing time sheet reported attendance dates per client to the class or workshop schedule.

- (1.) DCF will not pay for reported attendance dates when the class or workshop scheduled indicates no class or workshop on those dates.
- (2.) DCF will not pay for State or national holidays except when classes or workshops were scheduled and held. (An example might be President's Day.)
- (3.) DCF will not pay for dates the facility was open but clients were not scheduled to attend.
- **D.** Comparing time sheet reported attendance dates to provider's progress notes, sign in/out logs and/or other documentation.
- **E.** Comparing invoices to provider's progress notes to verify time changes.
- **F.** Reviewing provider's progress notes for reasonableness of time spent by the provider on a specific task. For example, writing a resume or helping a client write a resume should not take 6 hours.
- **G.** Verifying that the client on each invoice was a referral from the appropriate DCF Division.
- **H.** Keeping a log of the dates invoices from each provider are received.

16. CONFIDENTIALITY

The provider may have access to private or confidential data maintained by the State to the extent necessary to carry out its responsibilities under this *Provider Agreement*. The provider must comply with all the requirements of the Kansas Open Records Act in providing adequate supervision and training to its agents and employees to ensure compliance with the Act. No private or confidential data collected, maintained or used in the course of performance of this *Provider Agreement* shall be disseminated by either party except as authorized by statute, either during the period of the *Provider Agreement* or thereafter. The provider must agree to return any or all data furnished by the State promptly at the request of the State in whatever form it is maintained by the Provider. On the termination or expiration of this *Provider Agreement*, the provider will not use any of such data or any material derived from the data for any purpose and, where so instructed by the State, will destroy it.

17. REVIEWS AND HEARINGS

A. Client Complaints

The provider agrees to advise the local Area Office of all complaints from clients made known to the Provider. All client appeals or fair hearing requests should be made using the Fair Hearing Process. The State has the discretion to require the provider to participate in any review, appeal, fair hearing or litigation involving issues related to this *Provider Agreement*.

B. Provider Complaints/Right to Request a Fair Hearing

Providers have the right to ask for a fair hearing if they do not agree with a decision made regarding their agency. At the hearing, the provider can explain why they do not agree. The provider can have anyone they choose to speak for their agency.

The provider has the right to a hearing if DCF receives a request in writing within thirty (30) days of the date of the notice of action. A request for fair hearing can be made by contacting the local Area Office for the correct form.

18. MODIFICATION/AMENDMENT

Provider Agreements may be modified/amended only by written agreement of the parties. No alteration or variation of the terms and conditions shall be valid unless made in writing and signed/initialed by the parties. Each Amendment shall specify the date on which its provisions shall be effective. For a minor change such as adding an additional county for a service already being provided. a notation indicating the change may be placed on the existing appropriate Appendix. Both the contract monitor or designee and a representative from the provider agency should initial and date the change or addition. A notation of "Amended" with the date of the change should be placed at the top of the DCF copy of the amendment. A copy should also be given to the provider for their files and a copy sent to the appropriate Division in Central Office and the DCF supervisor in the effected county(ies). When adding services which there are established service descriptions, the above method may be used or a new Appendix may be added. In either case, the contract monitor or designee must note payment rate or coordination as appropriate. If a new Provider Agreement is written, "Amended" with the new effective date should be indicated at the top of the new Amendment. If an already existing *Provider Agreement* is modified, the contract monitor or designee and the provider should initial each change. Copies should be given to the provider, Central Office and effected local offices. If an additional DCF Program or DCF Area Office would like to "piggyback" onto an existing Agreement, the Provider Service Piggyback Authorization form should be used.

19. CRIMINAL OR CIVIL OFFENSE OF AN INDIVIDUAL OR ENTITY THAT CONTROLS COMPANY BUSINESS

Any conviction for a criminal or civil offense that indicates a lack of business integrity or business honesty which currently, seriously and directly affects responsibility as a State provider of services *must be disclosed*. This is to include (1) conviction of a criminal, civil or administrative offense related to fraud; (2) conviction under State of Federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records and/or receiving stolen property; and (3) conviction under State or Federal antitrust statutes. For the purpose of this section, an individual or entity shall be presumed to have control of a company or organization if the individual or entity directly or indirectly, or acting in

concert with one or more individuals or entities, owns or controls five percent (5%) or more of its equity, or otherwise controls its management or policies.

Failure to disclose an offense may result in termination of the Provider Agreement.

20. DEBARMENT

As part of the Code of Federal Regulations (45 C.F.R. Part 76), all governmental entities receiving funding from the Federal Government must participate in a government wide system for non-procurement debarment and suspension. A person or entity who is debarred or suspended shall be excluded from Federal financial and non-financial assistance and benefits under the Federal programs and activities. Debarment or suspension of a participant in a program by one agency shall government wide effect. The Secretary of DCF is authorized to impose debarment. Before any person or entity enters into an agreement, grant or contract with DCF, the "Excluded Parties Lists" (located at the web site http://epls.gov shall be researched for potential debarred persons or entities.

21. ADA RESOURCES

For information regarding ADA accessibility and other ADA issues, please refer to the ADA Resources List provided with this document.

22. STAFF QUALIFICATIONS

The provider shall warrant that all persons providing direct services to DCF clients shall be employees of the provider and shall be fully qualified to perform the work required. Additionally, the provider shall be responsible for screening and certifying that their employees have not been convicted, validated or confirmed regarding abuse and neglect of a child or adult, and/or have no criminal, civil or administrative convictions. See "Certification of Qualifications."

Any provider or their employee who transports clients during the course of providing any service shall maintain a valid driver's license and valid auto insurance. At the time the *Provider Agreement* is signed, verification of license and insurance shall be provided to DCF.

Failure of the provider to employ qualified staff may result in termination of the Provider Agreement.

23. SIGNATURE OF RECEIPT

Each Provider Agreement must contain a listing of documents specific to that Provider Agreement. This listing must be reviewed with the provider and they must sign that they have reviewed and received each document on the list. The "Signature of Receipt" listing is to be kept as part of the official provider file. For

more information or copies of documents listed, see the local DCF Area Office contract monitor or the Grants and Contracts Unit in Central Office.

The "Signature of Receipt" listing must include at a minimum:

- 1. Provider Agreement GS-3906
- 2. Contractual Provisions Attachment (DA-146a)
- 3. Certification of Qualifications
- 4. DCF Confidentiality Policy
- 5. Service Agreement Form
- 6. Service Description
- 7. W-9 Form if required.

DCF CONFIDENTIALITY POLICY

The provider agrees that none of its employees, agents, students, or assignees involved in providing services, receipt of services, the studies of services, or research/review of DCF programs, directly or indirectly, under the terms of this agreement, shall use any information, systems, records or other material of a confidential nature for any purpose other than to fulfill its contractual responsibilities to DCF.

Almost all information concerning applicants, clients or former clients is considered confidential. Use of such information is limited to purposes directly connected with DCF program administration. All disclosure, even within the contracting agency, is limited to a need-to-know basis and to only that information reasonably necessary to accomplish the purpose of such disclosure. Information may be disclosed when the purpose of disclosure is directly related to: (1) the administration of DCF programs; (2) an investigation, prosecution, or criminal or civil proceeding connected with the administration of DCF program or SSI program; or (3) the administration of any Federal or Federally assisted program providing cash or in-kind assistance services to individuals on the basis of financial need. **Under no circumstances is a contractor/provider authorized to release, to an applicant, participant, or anyone else, any information obtained from another agency or facility.** Release of any confidential information to an outside source, other than under exceptions listed above, requires a written release of information, signed by the client. The nature of information to be safeguarded includes the following:

- (1) Names, addresses, phone numbers, and the fact that said person is receiving public assistance or is involved in a program requiring Federal financial assistance as a condition of eligibility for the program;
- (2) Written or verbal information contained in or concerning applications, reports of investigations, reports of medical or psychological examination/evaluations, correspondence, and other records concerning the condition or circumstances of any DCF applicant, client or former client;
- (3) DCF records of agency evaluations or summaries of such information;
- (4) Personal information shared by the client or about the client; and
- (5) Any and all information which reasonably could be considered to be identifying, i.e., reference to a TANF single parent from a certain area with six children, even without naming the client's name, could be identifying if the parent is from a small area and perhaps the only TANF single parent with six children.

In all cases, providers are required to follow the Confidentiality Policy. Students or research personnel under contract with DCF shall adhere to this policy, and DCF shall receive copies of each study completed. If a provider or local DCF office is in doubt of policy, questions may be directed to the DCF monitor or liaison.

Rev. 06-2001

Rev. 04-2012

Americans with Disabilities (ADA) Resource List

Several resources are available to assist providers: (1) in determining if their sites are ADA accessible, and (2) in planning renovations to make sites ADA accessible. Resources may charge for this service. Providers are encouraged to inquire about cost when they contact a resource for assistance. Some resources are listed below. If providers contact one resource and that resource cannot assist within the needed time frame, providers are encouraged to call another resource and make an inquiry.

1. DCF – Human Resources

Anthony Fadale, State ADA Coordinator Docking State Office Building, 6th 915 SW Harrison Street Topeka, Kansas 66612

Phone: (785) 296-1389

Email: Anthony.Fadale@dcf.ks.gov

2. Kansas Commission on Disability Concerns

Martha Gabehart, Executive Director 900 SW Jackson, Room 100

Topeka, Kansas 66612 Phone: (785) 296-1722 Toll Free: (800) 295-5232

Relay: 711

Fax: (785) 296-1795

3. Independent Living Centers See table provided below.

AGENCY	COUNTIES	ADDRESS	PHONE NUMBER	SATELLITE OFFICES
LINK, Inc.	Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Wallace, Logan, Gove, Trego, Ellis, Russell, Rush, Barton, Pawnee	2401 E 13 th Hays, KS 67601	(785) 625-6942 V/TTY (785) 625-2334 FAX 1-800-569-5926 V/TTY	Colby Great Bend Hill City Liberal
Independent Connection/OCCK	Jewell, Republic, Mitchell, Cloud, Lincoln, Ottawa, Ellsworth, Saline, Dickinson	1710 W. Schilling Rd. Salina KS. 67401	(785) 827-9383 V/TDD (800) 526-9731 (785)823-2015 FAX	None

	I			
Three Rivers, Inc.	Washington, Marshall, Nemaha, Brown, Clay, Riley, Pottawatomie, Geary, Wabunsee	P.O. Box 408 504 Miller Drive Wamego, KS 66457	(785) 456-9915V/TDD (800) 555-3994 V/TDD :(785) 456-9923 FAX	Clay Center Manhattan Seneca Topeka Prairie Band Potawatomi Nation
Advocates for Better Living for Everyone, Inc. (ABLE)	Atchison, Brown, Doniphan, Jackson	521 Commercial, Suite C Atchison, KS 66002	(913) 367-1830 V/TDD (913) 367-1430 FAX (888) 845-2879	None
Topeka Independent Living Resource Center	Shawnee	501 S.W. Jackson, #100 Topeka, KS 66603	(785) 233-4572 V/TDD (785) 233-1561 FAX (800) 443-2207	None
Coalition for Independence, Inc.	Wyandotte, Johnson, Leavenworth	4911 State Ave Kansas City, KS 66102	(913) 321-5140 V (913) 321-5216 TDD (913) 321-5182 FAX	None
The Whole Person, Inc.	Wyandotte, Johnson	3420 Broadway, Suite 105 Kansas City, MO 64111	(816) 561-0304 V (816) 931-2202 TDD (816) 753-8163 FAX	KS – Prairie Village
Resource Center for Independent Living	Morris, Lyon, Osage, Franklin, Miami, Chase, Coffey, Anderson, Linn, Butler, Greenwood, Allen, Bourbon, Elk	P.O. Box 257, 1137 Laing Osage City, KS 66523	(785) 528-3105 V (785) 528-3106 TDD (785) 528-3665 FAX	El Dorado Emporia Iola Ottawa
Southeast Kansas Independent Living, Inc.	Woodson, Wilson, Neosho, Crawford, Chatauqua, Montgomery, Labette, Cherokee	P.O. Box 957 1801 Main Street Parsons, KS 67357	(620) 421-5502 V (620) 421-6551 TDD (620) 421-3705 FAX (800) 688-5616	Chanute Columbus Fredonia Hays Independence Pittsburg Sedan Yates Center
Independent Living Resource Center	Sedgwick	3033 W. 2 nd St. N. Wichita, KS 67203	(316) 942-6300 V/TDD (316) 942-2078 FAX	None
Prairie Independent Living Resource Center	Reno, Pratt, Harvey, McPherson	17 S. Main Hutchinson, KS 67501	(620) 663-3989 V/TDD (620) 663-4711 FAX (888) 715-6818	Pratt Dodge City

PROVIDER AGREEMENT

SIGNATURE OF RECEIPT

By signing this document, I am verifying that I have read, understand and agree to all the provisions listed in the Vendor Manual Packet and have received copies of the following documents:

of the following documents.
DCF Provider Agreement
Contractual Provisions Attachment
Appropriate Appendix(ices)
Certification of Qualifications
DCF Confidentiality Policy
Vendor Information Packet
Provider Name
Dravidar Cignatura
Provider Signature
Date

MODIFICATION/AMENDMENT TO SERVICE AGREEMENT

	Effective Date
	Provider
Provider S	Signature/Date
RS Program Administrator S	Signature/Date
Carefully review the Contractual Provisions Attachment (DA-146a) and related information.	nd the <i>Provider Agreement</i> form for
THE FOLLOWING INFORMATION APPLIES LOCALLY:	
1. SERVICES PROVIDED	
TheDCF Region is purchasing the following some Program Administrator will check the services to be purchased, provider has agreed to provide each service and accept rates estimated):	specify appropriate counties in which the
Counties served:	

٧	Service	Component	Payment Rate
	APPENDIX C – PFP ASSESSMENTS		
	Vocational Assessment		\$425
	Independent Living Assessment		\$150
	Community-based Work Assessment		\$750
	APPENDIX D – EDUCATION/TRAINING		
	Orientation and Mobility	Teaching Action Plan Training	\$200 \$70/hour
	Rehabilitation Teaching	Teaching Action Plan Training	\$200 \$34/hour

APPENDIX E – EMPLOYMENT SERVICES		
PFP Job Preparation	Action Plan Level 1 Monthly Level 2 Monthly	\$200 \$250 \$500
PFP Guided Placement	Action Plan Monthly	\$200 \$250
PFP Customized Placement	 Job Development/Action Plan Placement Stabilization – Supported Employment IPE Only 45 Days of Continuous, Successful Placement Extended Ongoing Service Plan – Supported Employment IPE Only Successful VR Closure 	\$500 \$500 \$500 \$500 \$500 \$1,000
Job Placement for Transitioned-aged Youth with Disabilities - Soaring to New Heights	 Job Development Action Plan Placement in permanent, paid, integrated employment Completion of 30 days in employment and the expectation that the employment will continue 	\$200 \$300 \$200
PFP Job Coaching	Level 1 Level 2	\$34/hour \$34/hour
PFP Community-based Job Tryout		\$175
PFP IPE Research (Negotiate Rate)	 Referral (30%) IPE Research (30%) IPE developed and signed by Customer and counselor (40%) 	Total Fee: \$
IPE Case Coordination Milestone Payment (Negotiate Rates) PFP Purchasing Support (Negotiate Rate)	Milestone 1: Referral to Contractor Milestone 2: Case coordination services in quarterly intervals	Milestone 1: \$ Milestone 2: \$ Quarterly
	1: Referral (30%) 2: Purchase authorized (30%) 3: Service or item delivered (40%)	Total Fee: \$
APPENDIX G – OTHER		
PFP Assistive Technology (AT) Services	 Initial Assessment Basic Functional Evaluation Comprehensive Functional Evaluation Basic Training Comprehensive Training Technical Assistance 	\$200 \$800 \$1,200 \$800 \$1,200 \$300
		_

Any changes to payment rates for this provider are explained in an updated addendum (or a letter to the provider if the maximum rates are increased) which is dated, initialed or signed, attached to, and becomes part of this Agreement.

2. COORDINATION (PIGGYBACK AUTHORIZATION)

Coordination between DCF Regional Offices, DCF Programs and the provider is described below or attached as a separate page. Include referral process, planned frequency of meetings, joint training, notification of client need for emergency services, service-related transportation arrangements, etc.

Please refer to service description(s) attached.

3. OTHER (Specify)

SERVICE DESCRIPTION(S) Please Attach

KRS SERVICE REFERRAL

and interest:				
provider to assist them in making a service decision.)				
Current information on consumer's identified employment barriers and how to address: Barrier 1: How was or will the barrier be addressed? Barrier 2: How was or will the barrier be addressed? Barrier 3: How was or will the barrier be addressed?				
Does the level and intensity of support needs require extended ongoing services? NO Is there a Supported Employment IPE? YES NO (See definition of supported employment services for further clarification)				
heck Service):				
☐ Job Preparation – Level 1				
☐ Job Preparation – Level 2				
☐ Guided Placement				
☐ Customized Placement (SE IPE = Y N)				
☐ Job Coaching				
☐ Community Job Tryout				
(Required for Job Preparation, Guided and Customized Placement Services) RS Management Review: Approve Deny More Information Needed Signature/Date:				
Contractor Acceptance or Denial of Service Referral (Return Service Referral within 7 days):				
Contractor Name: Referral Accepted: YES NO Service to Begin:				
Provider Contact Name: Phone: Email:				
Reason for Referral Rejection:				
Signature: Date:				

Customized Placement is designed to provide individualized services to the consumer. However, if the RS counselor has determined that the consumer meets the criteria for supported employment, then components 3 (Stabilization) and 5 (Extended Ongoing Support Plan) will be expected from the contractor, as well as a Supported Employment Plan developed by the RS counselor. The following questions should be considered when determining whether to use the Supported Employment track under Customized Placement:

- 1. Has competitive employment traditionally NOT occurred for this person or has competitive employment generally been interrupted or intermittent as a result of significant disability? AND
- 2. Will the person need ongoing support services and other appropriate services to support and maintain employment:
 - For a period of time not to exceed 18 months; and
 - Following closure require extended services to maintain or regain job placement or advance in employment?
 AND
- 3. Will extended services be required throughout the individual's term of employment in a particular job placement?

If you answered yes to all three of the questions, you should develop a supported employment plan.

Supported Employment:

Must include an assessment of employment stability and provision of specific services or the coordination of services at or away from the worksite that are needed to maintain stability based on –

- At a minimum, twice-monthly monitoring at the worksite of each individual in supported employment or, if under special circumstances, especially at the request of the individual, off-site monitoring (2x/mo) and consists of:
 - The provision of skilled job trainers who accompany the individual for intensive job skill training at the worksite;
 - Job development and training;
 - Social skills training;
 - Regular observation or supervision of the individual;
 - Follow-up services including regular contact with the employer, the individual, the parents, family members, guardians, advocates or authorized representatives of the individual, and other suitable professional and informed advisors, in order to reinforce and stabilize the job placement;
 - Facilitation of natural supports at the worksite;
 - Any other service identified in the scope of vocational rehabilitation services for individuals.

KANSAS REHABILITATION SERVICES ACTION PLAN

Consumer Name:	Contractor Name:				
Consumer Signature:	_ Contractor Signature:				
RS Counselor Name:	Service Authorization # and Date:				
RS Counselor Signature:	Date of Action Plan:				
Type/Level of Service:	Reporting Frequency:				
Identified consumer conditions and preferences:					
Identified barriers:					
Action Steps to achieve service goal (see instructions):					

KANSAS REHABILITATION SERVICES ACTION PLAN REPORT

Consumer Name: Dates covered by this report: RS Counselor Name: Contractor Name:	Service Authorization #: Type/Level of Service: Date of Report: Contractor Signature:
Contracted Service Status:	
Progress meets payment criteria:	Service Interrupted: (date)Why?When will services resume? (Date)
	when will services resume: (Date)
☐ Successfully Completed Service:	Service Ended: (date)
☐ Progress Demonstrated	Why? 15 day notice needed? ☐Yes ☐ No
Job Obtained/Employment Informatio	n:
Employer: Job Title:	Supervisor:
Address: City:	State: Zip:
Start Date: Hourly Wage: \$	Hours/week:
Benefits YES No Employ	yment End Date:

Report On Progress Of Action Steps (see instructions):

KANSAS REHABILITATION SERVICES ACTION PLAN AND REPORT - INSTRUCTIONS

ACTION PLAN, STEPS TO ACHIEVE SERVICE OUTCOME:

- Once the contractor accepts the referral for service (see KRS Service Referral) the contractor is responsible for development and completion of the Action Plan within 2 weeks after acceptance of the referral.
- ➤ The RS counselor will provide: KMIS authorization and case file information that will assist in service delivery (for example functional limitation work sheet, vocational assessment or other pertinent information.)
- ➤ The development of the Action Plan for services requires input and collaboration with the consumer and VR counselor and is finalized with signatures from the consumer, contractor and counselor demonstrating agreement with the plan.
- Action Plan must identify the expected outcome (what will be achieved when service Is done); specific, identifiable steps in the process of achieving this outcome, who is responsible [contractor, consumer, counselor or others]; how it will be done [identify tools, techniques activities]; target date for completion, frequency of reporting (no less than monthly reporting required). Action Steps should be numbered in order and progress reports within the Action Plan Report format.
- > The consumer is to be included throughout the process and must sign the Action Plan and any modifications made to the Action Plan.

REPORT ON PROGRESS OF ACTION PLAN:

- Action Steps should be labeled on the report to correspond with Action Steps developed within the Action Plan.
- ➤ Reporting on steps within the Action Plan will provide an update and analysis of the effectiveness/progress of each action step (did it work, why didn't it work, what different approaches were tried, what future approaches will be tried?)
- ➤ Reporting should identify challenges, modifications, interventions or new barriers. (What new information, suggested changes or new interventions are recommended? Are there new issues to be addressed and does the Action Plan need to be changed?)
- ➤ If applicable, the contractor will complete the Job Obtained/Employment information. Only Contractor signatures are required on regular reports of progress of action steps. VR Counselors will contact consumer directly regarding satisfaction with the job obtained or satisfaction with services.
- Any time a payment point is obtained, that box should be checked under Service. Payment will not be authorized until all documentation is obtained by the VR Counselor.
- ➤ Changes in Actions Plan can be created by consumer/contractor/counselor this would include any change in the consumer's Vocational Goal or Objective. Revision of the Action Plan must be done with the input and agreement of the consumer, counselor and contractor.

Orientation and Mobility Training

Kansas Department for Children and Families

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals.

Purpose

The primary purpose for providing orientation and mobility training services is to assist VR consumers who are blind or visually impaired in increasing or maintaining skills to move independently, safely and purposefully in the community environment, work place and home. These skills will support their successful movement toward independence, employment skill development or employment stabilization.

Scope of Services

Orientation and mobility training services must be provided face-to-face with "hands-on" assistance by the orientation and mobility specialist to the VR consumer.

Orientation and mobility training shall be based on a formal assessment of the consumer's ability to move independently, safely and purposefully in the community environment, work place and home. It may include concept development (i.e. body image); motor development (i.e. motor skills needed for balance, posture and gait); sensory development (i.e. functioning of the various sensory systems); residual vision stimulation and training; techniques for travel (indoors and outdoors) including human guide technique, trailing, cane techniques, following directions, search techniques, utilizing landmarks, route planning, techniques for crossing streets and use of public transportation; and instructional use of low vision devices.

Contracted Service Process:

The RS Counselor will notify the contractor of a potential referral for services. It is expected that the contractor will accept or reject the referral for services within one week.

When the contractor accepts and agrees to provide the service the following occurs:

The RS Counselor will create a service authorization for the assessment of the consumer's Orientation and Mobility training needs and the development of an Orientation and Mobility Training Action Plan that will meet the consumer's needs.

- The Orientation and Mobility Training Action Plan is developed with the consumer and RS Counselor. The Orientation and Mobility Training Action Plan will complement the consumer's IPE, and require final approval by the RS Counselor before implementation.
- The details of instruction and training within the Orientation and Mobility Training
 Action Plan will be developed based on the assessed needs and the purpose of the
 service identified by the RS Counselor. The Orientation and Mobility Training
 Action Plan should include instruction and training methods, frequency of
 instruction, how progress will be measured, the estimated timelines and number of
 hours required to complete the training.
- Once the RS Counselor agrees to the Orientation and Mobility Training Action Plan, payment for the Action Plan will be completed.
- RS Counselor will also authorize the number of Orientation and Mobility Training hours based upon the agreed training time estimate in the Orientation and Mobility Training Action Plan.
- Once the Orientation and Mobility Training Action Plan is approved, the contractor will implement the training and instruction as outlined in the Action Plan to achieve the goals/purpose of the referral for service.
- Weekly reports will be provided to the RS counselor outlining the progress towards the goals in the Orientation and Mobility Training Action Plan and identifying instruction and training that has occurred.
- Instruction and training are to be provided face-to-face with the consumer.
- Payment for Orientation and Mobility Training hours will be completed by the RS Counselor upon receipt of periodic billing from the contractor based on:
 - required reports being up-to-date;
 - o the agreed upon action plan is being followed; and
 - documentation that clearly supports that the contractor has provided services as described in the consumer's Orientation and Mobility Training Action Plan.

Qualifications

Orientation and Mobility Specialists must meet one of the following standards:

- A. Certification through the Academy for Certification of Vision Rehabilitation and Education Professions (ACVREP) http://www.acvrep.org/
- B. Degree or certification through an accredited university program; the Association for the Education and Rehabilitation of the Blind and Visually Impaired offers a list of such programs at:
 - http://www.aerbvi.org/modules.php?name=News&file=article&sid=1103

- C. Certification from the National Blindness Professional Certification Board (NBPCB)
 - http://www.nbpcb.org/pages/NOMCcertification.php

Documentation of qualifications must be submitted with completed fee for service contract.

Rate

Payment of \$200 will be made based on an agreed upon Orientation and Mobility Training Action Plan. Hours of training will be authorized by counselor based on the approved Action Plan. Hours of training will be paid at a rate of \$70 an hour.

Rehabilitation Teaching

Kansas Department for Children and Families

Rehabilitation Services (RS) is a state agency which provides vocational rehabilitation (VR) services to help people with disabilities achieve permanent, integrated, competitive employment consistent with their strengths, resources, priorities, concerns, abilities capabilities, interests and informed choice. VR services are customized according to each consumer's needs and goals.

Purpose

The purpose of Rehabilitation Teaching is to provide individualized training and instruction to VR consumers who are blind or visually impaired. Training and instruction shall lead to successful movement toward independent living, employment, skill development, and/or employment stabilization.

Services: The contracted Rehabilitation Teacher works in partnership with the consumer and RS counselor to develop an individualized Rehabilitation Teaching Action Plan defining the specific areas of instruction, methods of training to be provided, expected outcomes and timeframes for completion of training. Instruction emphasizes the development and use of adaptive skills to assist the consumer in coping with the demands of everyday life, specifically skills needed to prepare for, achieve and maintain employment. The following are possible areas of instruction:

- Communication: instruction in adaptive skills and alternative forms of reading, writing, mathematical calculations and listening.
- Upon evaluation and certification of skills by the RS contracted Braille Literacy Consultant, can teach competitive Braille skills under the supervision of the Braille Literacy Consultant.
- Personal management such as personal hygiene, grooming and clothing care.
- Orientation and movement in familiar indoor environments.
- Home management such as general home care, kitchen skills, home repairs, and bookkeeping skills.

In general, a rehabilitation teacher provides instruction and training to persons who are blind or visually impaired designed to maximize the ability of the person to work independently. In working with the VR consumer the contractor may identify support needs of the consumer and assist the consumer to become aware of and connect with natural or community resources that address these needs. The contractor will mentor and promote the consumer's ability to self-advocate and request reasonable accommodations when needed. The contractor is expected to inform the VR counselor of any additional support needs of the consumer that may, or are creating barriers to successful employment.

Rehabilitation Teaching Services will be consistent with the consumer's Individual Employment Plan (IPE). The specific service(s) requested for any individual will be based upon the RS counselor analysis of all available information and data to determine the level and intensity of service needs. The number of hours authorized and paid will be dependent upon the preauthorization of the RS counselor for any individual.

Contracted Service Process:

The RS Counselor will notify the contractor of a potential referral for services and an authorization for the development of a Teaching Action Plan. It is expected that the contractor will accept or reject the referral for services within one week.

When the contractor accepts and agrees to provide the service, the following occurs:

- A written Rehabilitation Teaching Action Plan, which is developed in conjunction with the consumer and RS Counselor and complements the consumer's IPE, is developed. The development of the Rehabilitation Teaching Action Plan should be completed within two weeks of the contractor accepting the authorization for service and will need final approval of the RS Counselor.
- The details of instruction and training within the Rehabilitation
 Teaching Action Plan will be developed based on the purpose of service identified by the RS Counselor, as well as information provided by the consumer and RS counselor about specific training areas. The Action Plan should include instruction and training methods, frequency of

- instruction, how progress will be measured and the estimated timelines and hours required to complete the training.
- Payment of \$200 to the contractor for the Rehabilitation Teaching Action Plan will be approved based on the RS Counselor's approval of the plan.
- RS Counselor will authorize the number of Rehabilitation Teaching hours based upon the agreed training time estimate within the Rehabilitation Teaching Action Plan.
- When the Rehabilitation Teaching Action Plan is approved the contractor will implement the training and instruction as outlined within the plan to achieve the goals/purpose of the referral for service and be paid at a rate of \$34 an hour.
- Weekly reports will be provided to the RS counselor documenting the progress towards the goals within the Rehabilitation Teaching Action Plan and identifying instruction and training that has occurred.
- Instruction and training are to be provided face-to-face with the consumer.
- Payment for Rehabilitation Teaching hours will be completed by the RS Counselor upon receipt of periodic billing from the contractor based on:
 - o required reports being up-to-date;
 - the agreed upon action plan is being followed;
 - documentation clearly supports that the contractor has provided services as described in the consumer's Rehabilitation Teaching Action Plan; and
 - Progress of training is being demonstrated and/or adjustments to training techniques are utilized.

General Terms

Weekly progress reports are required. Individual authorizations can be withdrawn by either party with a 15-day written notice. Once a 15-day notice is given, activity should cease and additional payments will not be authorized for outcomes reached via alternative methods. Payments will be authorized by the RS counselor as specified above.

In case of disagreement over payment between the RS counselor and contractor, the contractor may appeal to the RS Program Administrator for

the Region. In case of continued dispute, the contractor may appeal to the RS Community Provider Manager.

The contractor must consider all persons who are requesting services. The contractor will notify the RS counselor in one week or less of the intent to accept or reject a referral for Rehabilitation Teaching services. There is no guarantee of the number of authorizations to be provided by RS. Continued use of the services will be dependent upon the contractor's success in assisting the VR consumer to achieve their goals.

PERFORMANCE EVALUATION

The purpose of Accountability Benchmarks is to provide parameters for RS staff and contractors to review progress and outcomes on a regular schedule so that the team can address any potential issues before they become significant problems for the contractor and/or consumer. The guidelines are established to help improve the potential for reaching successful outcomes by developing strategies for improvement rather than imposing negative consequences at the end of a review period. The expectation is that contractors providing Rehabilitation Teaching services will successfully complete the goals of the individual Rehabilitation Teaching Action Plans for 80% of the persons served. Program evaluation data will be reviewed on a quarterly basis so both the contractor and RS staff is aware of the outcomes and will determine what, if any, action will be taken to ensure success for the persons served.

QUALIFICATIONS

Rehabilitation Teachers must meet one of the following qualification standards:

- A. Rehabilitation Teaching certification, such as vision rehabilitation therapist certification offered through the Academy for Certification of Vision Rehabilitation and Education Professions (ACVREP) – http://www.acvrep.org/
- B. Degree or certification through an accredited university program; the Association for the Education and Rehabilitation of the Blind and Visually Impaired offers a list of such vision rehabilitation teaching programs at:
 - http://www.aerbvi.org/modules.php?name=News&file=article&sid=11 03

- C. Degree in special education or related field plus one year of training as a rehabilitation teacher.
- D. Three years minimum of supervised experience in teaching persons who are blind or visually impaired.

The contractor will demonstrate the ability to perform the services of Rehabilitation Teaching and abide by the Rehabilitation Teacher Code of Ethics. The contractor will abide by the standards outlined in the Provider Agreement, including maintaining the capacity to perform the expected duties as well as maintaining qualified staff.

Contractor must include verification of qualifications of staff providing Rehabilitation Teaching within the submission of a fee for service provider agreement. In addition, contractor agrees to provide RS with qualification verification for any change in staff directly providing Rehabilitation Teaching services through this contract service.

Rehabilitation Teacher Code of Ethics

We professionals in the area of Rehabilitation Teaching of persons who are vision impaired, recognize our commitment to provide the highest quality of services to those individuals whom we serve. The purpose of our profession is to instruct individuals with visual impairments in the use of those compensatory skills and aids that will enable them to live safely, productively, and interdependently. Our primary obligation as Rehabilitation Teachers is to consumers, and in all of our professional relationships, we will keep the best interests of consumers as our priority. Rehabilitation Teachers are committed to consumers and their families, to our employers, the community, our profession and other professionals; and to ourselves. We recognize our actions and in-actions affect the lives of those whom we serve, and we accept this responsibility.

Defined by this Code of Ethics, the Rehabilitation Teacher is a professional practicing in the private or public sector who evaluates, instructs, and guides a person with a visual impairment through a consumer-centered individualized plan of rehabilitation instruction designed to achieve stated life skills and goals. These competencies encompass specific, identifiable, evaluation and teaching skills and knowledge to enable a person with visual impairment to develop and/or enhance sensory and kinesthetic capabilities, personal management skills,

communication skills, orientation skills, low vision utilization, assistive technologies, vocational skills, leisure and recreation activities, and home management. The Rehabilitation Teacher also will assist the consumer to understand his/her vision loss and facilitate the development of appropriate coping mechanisms.

PHILOSOPHY

Rehabilitation Teachers are ethically, morally and legally committed to providing quality instructional services to the consumer.

Rehabilitation Teachers will respect the competence and abilities of individuals with visual impairments and their right to actively contribute to and participate in the community. The Rehabilitation Teacher will inform consumers and promote their rights and responsibilities under current legislation to equal access.

http://www.acvrep.org/downloads/RTCODE%20OF%20ETHICS%20FINAL%202000%20without%20suggestions.pdf

Rate

Payment of \$200 will be paid based on an agreed upon Teaching Action Plan. Hours of training will be authorized by the counselor based on the approved Teaching Action Plan. Training will be paid at a rate of \$34 an hour.

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Section 12 / Part 1 Effective Date: October 15, 2003

Total Pages: 7

Policy and procedure implementation memo SFY 04 / Number 1



JANET SCHALANSKY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

REHABILITATION SERVICES

Memorandum

To: All Rehabilitation Services Staff

From: **Peg Spencer**

Date: September 29, 2003

Policy and Procedure Implementation Memo Re:

SFY 2004 / Number 1

Updated referral policy and procedure effective October 15, 2003

Updated transition policy and procedure effective October 15, 2003

Referral policy and procedure

Rehabilitation Services (RS) has updated our policy and procedure related to the timely processing of third party referrals. A copy of the revised policy is attached. It is entitled: "Referrals and applications."

(http://srsks/commissions/rehab/text/PolicyManual/Section%202/Part%201%20Referrals%20a nd%20Applications.wpd) This updated policy will be implemented statewide effective October 15, 2003.

Background

As a result of a review of service records by the U.S. Rehabilitation Services Administration (RSA) and related corrective action steps, RS is required to establish a specific maximum time standard for responding to third party referrals. After consulting with other states in our region, RS staff, and the State Rehabilitation Council, RS recommended that 30 days be established as the maximum time standard. This recommendation was approved by RSA.

Action needed

A new computer screen (Referral Processing -

http://srsks/commissions/rehab/text/PolicyManual/Section%2011/Referral%20Screen.wpd) for

Status oos on the Kansas Management Information System (KMIS) will be implemented for staff use effective October 15, 2003. A copy of the screen format is attached. RS staff must enter all third party referrals, including transition notifications, on this screen, and use the "action taken" checklist to verify timely responses to referrals.

Instructions for use of the KMIS Referral Processing screen are as follows:

Case number: Enter the Social Security Number (SSN) if available. Since this information is not always provided with referrals, this is not a required field. If an SSN is not entered, KMIS will automatically generate a unique identifying number for the individual.

Name: Required fields.

Current mailing address: Enter this information if available. Since this information is not always provided with referrals, this is not a required field. However, either the mailing address or phone number (see below) must be entered in order to proceed with the referral processing.

County: This is a required field in order to assure that accurate reports are available reflecting staff activity.

Phone number: Enter this information if available. Since this information is not always provided with referrals, this is not a required field. However, either the mailing address (see above) or phone number must be entered in order to proceed with the referral processing.

Referral date: This is a required field. Staff should enter the date the referral was received in the RS local office, whether it be by phone or mail. This field will allow for back-dating.

Transition: If the referral is a transition notification, enter yes and proceed with the other transition-related fields. Enter the projected school exit date from the notification form provided by the school or other available records. This projected exit date will be used to provide reminders to students about the availability of VR services as they approach 18 months or three semesters before their exit from school. Enter the parent or guardian name if the student is under the age of 18 or if the parent/guardian is the student's legal representative. (Counselors should refer to the transition notification or other available information to determine if a parent/guardian name should be entered. If a name is entered in this field, then that individual will be copied [CC'd] on the letter printed from KMIS.)

Referral source: This is a required field. Enter the name of the individual who made the referral.

Action taken: Check one or more, as appropriate, actions taken to respond to the referral.

Action date: This will be automatically dated by KMIS when an action is selected.

PF 3: Use this function key to print the system generated referral letter. A copy of the transition referral letter is attached. A copy of the general referral letter will be distributed once the final version is approved. Staff may print multiple copies of the letter by pressing the PF 3 key multiple times. Multiple copies may be useful in order to have a copy to send to the referral source and parent/guardian, if appropriate. A copy must also be printed for the service record (case file).

Important reminder: The information entered on several fields on the Referral Processing screen will be merged into the standardized referral letter (using PF 3). Therefore, it is important to type this information exactly as you want it to appear in the letter.

To help staff assure that they meet the 30-day maximum time standard, KMIS will generate reminders to counselors at 15 days, and reminders to Chiefs at 25 and 30 days.

Referrals will remain on the active Status oo listing for 30 days after the action taken date. After this time, the referrals will move to an inactive referral listing. Once on the inactive listing, information from these referrals may be accessed through the PF 5 key.

Processing of existing Status 00 cases

Numerous Status oo transition cases have previously been entered in Status oo on KMIS.

- * Central Office staff have completed a batch run of referral letters to the individuals entered in Status oo as of August 28 or earlier.
 - Stacie Martin will coordinate distribution of the information packets for these individuals to most Area Offices during the week of September 29. The packets distributed to Area Offices will include the pre-stuffed envelopes and the letters already printed. Counselors should sign the letters and mail the packets as close to October 15 as is reasonably possible. (Two Areas, Garden City and Chanute, had requested that the letters be mailed to individual clients directly by Central Office. In these two cases, the packets for the previous Status 00 cases will obviously not be distributed to Area Offices.) If you have any questions about this process, please contact Stacie directly via GroupWise or at 785-267-5301, extension 216.
 - The Referral Processing screen will automatically be updated for these individuals to reflect a referral date of October 15 (to coincide with the policy requirement). The action taken field will automatically be converted to reflect "information packet mailed" and "other action converted case." For these cases, the action taken date will automatically be entered as October 15.
- * Some additional Status oo referrals have been entered onto KMIS since the batch run of letters was completed.
 - For these cases, the KMIS screens will be automatically converted to include an October 15 referral date. Counselors will need to access these screens to complete the action taken steps. The KMIS unit will provide each counselor with a list of these cases to facilitate the action taken process. The action taken for these cases will be subject to the 30-day maximum time standard. In other words, the referral date of October 15 will be automatically entered, so the maximum time standard deadline for action will be November 15.
 - -- Stacie will also be coordinating distribution of additional information packets to every Area during the week of September 29.

Supply of informational packets

In the future, additional information packets will be available by contacting Michelle Schawe. Michelle is responsible for supply orders and she can be reached via GroupWise or at 785-267-5301, extension 202.

The informational packets for transition referrals are 6.5 X 9.5 manila envelopes pre-stuffed with an informational card, magnet and return post card. These envelopes are stamped "transition referral" on the outside so that they will not be mixed up with other supplies.

The informational packets for general referrals are standard business envelopes pre-stuffed with a brochure about VR services.

Transition policy and procedure

RS has also updated our policy and procedure related to transition services. A copy of the revised policy is attached. It is entitled: "Vocational rehabilitation (VR) services for transition-aged students with disabilities."

(http://srsks/commissions/rehab/text/PolicyManual/Section%202/Part%206%20Transition.wp d) This updated policy will be implemented statewide effective October 15, 2003.

Background

This proposed policy was developed by a team of RS staff, including central office personnel, Area Office Chiefs, and Counselors. Stakeholders, including the State Rehabilitation Council, the State Transition Council, and partners at the Kansas Department of Education, were included in the development and all have expressed their strong support for this policy.

In updating our existing transition policy, our goal was to effectively respond to feedback received from public forum participants, local school personnel, parents, and transition students. They asked us to:

- * Create greater consistency statewide regarding the level of services provided within our available resources.
- * Create an equitable process for access to services for transition students in light of the probability of continuing waiting lists for services.
- * Eliminate confusion that existed regarding the separate application processes for transition services and VR services.
- * Emphasize the focus of our program on helping consumers achieve meaningful employment outcomes.
- * Assure that employment related services are available for transition students at a time when we can make an impact.
- * Assure the we complete and implement Individualized Plans for Employment for special education students who want to receive VR services, and assure that these employment plans are coordinated with the transition sections of the IEPs.
- * Promote the provision of VR services to secondary students who have disabilities but who are not participating in special education services.
- * Strengthen the coordination and collaboration between local education agencies and RS.

Action needed

Please refer to the referral processing section above for instructions on how to handle transition notifications.

Area Chiefs and Counselors may want to consider local discussions to assure implementation of all aspects of this policy. In addition, you may want to consider reviewing the new policy with education personnel and other stakeholders.

A letter jointly signed by RS and Department of Education personnel will be sent from the central office to special education directors.

Policies and procedures on the web

Visit the on-line manual at: http://www.srsnet/commissions/rehab/

Updates will be posted no later than the implementation effective date.

SVRP00 USERI D B1A8	01	KANSAS REHABILITATION SERVICES REFERRAL PROCESSING				SVRM0001 August 25, 2003 04: 34: 05 PM
LAST N	AME:	222-22-2001 G ADDRESS:	_	FIRST NA	ME:	_
CITY:		STATE:		ZIP CODE	:	COUNTY:
PARENT	NUMBER: TION (Y/I //GUARDIAI AL SOURCI	V:			TE: (MM/DD/YYYY) E: (MM/DD/YYYY)	_/_/
ACTION TAKEN: _ INFORMATION PACKET MAILED _ EXPLAINED SERVICES TO CONSUMER OR FAMILY BY TELEPHONE _ EXPLAINED SERVICES TO CONSUMER OR FAMILY IN PERSON _ OTHER ACTION: ACTION DATE: PF1= PF2= NEXT PF3= LETTER PF4= PF5= INACTIVE						
PF1= PF6=	HELP	PF2= NEXT PF7=	PF3= LE PF8=	TTER	PF4= PF9= SUB MENU	PF5= INACTIVE PF10= MAIN MENU

Section 12 / Part 2 Effective Date: July 6, 2004 Length of document: 7 pages

Policy and procedure implementation memo SFY 05 / Number 1



JANET SCHALANSKY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

REHABILITATION SERVICES

Memorandum

To: All Rehabilitation Services Staff

From: Peg Spencer

Date: July 6, 2004

Re: Policy and Procedure Implementation Memo — SFY 2005 / Number 1

* KMIS extension screens for eligibility and plan development timeframes

Review of existing policy

Eligibility determination for VR services must be made as soon as possible, but no later than 60 days from the date the application is received by Rehabilitation Services and date stamped, *unless a specific extension* is agreed to by the counselor and the client. The extension agreement must be reached prior to the expiration of the original 60 days.

Individualized Plans for Employment (IPEs) must be developed and signed (Status 12) as soon as possible, but no later than 120 days from the date of eligibility (Status 10) *unless a specific extension is agreed to by the counselor and the client.* The extension agreement must be reached prior to the expiration of the original 120 days.

Procedural changes

For both of these situations, KMIS has been modified to require counselors to document when the client agrees to a specific extension of time. Copies of the new KMIS screens are attached. These screens will be implemented in early July, and you will receive an e-mail notification when they are available for use. Here are directions:

- * **Use of the time extension function:** While the time extension is in place on KMIS, the case will not be reported as overtime. *In order to use these extensions screens, you must get the client's agreement to the extension and complete the KMIS screens prior to the expiration of the original timeframe. as follows:*
 - Eligibility: Counselors continue to have the original 60 days allowed by federal regulations to determine eligibility. At any time during this period, if it is clear that you will not be able to complete the eligibility determination (States 10) by the 60-day deadline, you should proceed to get the client's agreement to a specific extension. You may enter this extension on KMIS at any time through the 60th day.

- IPE development: Counselors have the original 120 days allowed by state policy to complete development of the IPE. At any time during this period, if it is clear that you will not be able to complete the IPE development (Status 12) by the 120-day deadline, you should proceed to get the client's agreement to a specific extension. You may enter this extension on KMIS at any time through the 120th day.
- Maximum number of days allowed for extensions: For both eligibility and IPE extensions, the maximum number of days allowed for extensions is 60 additional days. The counselor should determine the number of days for the extension for each case based on a realistic analysis of how long it will take to get the necessary information in order to make an eligibility determination or complete development of the IPE. Extensions should not automatically be made for the full 60 days unless the specific situation of the case warrants such a lengthy extension.
- How many times can an extension be authorized? Multiple extensions may be authorized, as long as the client agrees to each specific extension. However, the maximum number of days for eligibility extensions is a total of 60 days; the maximum number of days for IPE development extensions is also a total of 60 days. Each extension will require all fields to be completed on KMIS.
- Failure to secure the client's agreement to the extension: If you do not get the client's agreement to the time extension prior to the expiration of the original timeframe, the case will be considered overtime, as specified by federal regulations. For these cases, do not use the KMIS screens. Instead, write a narrative that explains the reason for the delay, the attempts you made to reach the client, and the expected timeframe for being able to complete the necessary function. If you ultimately do secure the client's agreement, document the client's views in the narrative.

* Completing the time extension screens:

- These time extensions must be entered by counselors; support staff will not have access.
- Rationale for the extension: The counselor should explain the reason that it is not possible to meet the original deadlines, and indicate how/why the issue causing the delay is expected to be resolved in the specific timeframe of the extension.
 Examples:
 - * Waiting for results of medical exam. Report expected next week.
 - * Client missed vocational assessment. Rescheduled for next week.
- How client was contacted for agreement: Counselors have flexibility to handle this in a number of ways, as long as there is clear agreement from the client. (See "client views" field.)
 Examples:
 - * Phone call on DATE.
 - * Signed extension form received on DATE.

Note: Simply informing the client of the need for the extension is not sufficient. In order to meet federal requirements, there must be an indication that the client agreed to the specific timeframe of the extension. (See "client views" field.)

- Client views: This can be short and simple.
 - Examples:
 - * Fine.
 - * OK.
 - * Agreed but is anxious for this to be completed.
 - * Agreed and he will try to get copies of medical records from his doctor.
 - * OK, and realizes she will need to keep voc eval appt.

- Action date: Enter the date you received the client's agreement to the extension.
- Time extension expires: Enter the specific date when the extension will expire, consistent with the agreement reached with the client. KMIS will not allow entry of dates that exceed the maximum total of 60 days allowed for extensions.
- Completion of the KMIS screen eliminates the need to document this information in the narrative.
- All fields are required.
- When a time extension screen is completed, KMIS will send the document to the printer automatically. Keep this document in the case file. If you need additional copies, a print function key is available on the screen.
- * **Notifications** will be generated on KMIS as follows:
 - Counselors and Chiefs will be notified five days before the extension expiration date.
 - Counselors and Chiefs will be notified one day after the extension expiration date.
 - Notifications will be automatically deleted when the case moves to the next status.
- * **Questions?** Please contact one of the following Central Office staff at 785-267-5301:
 - Cindy King, extension 228.
 - Shirley Galbraith, extension 227.
 - Eunice Thompson, extension 226.
 - Peg Spencer, extension 220.

SVAP0000 KANSAS REHABILITATION SERVICES SVAM0000 USERID CLIENT PROCESSING July 01, 2004 B1C7 APPLICATION 10:11:24 AM

- 1. CREATE NEW APPLICATION
- 2. UPDATE/COMPLETE EXISTING APPLICATION
- 3. VIEW APPLICATION
- 4. PRINT APPLICATION
- 5. UPDATE ADDRESS ONLY
- 6. DELETE APPLICATION (PRIOR TO AUTHORIZATIONS/CERTIFICATE)
- 7. TIME EXTENSION/ELIGIBILITY

_ SELECT OPTION AND HIT ENTER TO PROCESS

PF1= PF2= NEXT PF3= PF4= PF5=

PF6= PF7= PF8= PF9= SUB MENU PF10= MAIN MENU

ROPO0002 KANSAS REHABILITATION SERVICES ROMO0002 USERID APPLICATION July 01, 2004 TIME EXTENSION/ELIGIBILITY 10:17:06 AM B1C7 CLIENT NAME: SSN: CASELOAD: DATE APPLICATION RECEIVED: RATIONALE FOR EXTENSION:_____ HOW CLIENT WAS CONTACTED FOR AGREEMENT:_____ CLIENT VIEWS: ____ ACTION DATE: ___ / ___ / ____ TIME EXTENSION EXPIRES: __/__/

PF3=

PF8=

PF4=

PF1=

PF6=

PF2=

PF7=

PF5=

PF9= SUB MENU PF10= MAIN MENU

SVCP1000 KANSAS REHABILITATION SERVICES SVCM1000 USERID CLIENT PROCESSING July 01, 2004 B1C7 ELIGIBILITY AND ORDER OF SELECTION 10:28:18 AM

- 1. CREATE ELIGIBILITY AND ORDER OF SELECTION
- 2. UPDATE ELIGIBILITY AND ORDER OF SELECTION
- 3. VIEW ELIGIBILITY AND ORDER OF SELECTION
- 4. PRINT ELIGIBILITY AND ORDER OF SELECTION
- 5. DELETE SUSPENDED ELIGIBILITY AND ORDER OF SELECTION
- 6. TIME EXTENSION/IPE DEVELOPMENT
- _ SELECT OPTION AND HIT ENTER TO PROCESS

ENTER CLIENT SSN: 000 00 0000 LAST NAME: _____

PF1= PF2= NEXT PF3= PF4= PF5=

PF6= PF7= PF8= PF9= SUB MENU PF10= MAIN MENU

ROPO000	ROPO0002 KANSAS REHABILITATION SERVICES ROMO0002						
USERID	EL	IGIBILITY A	July 01, 2004				
B1C7	TIME EXTENSION/IPE DEVELOPMENT				10:29:45 AM		
CLIENT I	NAME:		ı	SSN:	CASELOAD:		
CERTIFIC	CATE OF E	LIGIBILITY	DATE:				
RATIONA	ALE FOR E	XTENSION:					
HOW CL	IENIT WAS	CONTACTE	ED EOD ACDEEN	MENIT.			
HOW CL	HOW CLIENT WAS CONTACTED FOR AGREEMENT:						
CLIENT Y	VIEWS:						
CLIENT VIEWS:							
ACTION DATE://							
TIME EXTENSION EXPIRES://							
PF1=	PF2=	PF3=	PF4=	PF5=			
PF6=	PF7=	PF8=	PF9= SUB ME	NU PF10=	MAIN MENU		

Section 12/ Part 3 Effective Date: April 27, 2005 Length of document: 10 pages

Policy and procedure implementation memo SFY 05 / Number 2



GARY DANIELS, ACTING SECRETARY

SOCIAL AND REHABILITATION SERVICES

KATHLEEN SEBELIUS, GOVERNOR

REHABILITATION SERVICES DALE L. BARNUM, DIRECTOR

Memorandum

To: All Rehabilitation Services Staff

From: Peg Spencer

Date: April 27, 2005

Re: Policy and Procedure Implementation Memo — SFY 2005 / Number 2

Numerous updates and revisions to the Rehabilitation Services (RS) Manual have been approved for implementation by the SRS Leadership Team. These changes, which are outlined in the following information, were developed through a series of focus groups with RS Program Administrators, Managers, Counselors, Career Development Center staff, and Central Office staff. The information has also been reviewed with the State Rehabilitation Council and posted on the SRS policy development web site for review and comment.

These changes were effective as of April 26, 2005. The updated Manual may be viewed on the RS public web site at:

http://www.srskansas.org/rehab/text/PolicyManual/ToC.htm

Print copies of the revised Manual will be distributed to RS staff as soon as they are available from the State Printer. Special media copies have also been requested through Services for the Blind. Regional training opportunities are being coordinated with your RS Regional Program Administrators.

RS Staff are encouraged to review this memo and the links to the new Manual information in order to become familiar with these new policies and procedures.

Please direct questions or comments about this information to my attention:

Peg Spencer Rehabilitation Services <u>mas@srskansas.org</u> 785-267-5301, extension 220

Please direction questions or comments about the functionality of the web site and links to:

Frances Grenier

fhg@srskansas.org

785-267-5301, extension 249

RS MANUAL SECTION 1: ADMINISTRATIVE ISSUES

Section 1/Part 7

Confidentiality (protection, use, and release of personal information)

http://www.srskansas.org/rehab/text/PolicyManual/Section_1/Part-7_Confidentiality.htm

This Part has been rewritten to clarify frequently asked questions. It addresses the conditions under which information may be released to:

- * Other programs in SRS.
- * SRS contractors.
- * Programs outside of SRS.
- * The Client Assistance Program.
- * Applicants and eligible individuals.

This Part also provides specifications for:

- * Release of information that may be harmful to the individual.
- * Further release of information that has been obtained from another agency or organization.
- * Written release forms/informed written consent.

Section 1/Part 11 Record of services

http://www.srskansas.org/rehab/text/PolicyManual/Section_1/Part-11_Record_of_services.htm

This Part has been moved to Section 1 since it pertains to administrative issues. There are no changes in the text.

Section 1/Part 12 Documentation guide

http://www.srskansas.org/rehab/text/PolicyManual/Section_1/Part-12_Documentation_guide.htm

Implementation of this Documentation Guide is a requirement of the Corrective Action Plan mandated by the Rehabilitation Services Administration (RSA), US Department of Education. The Corrective Action Plan addresses identified deficits in case file documentation based on two annual case reviews conducted by RSA. This Guide provides detailed information on documentation expectations and summarizes case file requirements that are otherwise interspersed throughout the Manual. While compilation of information into the Documentation Guide is new, the majority of the requirements have previously been in effect.

Section 1/Part 13

Miscellaneous administrative issues

http://www.srskansas.org/rehab/text/PolicyManual/Section 1/Part-13 Misc admin.htm

This Part clarifies that clients must maintain **Kansas residency** in order to continue receiving services from RS. Clients whose services are being provided out-of-state must complete an annual Residency Verification form. The form can be found at:

http://www.srskansas.org/rehab/text/PolicyManual/Section_8/Part-28_KS_residency_verific_ation.pdf

This Part implements a new requirement related to the provision of **out-of-state services**. Prior to including out-of-state services in an IPE, the Counselor must complete a Comparative Analysis Worksheet. This form can be found at:

http://www.srskansas.org/rehab/text/PolicyManual/Section_8/Part-33_Out-of-state_comparative analysis worksheet.pdf

Please note that the RS Regional Program Administrator's prior approval is needed before outof-state services to be funded by RS can be included in an IPE.

A written statement of the RS policy on **prior authorization** is now included in this Part. The policy related to the **transfer of cases** is also included.

RS MANUAL SECTION 2: APPLICATION AND ELIGIBILITY

Section 2/Part 1

Referrals and applications

http://www.srskansas.org/rehab/text/PolicyManual/Section_2/Part-1_Referrals_Applications.htm

This Part incorporates a minor change to the text on documentation requirements for the application process. An expectation related to Ticket-to-Work is now included.

Section 2/Part 2 Eligibility

http://www.srskansas.org/rehab/text/PolicyManual/Section_2/Part-2_Eligibility.htm

A key clarification has been added to this Part:

* Use of extended evaluation for the purpose of determining any aspect of eligibility is not permitted for applicants who are eligible for SSI or SSDI. (Such individuals are presumed eligible for VR.)

Section 2/Part 3

Determination of impariment for individuals with learning disabilities http://www.srskansas.org/rehab/text/PolicyManual/Section_2/Part-3_Determination_impairment_LD.htm

This is a major revision to the information on how to determine whether an applicant's impairment is a specific learning disability. This information was developed by a group which included the State Psychological Consultant, members of the Field Advisory Committee and participants in the Policy Focus Group meetings.

This Part:

- * Identifies two specific options for determining that an impairment is a specific learning disability.
- * Specifies that RS will not presume the presence of a learning disability based only on the local education authority's identification of learning disability for special education purposes.
- * Provides information on preferred assessment methods and qualified personnel.
- * Clarifies expectations regarding recent testing.

Section 2/Part 5 Order of Selection

http://www.srskansas.org/rehab/text/PolicyManual/Section_2/Part-5_Order_of_Selection.html

When RS previously had waiting lists through the Order of Selection procedure, one of the most frequent questions was whether any staff-provided services could be provided for individuals on the waiting list. This Part now clarifies that, except for additional assessment or diagnostic services needed to analyze whether an individual can be moved to a higher category, **no VR services (purchased or provided by Staff) may be provided for individuals on the waiting list.** Exceptions to this provision are not allowed.

This Part also clarifies that if the client's circumstances change or new information is acquired supporting a change, the client's category designation can be moved up to a higher priority category. Category designation changes will not be made if the change would place the individual in a lower priority category.

RS MANUAL SECTION 3: SERVICE DELIVERY

Section 3/Part 1

Individualized Plan for Employment (IPE)

http://www.srskansas.org/rehab/text/PolicyManual/Section 3/Part-1 IPE.htm

Related to vocational objectives, this Part now specifies that if a client is interested in a job that requires a license, background check or drug screening test, the ability of the client to meet such requirements must be addressed during selection of the vocational objective, before the IPE is completed (Status 12), when the client is ready for job placement, and at other appropriate stages in the rehabilitation process.

Section 3/Part 3

Limits, nature and scope of services

http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-3_Limits_of_services.html

This Part now cross-references the requirement for Program Administrator approval for out-of-state services funded by RS. See Section 1/Part 13.

Section 3/Parts 4, 5, 6 and 7 Service codes

http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-4_Service_code_definitions.htm

http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-5_Service_codes_quick_list.htm

http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-6_Service_codes_alphabetical.htm

http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-7_Service_codes_numeric.htm

These Parts have been updated to include recent additions to the lists of specific service codes. Of particular note are the new service codes for contracted services, and the new service code (801) for mileage for vendors.

Section 3/Part 8 Summary of cost caps

http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-8_Cost_caps.htm

Several significant changes have been made in this Part:

- * Requirements related to modification of rental property are more clearly defined.
- * A general exception to the monthly maximum maintenance cost cap has been implemented for room and board at Regents institutions, and continued for room and board at Gallaudet or NTID.
- * The mileage rate for clients has been increased to no more than 20 cents a mile and no more than \$450 a month. Note that mileage for clients is intended to reimburse for gasoline expenses only. The vehicle repair authority may be used for maintenance and repair costs in lieu of a higher mileage rate.
- * A separate mileage rate has been established for vendors. It is no more than 25 cents per mile.
- * A cost cap for surgery has been established at \$10,000 for the life of the case. Program Administrators may approve exceptions. In addition, specific analysis is required before including surgery on the IPE. See Section 4/Part 11.
- * The cost cap for vehicle repair has been increased to \$1,000 for the life of the case.

Section 3/Part 9 Economic need

http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-9_Economic_need.htm

The list of services exempt from economic need analysis has been updated.

Information has been added to clarify determination of available resources. For example:

* If a child in a family is receiving SSI because of a disability, these funds are not considered an available resource.

Information has been added to clarify determination of income reduction. For example:

* Child care expenses may not be used for income reduction.

Information has been added to specify that tax forms will be the only source documents used to determine the income of self-employed individuals.

Section 3/Part 11

Small business and self-employment

http://www.srskansas.org/rehab/text/PolicyManual/Section 3/Part-11 Small business.htm

Specific steps toward pursuing a small business or self-employment outcome are now required. The same steps were previously in the Manual as recommendations. This Part also requires IPEs for these outcomes to define the point of stability at which time the 90-day employment period prior to case closure will begin.

Section 3/Part 13 Extended (sheltered) employment

http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-13_Extended_Employment.htm

A provision related to the federal ruling regarding Center Industries in Wichita has been added. The ruling essentially states that Center Industries satisfies the requirements for the federal definition of integrated setting.

Section 3/Part 17 Training

http://www.srskansas.org/rehab/text/PolicyManual/Section 3/Part-17 Training.htm

The requirements related to enrollment in a minimum number of hours per year have been modified. The new policy states:

Clients enrolled in college or university programs must complete at least 30 hours per year. Year is defined as a 12-month period, which includes two semesters and summer school. Please note that this policy does not require participation in summer school if the 30-hour minimum requirement can be otherwise met. Exceptions may be approved by the RS Regional Program Administrator.

- If a student drops classes resulting in failure to meet the 30-hour minimum, the RS Regional Program Administrator must approve continuation of RS funding for the training plan.
- There may be occasions, such as illness, which would cause a student's IPE or participation in training to be suspended for a period of time. In such circumstances, the 30-hour annual minimum will be prorated at a rate of 12 hours each per semester and six hours per summer school session.

Clients enrolled in other post-secondary training must meet the full-time requirements of those programs. Exceptions must be allowed by the school and approved by the RS Regional Program Administrator.

Section 3/Part 17 also puts into place a policy which will allow RS to collect funds for textbook buy-back. This policy is required by the Governor's BEST team. Beginning with the summer school session in 2005, clients should be informed of this expectation. More specific implementation procedures will be provided at a later date.

The policy also now identifies the conditions under which RS will pay for travel for students participating in out-of-state services.

Section 3/Part 18 Sign language interpreter services

Fees have been increased by \$5 an hour across the board for all certification levels. Therefore, the new fees are:

- * Registered but not certified, \$15 an hour.
- * KQAS certification level I, II or III, \$20 an hour.
- * KQAS certification level IV, \$25 an hour.
- * KQAS certification level V, \$30 an hour.

The mileage rate for vendors has been increased to no more than 25 cents a mile. Interpreters may receive door-to-door mileage.

In addition, interpreters may also now receive reimbursement for travel time within the following parameters:

- * RS will not pay a fee for the first 30 miles (each way) of an interpreter's travel to an assignment.
- * After the first 30 miles (each way), RS will pay one-third of the interpreter's hourly rate for actual travel time.

Section 3/Part 22

Vehicle modifications, purchase and repair

http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-22_Vehicles.htm

The **RS policy on vehicle purchase** has been reorganized to emphasize such purchases are made *only if no other cost-effective transportation alternative exits*. The procedures have been re-ordered so that they flow more sequentially with the steps in the process. An example of a Vehicle Inspection Form is provided (Section 8/Part 47). The Vehicle Purchase Agreement (Section 8/Part 48) has been revised and strengthened.

This Part also cross-references the **new cost cap for vehicle repairs**: \$1,000 for the life of the case.

RS MANUAL SECTION 4: MEDICAL SERVICES

Section 4/Part 2 Medical procedures

http://www.srskansas.org/rehab/text/PolicyManual/Section_4/Part-2_Medical_procedures.htm

This Part now clarifies that payment for health insurance premiums is an allowable VR expense, if it is a cost-effective alternative to paying actual medical costs. An analysis of the cost effectiveness and search for comparable benefits must be included in the record of services.

Section 4/Part 7 Dental services

http://www.srskansas.org/rehab/text/PolicyManual/Section 4/Part-7 Dental.htm

A significant change in dental fees is being implemented. Now, dental services may be paid up to the usual and customary rate less 10%. This RS rate is subject to future change based on analysis of typical fees and usage. The appropriate CPT and service codes for dental procedures are required, just as with medical services.

Section 4/Part 9

Hospitalization and other hospital services

http://www.srskansas.org/rehab/text/PolicyManual/Section 4/Part-9 Hospitalization.htm

This policy puts into place a variable discount fee structure based on Peer Group Classifications. This system is modeled after the system successfully used by the Kansas Workers Comp program. It was recommended by the RS State Medical Consultant. In addition, this policy establishes an additional 5% discount for all charges that exceed \$40,000. A procedure for exceptions to this fee structure is also outlined.

Durable medical equipment provided by a hospital that costs \$250 or more will be reimbursed at invoice cost plus an additional charge of no more than 50%. Verification of invoice cost must be attached to the bill when it is submitted for payment.

Section 4/Part 10 Medications

http://www.srskansas.org/rehab/text/PolicyManual/Section_4/Part-10_Medications.htm

This policy establishes:

- * The preference for use of generic equivalents.
- * The requirement for prescriptions for any medication to be purchased by RS, including over-the-counter drugs.
- * The ability to use VR funds for co-pays.

Section 4/Part 11

Surgery

http://www.srskansas.org/rehab/text/PolicyManual/Section_4/Part-11_Surgery.htm

The cost cap for surgery/surgeries for the life of the case is \$10,000.

When an individual surgery or a combination of surgeries is projected to cost \$10,001 or more, the prior approval of the RS Regional Program Administrator is required. These costs include hospital and primary doctor fees. These costs do not include radiology, anesthesia and other related expenses.

When including surgery as an IPE service, the Counselor must analyze and document the following factors:

- * Prognosis and doctor's written recommendation.
- * Medical necessity.
- * Analysis of whether there are feasible alternatives.
- * Client's prior efforts to resolve the issue using alternatives to surgery, if such alternatives are available and medically feasible.
- Client's willingness to adhere to lifestyle changes, as appropriate, before and after surgery.
- * Analysis of how the surgery will correct, stabilize, or reduce the progression of the disabling condition, if appropriate.
- * Analysis of how/why the surgery is required to reduce or minimize an impediment to employment and the impact of this service on the client's ability to achieve employment.
- * Availability and application of comparable benefits (unless the client requires the service immediately because of extreme medical risk.)

Appropriate CPT and service codes are required.

RS MANUAL SECTION 5: CLOSURES

Section 5/Part 1

Individuals determined to have achieved an employment outcome

An addition to this Part clarifies how to count the 90-day period for employment prior to case closure when a client changes jobs.

- * If an individual changes employers but remains in the same type of work, it is not necessary to restart he employment period if there is no more than a typical weekend (2-day) break in employment. An example would be changing employers from Wendy's to McDonald's (both fast food) but staying in the same line of work, such as taking orders.
- * If an individual changes employers and the type of work, it is necessary to restart the 90-day employment period to assure stability in the new line of work.

The record of services must include the completed Status 26 Closure Form. See <u>Section 8 / Part 41</u>.

The record of services must also document direct contact between the RS Counselor and the client at the time of Status 26 closure. The contact must address whether the client and the Counselor consider the employment to be satisfactory and whether they agree that the client is performing well in the employment. Completion of the Status 26 Client Report (see Section 8 / Part 42) is acceptable to meet this requirement.

If the Counselor has made multiple attempts (at a variety of times and using a variety of methods) but is unable to reach the client directly, the following procedure should be followed:

- 1. Send a letter conveying the Counselor's attempts to contact the client multiple times, and the intention to close the case in 10 days. See Section 9 / Part 8 for an example letter. Include the Status 26 Client Report form with this letter.
- 2. After 10 days have passed, send the standard closure (IPE Amendment) letter including appeal rights. (Or, if the client returns the Status 26 Client Report form, proceed appropriately based on the information provided.)

RS MANUAL SECTION 6: FISCAL PROCEDURES

This section has been completely revised and updated, and warrants careful review by RS staff.

RS MANUAL SECTION 7: GLOSSARY

See new definitions for multiple contacts and substantiality of services.

RS MANUAL SECTION 8: FORMS

Please note that the forms are now listed in alphabetical order. New or revised forms include:

- * The application consistent with new federal requirements, the application now separates the race and Hispanic origin questions. You will be notified when this change is updated on KMIS. In the meantime, continue recording race and Hispanic origin information on the existing KMIS screens as you have previously. Also, the key to terminology used on the application form is now included as a reference.
- * The Economic Need instructions have been included as a reference to accompany the form.
- * The Kansas Residency Verification form is included for use when clients are receiving outof-state services.
- * The Out-of-State Comparative Analysis Worksheet is included for use prior to including outof-state services on an IPE.
- * The Status 26 closure documentation form is to be completed prior to closing a Status 26 case.

- * The Ticket-To-Work Assignment Checklist has been updated.
- * An example Vehicle Inspection Form is now included.
- * The required Vehicle Purchase Agreement has been modified.
- * Workers compensation instructions are included for client claims.

RS MANUAL SECTION 9: RESOURCES

Please note that the documents are now listed in alphabetical order. New or revised Parts include:

- * A new Example Letter to use 10 days prior to the closure letter when the Counselor has been unable to contact the client directly. See Section 5/Part 1 for policy clarification on this issue.
- * The functional limitations indicators reference, which is an abbreviated reference tool related to the functional limitations analysis.
- * The United Cerebral Palsy Application for Financial Assistance for the Independent Living Assistive Technology Services grant.

RS MANUAL SECTION 10: DISABILITY DETERMINATION SERVICES

This Section has been updated to reflect the new vendor mileage rate of no more than 25 cents a mile.

RS MANUAL SECTION 11: CONTRACTS

This new Section is provided as a reference/resource for the provider agreement template, and for the service descriptions and service codes for all RS contracted services.

RS MANUAL SECTION 12: STATE MEMOS

This implementation memo has been added for future reference.

RS MANUAL SECTION 13: RSA MEMOS

Numerous federal technical assistance documents have been added as resource/reference information.

Section 12 / Part 4 Effective Date: September 1, 2005 Length of document: 2 pages

Policy and procedure implementation memo SFY 06 / Number 1



GARY DANIELS, ACTING SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

REHABILITATION SERVICES

Memorandum

To: All Rehabilitation Services Staff

From: Peg Spencer

Date: August 31, 2005

Re: Policy and Procedure Implementation Memo — SFY 2006 / Number 1

* Child care policy and form effective September 1, 2005

Child care policy and form

To facilitate the participation of Rehabilitation Services (RS) in the SRS Electronic Benefits Transfer/Vision Card process for payment for child care services, we have updated our policy manual to include two new documents.

- * The Child Care Policy (Section 3/Part 24) is effective September 1, 2005. This policy outlines the conditions under which child care services are an allowable vocational rehabilitation expenditure. The policy also outlines the process that will be used to determine whether child care payments will be made using the standard authorization process or the Vision Card/Electronic Benefits Transfer (EBT) system. This policy is available (view or print access) at the following web site: http://www.srskansas.org/rehab/text/PolicyManual/ToC.htm
- * The Child Care Information and Referral Form (Section 8/Part 52) is also effective September 1, 2005. This form should be used for each VR case involving child care services. The form is available (view or print access) at the following web site: http://www.srskansas.org/rehab/text/PolicyManual/ToC.htm

If you want to keep your paper copy of the RS Manual up-to-date, you should go to the web sites listed above, choose print version, and file the document in your manual. Paper copies will not be distributed from Central Office.

KMIS has also been modified to facilitate our participation in the EBT process for child care. Under the "add service authorization menu," users will notice a new option (#9) for child care authorizations. Optional on-line training explaining the KMIS functions is available at the following web site:

http://www.srsks.sr.state.ks.us/commissions/rehab/text/Training/KMIS/KMIStraining.htm

Please direct questions or comments about this information or other policy matters to my attention:

Peg Spencer Rehabilitation Services mas@srskansas.org 785-267-5301, extension 220

Please direct questions or comments about using KMIS to:

Cindy King Rehabilitation Services cik@srskansas.org 785-267-5301, extension 228

Please direct questions or comments about the functionality of the web site and links to:

Frances Grenier Rehabilitation Services fhg@srskansas.org 785-267-5301, extension 249

Thank you.

Section 12 / Part 5 Effective Date: February 22, 2006 Length of document: 5 pages

Policy and procedure implementation memo SFY 06 / Number 2



GARY DANIELS, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

REHABILITATION SERVICES

Memorandum

To: All Rehabilitation Services Staff

From: Peg Spencer

Date: February 22, 2006

Re: Policy and Procedure Implementation Memo — SFY 2006 / Number 2

* Accommodations for communications

* Related changes to the Application for Services

* KMIS Application screens

* New capability to email KMIS generated documents

Review of existing policy

Rehabilitation Services (RS) must assure that accommodations for written and verbal communications are made when interacting with our clients. This requirement includes:

- * Provision of special media (braille, large print, tape, 3.5 disk or CD) according to the individualized needs of persons who are blind or visually impaired.
- * Sign language interpreting services (ASL, SEE or transliteration) according to the individualized needs of persons who are deaf or hard of hearing.
- * Foreign language interpretation for persons whose primary language is not English.

RS counselors are responsible to assure that effective communication occurs with each client, and that accommodations for communications are made when needed. Please remember that accommodations must be provided for all documents and forms printed from KMIS that are given to the client, as well as any other individualized letters, correspondence or local forms which are given to clients.

Changes to the Application for Services and KMIS

To facilitate this process, changes have been made to the Application for Services and the Kansas Management Information System (KMIS).

1. Application for Services

The second page of the Application for Services form has been updated to include a question about accommodations for communications. Individuals filling out the form will be asked to identify if they need regular print, Braille, large print, tape, 3.5 disk, CD, or other language. If they check

"other language," they are asked to specify their preference. This space is intended to identify both sign language and foreign language preferences. If the applicant does not complete this question, then at the first opportunity staff should specifically inquire about whether any accommodations for communications are needed.

Staff will notice the inclusion of a small "office use only" section on page 2 of the form. This section was simply added to balance the layout of the page. Staff may use it for notes if they choose or may leave it blank.

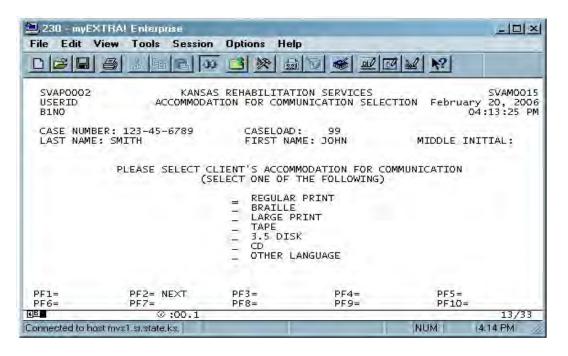
Since the application form was being changed to address the accommodation issue, we decided to use this opportunity to implement a pending minor change. The format of the ethnicity question on the first page has been changed to allow the client to specify an ethnicity other than Hispanic/Latino if they so choose. Hispanic/Latino will continue to be entered in KMIS as this is a federal requirement. The information on other ethnicity will be for the staff's information only. Since it is not a federal requirement, it will not have to be entered in KMIS. This change has been made to address concerns expressed by consumers regarding the format and phrasing of the ethnicity question.

The updated Application for Services has been posted on the Policy Manual web site at: http://www.srskansas.org/rehab/text/PolicyManual/ToC.htm. The corresponding Key to Terminology has also been updated. The Spanish and Vietnamese versions of the application will be updated in the near future. Staff who want to keep their paper copy of the manual current are reminded to print the new documents and replace the appropriate pages in their manuals.

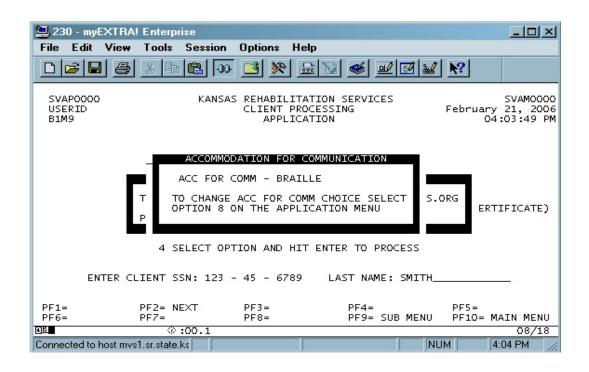
Staff should begin using the new form and collecting the accommodation information immediately.

2. KMIS changes

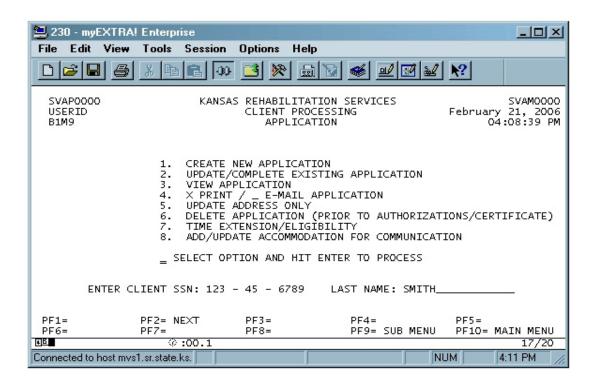
The application screens on KMIS have been updated to include the same accommodations for communications information. During application creation for new applications or following the next attempt to print any existing KMIS documents, the user will be required to enter the accommodations for communication information for the client. If this screen is not completed, the process will be suspended until the accommodation information has been entered.



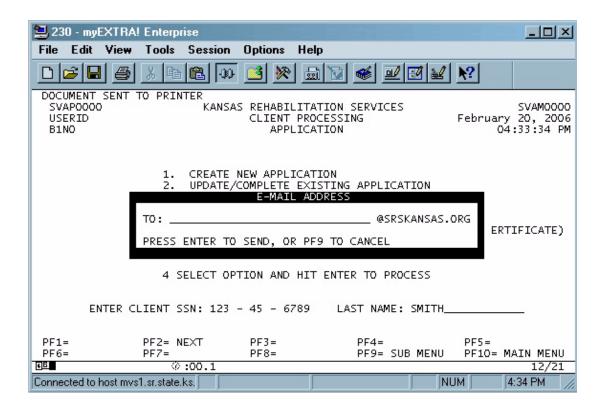
After an accommodation for communications has been selected, when the user does a print function they will see the following screen which will inform them there is an accommodation need. The user can then choose to change the accommodation or proceed.



New functionality has been added to KMIS to facilitate the process of emailing KMIS documents, which the user can then print, save as a pdf, or email to another recipient. This function will be especially helpful in securing special media documents. On the same line that is currently used to print, there is now a new option for e-mail. The example below illustrates this for the application, but the same function exists for all documents printed from KMIS.



Next, by choosing the email function on the KMIS main menu screen and entering the RS-Media as the GroupWise user id, the counselor will have the ability to email the selected KMIS document to RS-Media for conversion into the chosen format identified by the counselor. This option will also allow you to email the document to yourself. You could then open it and print it to a local printer, or forward it by email to another person.



Once the email has been sent, a notification confirming the transmission will appear at the top of the screen. The RS-Media unit will notify you when the request has been received by their unit, and when the converted documents are mailed directly to the client.

Remember to print a regular print copy for the case file.

KMIS Manual On-Line

The KMIS Manual has been updated. You can access it at http://www.srsks.sr.state.ks.us/commissions/rehab/text/KMIS.htm

Obtaining special media of other documents

Other written documents can be e-mailed to RS-Media for conversion. Identify in the message the type of special media needed. The RS-Media unit will notify you when the request has been received by their unit, and when the converted documents are mailed directly to the client. Remember to print a regular print copy for the case file.

Assistance with access to foreign language interpretation

Please contact Mary Kay Hirsch at the central office for assistance. She can be reached at 785-267-5301, extension 241 or at mzh@srskanas.org.

Brochures

The Handbook of Services and the brochure entitled "if you have a disability and want to work" are available in large print, Braille, Spanish and Vietnamese. Please contact Toni Jager at 785-267-5301 extension 221 or at tlxi@srskansas.org to request copies of these materials.

These documents are also available on the Rehabilitation Services web site in accessible electronic format, English, Spanish and Vietnamese. Visit www.srskansas.org/rehab to access this information via the web site.

Section 12 / Part 6 Effective Date: April 10, 2006 Length of document: 6 pages

Policy and procedure implementation memo SFY 06 / Number 3



GARY DANIELS, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

REHABILITATION SERVICES

Memorandum

To: All Rehabilitation Services Staff

From: Peg Spencer

Date: April 7, 2006

Re: Policy and Procedure Implementation Memo — SFY 2006/ Number 3

Numerous updates to the Rehabilitation Services (RS) Manual will become effective April 10, 2006.

Many of the changes reflect a new approach to getting approvals for expenditure exceptions or services/actions which cannot be directly authorized by the Counselor. As noted for specific policies listed below, each Regional RS Program Administrator will now establish an exception procedure for his or her Region. This procedure will specify whether the approval may be granted by the RS Manager, the RS Program Administrator, or both. The procedure will also specify if there are circumstances where approval requests must first be routed through the RS Manager before being sent to the RS Program Administrator. This new approach is intended to provide flexibility according to the different staffing patterns in the Regions.

Expanded spending authorities are also noted for RS Managers and Program Administrators, meaning that a higher level of expenditure exceptions can now be approved directly in the field. New purchasing procedures impacting all staff are also in place.

RS Staff are encouraged to review this memo and the links to the new Manual information in order to become familiar with these policies and procedures.

RS MANUAL SECTION 1: ADMINISTRATIVE ISSUES

Section 1/Part 13

Miscellaneous administrative issues

http://www.srskansas.org/rehab/text/PolicyManual/Section 1/Part-13 Misc admin.htm

Updated information is now included for approvals for **out-of-state services** and **prior authorization.** In each Region, the RS Program Administrator will establish a procedure for routing such approval requests through the RS Managers, RS Program Administrators, or both. Section 8 / Part 33,

http://www.srskansas.org/rehab/text/PolicyManual/Section 8/Part-33 Out-of-state comparative analysis worksheet.pdf (the comparative analysis worksheet for out-of-state services) has also been updated to reflect this flexibility in approval authority.

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RS MANUAL SECTION 3: SERVICE DELIVERY

Section 3/Part 3

Limits, nature and scope of services

http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-3_Limits_of_services.htm

References to approvals for out-of-state services in this Part have been updated indicating that, in each Region, the RS Program Administrator will establish a procedure for routing such approval requests through the RS Managers, RS Program Administrators, or both.

Section 3/Part 8

Summary of spending authorities (cost caps)

http://www.srskansas.org/rehab/text/PolicyManual/Section 3/Part-8 Spending authority.htm

Several significant changes have been made in this Part:

- * Rehabilitation Managers now have the authority to approve expenditures of no more than \$1,999 above the Counselor's spending authority.
- * RS Regional Program Administrators now have the authority to approve expenditures of no more than \$4,999 above the Counselor's spending authority. Each RS Regional Program Administrator will establish a procedure for routing such approval requests specifying whether the request must first go through the RS Manager or whether the request can be made directly to the Program Administrator.
- * A new Exceptions Request Form (Section 8 / Part 54, http://www.srskansas.org/rehab/text/PolicyManual/Section-8/Part-54-Exception-request.wpd) is now required. Upon final action (approval or denial), the form must be routed to Mary Kay Hirsch, the Policy Specialist at the Central Office. Exceptions will be compiled into a monthly report which will be used for an ongoing review of the appropriateness of the spending authority levels, statewide consistency and program evaluation.

The new approval authorities are intended to provide flexibility to the Regions and improve the timeliness of the approvals process. In light of the current fiscal situation and waiting lists, these authorities should not be viewed as a general expansion of allowable expenditures.

Section 3/Part 12

Vocational rehabilitation (VR) services for transition-aged youth with disabilities http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-12_Transition.htm

According to current policy, there may be situations when RS would grant an exception in order to serve a student prior to the 18-month or three semester timeline. Therefore, this Part has been updated to indicate that, in each Region, the RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrators, or both. Use of the Exceptions Request Form (Section 8 / Part 54, http://www.srskansas.org/rehab/text/PolicyManual/Section 8/Part-54 Exception request.wpd) is required.

Section 3/Part 17

Training

http://www.srskansas.org/rehab/text/PolicyManual/Section 3/Part-22 Vehicles.htm

According to current policy, there may be situations when RS would grant an exception to the 30-hours a year or full-time requirements. Therefore, this Part has been updated to indicate that, in each Region, the RS Program Administrator will establish a procedure for routing such exception requests through the RS Managers, RS Program Administrators, or both. Use of the Exceptions Request Form (Section 8 / Part 54,

http://www.srskansas.org/rehab/text/PolicyManual/Section 8/Part-54 Exception request.wpd) is required.

Section 3/Part 22

Vehicle modifications, purchase and repair

http://www.srskansas.org/rehab/text/PolicyManual/Section 3/Part-22 Vehicles.htm

This Part has been updated to include current references to spending and approval authorities.

RS MANUAL SECTION 4: MEDICAL SERVICES

Section 4/Part 6 Psychotherapy

http://www.srskansas.org/rehab/text/PolicyManual/Section 4/Part-6 Psychotherapy.htm

This Part has been updated to include current references to the Regional approval procedures for exceptions.

Section 4/Part 7 Dental services

http://www.srskansas.org/rehab/text/PolicyManual/Section 4/Part-7 Dental.htm

This Part now cross references Part 4/Section 11, which refers to when the surgery analysis is required for dental procedures. Under the new policy, the surgery analysis will no longer be required for most extractions.

Section 4/Part 9

Hospitalization and other hospital services

http://www.srskansas.org/rehab/text/PolicyManual/Section 4/Part-9 Hospitalization.htm

This Part has been updated to allow the RS Managers to approve exceptions in addition to Program Administrators.

Section 4/Part 10

Medications

http://www.srskansas.org/rehab/text/PolicyManual/Section 4/Part-10 Medications.htm

This Part has been updated to allow the RS Managers to approve exceptions in addition to the Program Administrators.

Section 4/Part 11

Surgery

http://www.srskansas.org/rehab/text/PolicyManual/Section_4/Part-11_Surgery.htm

This Part has been updated to include current references to the Regional approval procedures for exceptions.

This Part has also now includes clarification regarding dental surgery. With implementation of this clarification, most extractions will not require completion of the surgery analysis.

RS MANUAL SECTION 6: FISCAL PROCEDURES

Section 6/Part 1 Purchasing guidelines

http://www.srskansas.org/rehab/text/PolicyManual/Section_6/Part-1_Purchasing_guidelines.htm

Expanded purchasing authority has been delegated to field staff, as follows:

- * For items costing \$2,000 to \$4,999, three written bids are required. This step can be completed at the field level without the involvement of SRS Purchasing. For assistance regarding bidding procedures or specific bid requests, please contact George Victor at the Central Office, 785-267-5301, extension 233 or via GroupWise at HAGEV@srskansas.org.
- * For items costing \$5,000 or more, go through SRS Purchasing.

RS MANUAL SECTION 8: FORMS

See Section 8 of the policy manual, http://www.srskansas.org/rehab/text/PolicyManual/ToC.htm

Please note:

- * Spanish translations are now included for the basic IPE form, the IPE Amendment, and the Individual Plan for Trial Work Experience or Extended Evaluation.
- * Vietnamese translations are also included for the basic IPE form, the IPE Amendment, and the Individual Plan for Trial Work Experience or Extended Evaluation.
- * The Exceptions Request Form (http://www.srskansas.org/rehab/text/PolicyManual/Section 8/Part-54 Exception request.wpd) referenced earlier in this memo is included.
- * The Functional Limitations Worksheet continues to be available in the Manual as a reference. Since the functional limitations information has been incorporated into KMIS, completion of the paper form is no longer required.
- * Please be sure that the version of the IPE, IPE Amendment, and the Individual Plan for Trial Work Experience or Extended Evaluation is the current form. The IPE is noted by an 0805 date at the bottom right corner of the last page, while the Individual Plan for Trial Work Experience or Extended Evaluation will have 1105. This version corrected the cost information in the service descriptions to reflect these choices: estimated cost (fill-in-the blank) and no cost (check-mark). It also updated the contact information for the Client Assistance Program to the Disability Rights Center.

RS MANUAL SECTION 9: RESOURCES

Information on dental codes, which are necessary to determine if the surgery analysis is required, are now included in Section 9/Part 29, http://www.srskansas.org/rehab/text/PolicyManual/Section_9/Part-29_ADA_procedure_codes.htm.

RS MANUAL SECTION 10: DISABILITY DETERMINATION SERVICES (DDS)

This section has been changed to eliminate references to the telerecording function, which has been discontinued; and to update the DDS rates for medical records.

RS MANUAL SECTION 12: STATE MEMOS

This implementation memo has been added for future reference.

RS MANUAL SECTION 13: RSA MEMOS

The Technical Assistance Circular issued by RSA regarding integrated settings is included for staff reference in Section 13/Part 12. This document identifies factors that should be considered in determining whether an employment setting meets the integration requirements for purposes of job placement and Status 26 closure through the VR program.

ACCESSING THE ON-LINE MANUAL

Staff who want to keep their paper copies of the Manual current are reminded to print and replace the appropriate pages.

The updated on-line Manual may be viewed on the RS public web site at: http://www.srskansas.org/rehab/text/PolicyManual/ToC.htm

For easy reference to the on-line Manual, you may want to consider using a bookmark or desktop shortcut.

Instructions to make a favorite bookmark

- 1. Open Internet Explorer and go to the index page of our policy manual. http://www.srskansas.org/rehab/text/PolicyManual/ToC.htm
- 2. Select "Favorites" from the menu across the top of Internet Explorer.
- 3. From that menu, select "Add to Favorites".
- 4. Another small window will open up giving you the option to change the name of the favorite you are making and select where you want the bookmark to be placed. You choose the location by highlighting the folder you want or you can leave the default "Favorites" selected. Click on "OK" to save this bookmark.

5. Then when you need to look at the on-line manual, you can easily access it by using the bookmark.

There are times that your bookmark will seem out of date. This is because a bookmark uses a saved copy (cached) of the web page. To ensure you are getting the most current web pages, you may need to periodically refresh your bookmark. Use the above instructions for creating a bookmark to refresh your bookmark. If you still find you are still not getting the most current web page, hold down the Shift key and select Refresh from the View menu. Continue to hold down the Shift key until the web page refreshes.

Instructions for making a desktop shortcut

- 1. Open Internet Explorer and go to the index page of our policy manual. http://www.srskansas.org/rehab/text/PolicyManual/ToC.htm
- 2. Select "File" from the menu across the top of Internet Explorer.
- 3. Choose "Save As..." from the menu.
- 4. A window will open that allows you to choose the location for the shortcut. Open up the drop down box located next to the words "Save in:". Choose the "Desktop". Do not change any of the other information located in this window except for possibly the name (Policy Manual, for example.)
- 5. Click on "Save" when you are finished. An Internet Explorer icon with the name of the file will be on your desktop.
- 6. Double click this icon when you want to access the Manual on the web.

QUESTIONS?

Please direct questions or comments about this policy and procedure information to my attention:

Peg Spencer Rehabilitation Services mas@srskansas.org 785-267-5301, extension 220

Please direction questions or comments about the functionality of the web site and links to:

Frances (Grenier) Smith fhg@srskansas.org 785-267-5301, extension 249

Section 12 / Part 7 Effective Date: May 14, 2007 Length of document: 6 pages

Maintenance procedures effective immediately



Kathleen Sebelius, Governor Don Jordan, Secretary

www.srskansas.org

MEMORANDUM

To: Rehabilitation Services Program Administrators

Rehabilitation Managers

From: Peg Spencer

Date: May 14, 2007

Re: Maintenance procedures effective immediately

The following federal regulations and state procedures should be implemented immediately regarding the provision of maintenance. The maintenance section of the RS Manual will be updated at the next revision to reflect these updates.

Correct application of the maintenance regulation

KRS staff will give focused attention to the correct application of the following federal regulation on maintenance.

Maintenance means monetary support provided to an individual for expenses, such as food, shelter, and clothing, that are in excess of the normal expenses of the individual and that are necessitated by the individual's participation in an assessment for determining eligibility and vocational rehabilitation needs, or the individual's receipt of vocational rehabilitation services under an individualized plan for employment. (Authority: Sections 12(c) and 103(a)(7) of the Act; 29 U.S.C. 709(c) and 723(a)(7))

- (i) Examples: The following are examples of expenses that would meet the definition of maintenance. The examples are illustrative, do not address all possible circumstances, and are not intended to substitute for individual counselor judgment.
- Example 1: The cost of a uniform or other suitable clothing that is required for an individual's job placement or job-seeking activities.
- Example 2: The cost of short-term shelter that is required in order for an individual to participate in assessment activities or vocational training at a site that is not within commuting distance of an individual's home.

Example 3: The initial one-time costs, such as a security deposit or charges

for the initiation of utilities, that are required in order for an

individual to relocate for a job placement.

Example 4: The costs of an individual's participation in enrichment activities

related to that individual's training program.

34 CFR Part 361.5 (35)

Procedures for corrections

All existing maintenance payments will be reviewed to assure that they are in compliance with the federal rule stated above.

Effective date of correction:

If errors are discovered, timely corrections must be made. The standard effective date for implementing corrections is 60 days after the first of the month following discovery of the error. This provides individuals at least 60 days notice, often more. Example: Error is discovered on May 10. The first of the month following May 10 is June 1. Calculate 60 days from June 1 = August 1. August 1 is the effective date of the correction.

Exceptions to corrections:

Exceptions to corrections must be approved by Central Office. Contact Eunice Thompson to request an exception that would extend the timeframe for implementing the correction by an additional 2 months or less. Contact Michael Donnelly for any further exceptions. Program Administrators in each Region will establish regional procedures for routing such exceptions prior to sending them to the Central Office. Exceptions should include detailed rationale for requesting the exception, including:

- * An analysis of the client's resources
- * An analysis of the client's increased costs due to participating in VR
- * An analysis of the impact of the change in maintenance on the individual's plan and progress toward employment
- * A specific discussion of the comparable benefits search that was undertaken

Consumer notification:

If corrections (such as a reduction in the amount or discontinuation) need to made, the following steps will be taken:

- Step 1: Counselor discusses the potential change in maintenance with the consumer in person or by phone. Determine if there is more current information that should be considered prior to the final decision to reduce or eliminate maintenance. For example, have the individual's expenses increased recently as a direct result of their participation in IPE? (Keep in mind the federal rule: such expenses must be in excess of the normal expenses of the individual and such expenses must be necessitated by the person's participation in VR.) Tell the consumer you will confirm the correction in writing.
- Step 2: If the Counselor believes there is sufficient rationale to request an exception, such a request should be initiated prior to the final written notification to the consumer. Please see the information above related to requirements for exceptions.
- Step 3: Once the final decision has been made to make a correction, including any exception decisions, the Counselor will insert consumer specific information in the following form letter.

Text of letter: Please note that options or fill-in-the-blanks for the letter appear in all capital letters.

As you know from our PHONE CALL/MEETING on DATE, my supervisor and I have reviewed your case. We discovered that your maintenance payments have been TOO HIGH/PAID INCORRECTLY.

In deciding how much maintenance money you can receive, we must follow strict federal rules. Therefore, I'm writing to tell you that your maintenance payments will be REDUCED TO \$_____/STOPPED effective DATE.

If your expenses resulting from your participation in your VR plan change in the future, please let me know so we can review this issue again.

If you have any questions, I encourage you to call me or my supervisor (NAME, PHONE). After that, if you still disagree with this decision you do have appeal rights. You may request an Administrative Review by contacting NAME, Program Administrator, at PHONE NUMBER. You may call the Client Assistance Program at 1-877-776-1541 for assistance. You also have the right to request a Fair Hearing by contacting Michael Donnelly, Rehabilitation Services Director, at (785) 267-5301.

Changing to first-of-the-month processing

Effective with maintenance and transportation payments intended for July 2007 and thereafter, all such payments will be shifted to first-of-the month processing.

Procedures for July 2007 checks:

The following procedures relate to checks that consumers would normally expect to receive at the end of June which are intended to cover the month of July. Counselors should insert consumer specific information in the following form letter. It should be mailed at three different times to assure sufficient notice:

- * Immediately
- * June 1
- * June 20

From now until the end of June, Counselors should also discuss this change with affected consumers at regularly scheduled meetings or through phone calls for this purpose.

Text of letter:

Please note that options or fill-in-the-blanks for the letter appear in all capital letters.

I'm writing to inform you that the arrival date of your monthly MAINTENANCE AND/OR TRANSPORTATION check is changing. Beginning in July 2007, you can expect to get your check between the 5th and 10th of each month.

Please contact me if you need help to plan for this change. You may also want to inform your landlord or others with whom you have regular payments about this change. They may be willing to discuss shifting your due dates to the 10th or later. This letter can be used to verify the change in our processing date.

If you have any questions, I encourage you to call me or my supervisor (NAME, PHONE). Or you may call the Client Assistance Program at 1-877-776-1541. Thank you.

Exception for penalties:

Some staff have expressed concern that this new processing schedule may pose problems for consumers who rely on VR funds for bills such as rent due at the first of the month. The letter encourages consumers to contact their landlords or others to determine if due dates can be shifted. With authorization from the consumer, counselors are encouraged to assist with this process of negotiating due dates. If negotiations are not successful and if the consumer would incur a late fee, the following exception process

may be used:

- * The Program Administrator may send a request for an exception to Eunice Thompson detailing the steps taken to try to negotiate late fees, penalties or due dates, including the amount of potential late fees. The request should also include the number of months for which the imprest-use exception is being requested.
- * With Eunice's approval, the Counselor may request a regional imprest fund check on the first of the month in order to get the funds to the consumer earlier and avoid late fees. Such imprest checks may not be issued in the prior month. Such imprest authorizations would need to be made each month for the approved time period.

Checks currently issued on mid-month schedule:

There are some instances where consumers currently receive their checks on a midmonth schedule. Effective July 1, all maintenance checks will be issued on the standard first-of-the-month processing. For example, currently the individual's maintenance is intended to cover June 15 through July 14. In such cases, in June the counselor will use a standard authorization to provide the prorated maintenance amount necessary to bring the person to the first-of-the-month processing, and then continue first-of-the-month processing thereafter.

Text of letter:

This is an example letter related to changing the mid-month schedule payments. Please note that options or fill-in-the-blanks for the letter appear in all capital letters.

I'm writing to inform you that the arrival date of your monthly MAINTENANCE AND/OR TRANSPORTATION check is changing. At the end of June, you can expect to receive a partial check of \$______covering DATE through June 30. Then, beginning in July 2007, you can expect to get your check between the 5th and 10th of each month.

Please contact me if you need help to plan for this change. You may also want to inform your landlord or others with whom you have regular payments about this change. They may be willing to discuss shifting your due dates to the 10th or later. This letter can be used to verify the change in our processing date.

If you have any questions, I encourage you to call me or my supervisor (NAME, PHONE). Or you may call the Client Assistance Program at 1-877-776-1541. Thank you.

On-going procedures related to first-of-the-month processing

All maintenance and transportation checks must be issued at the first of the month. If an individual's plan begins mid-month, issue a one-time standard authorization for the prorated amount to cover the time period from the specific mid-month date to the last date of the month. Thereafter, the checks will be processed at the first-of-the-month for the month of coverage. Checks will no longer be issued in the prior month. Checks processed the first of July are intended for maintenance expenses for the full month of July, for example.

If consumers will not be receiving maintenance through the summer, but you expect to re-start this service in the fall, please be sure you discuss the change in schedule with them.

Use of standard and monthly authorization processes

The standard and monthly payment authorizations processes should be used under most circumstances to make maintenance or transportation payments. It is expected that use of imprest funds for monthly maintenance and transportation payments will be reduced significantly, if not eliminated, for all instances except the specific exception related to late fees or penalties.

The last working day of the month is the cut-off date for the monthly list. This means you can add a person to the monthly maintenance list as late as the last working day of the month and still have the check processed as part of the standard first-of-the month cycle.

Section 12 / Part 8 Effective Date: February 1, 2007 Length of document: 5 pages

Order of Selection changes effective February 1, 2007 Memorandum



Kathleen Sebelius, Governor Don Jordan, Acting Secretary

www.srskansas.org

Memorandum

To: All Rehabilitation Services Staff

From: Peg Spencer

Date: January 30, 2007

Re: Order of Selection change effective February 1, 2007

At the current rate of applications, persons served and expenditures, projections indicate that we will over-spend our case service budget by about \$500,000 this fiscal year. Therefore, in order to maintain case service expenditures within our available budget, Rehabilitation Services will modify its Order of Selection strategy effective February 1, 2007. Here are the key points:

- Category 1 will remain open.
 - o For eligible individuals in Category 1 who applied for services on or before January 31, 2007 --- NO CHANGE. The Individual Plans for Employment (IPEs) for these individuals may be implemented (placed in Status 12 and the purchase of services initiated) 60 days after the date of application.
 - For eligible individuals in Category 1 who apply for services on February 1, 2007 or after --- 15-DAY INCREASE IN NUMBER OF DAYS FOR IPE IMPLEMENTATION. The IPEs for these individuals may be implemented (placed in Status 12 and the purchase of services initiated) 75 days after the date of application.
- Categories 2 and 3 will remain closed.

KMIS programming has been completed and these changes will be implemented on the system on February 1. This means that KMIS will automatically calculate the correct number of days for IPE implementation based on the client's application date and insert this information into the acknowledgement statement at the end of the IPE. KMIS will not allow a plan to be moved in Status 12 or services to be authorized until the correct implementation date has been reached.

If you are working with a paper or handwritten copy of the IPE, please be sure to select the correct version from the on-line Policy Manual.

Individual Plan for Employment – Part 26a

Version 1	English – For clients who applied on or before January 31, 2007
	(IPE services may begin 60 days after the date of application.)
Version 2	English – For clients who applied on February 1, 2007 or after
	(IPE services may begin 75 days after the date of application.)
Version 3	Spanish – For clients who applied on or before January 31, 2007
	(IPE services may begin 60 days after the date of application.)
Version 4	Spanish – For clients who applied on February 1, 2007 or after
	(IPE services may begin 75 days after the date of application.)
Version 5	Vietnamese – For clients who applied on or before January 31, 2007
	(IPE services may begin 60 days after the date of application.)
<u>Version 6</u>	Vietnamese – For clients who applied on February 1, 2007 or after
	(IPE services may begin 75 days after the date of application.)

To assist staff in making quick calculations of implementation dates, the Fiscal unit has also provided a quick reference guide. See Attachment 1, Quick Reference Guide to Plan Implementation Dates. For future reference, this guide is posted in the Resource section of the on-line Policy Manual at http://www.srskansas.org/rehab/text/PolicyManual/Section_9/Part-14 Quick reference guide implementation dates.pdf

In addition, you may be interested in using a toolbar feature on Groupwise to help calculate dates. See Attachment 2, Groupwise Instructions for Calculating Dates.

Thank you for your attention to this information. Please let us know if you have any questions.

Quick Reference Guide to Plan Implementation Dates Effective February 1, 2007

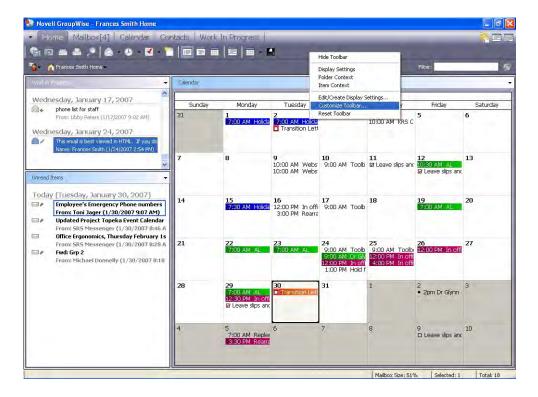
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Attachment 2 Groupwise Instructions for Calculating Dates

1. Right click on the Groupwise Toolbar.



2. Select Customize Toolbar.



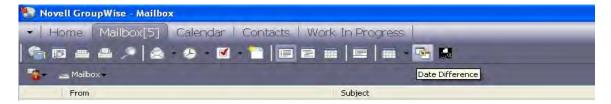
3. A new window will open up. Click on the Customize tab.



4. Select Tools from the list.



5. Drag the "Calculate the Number of Days Between Two Dates" icon right half of the window) to the toolbar.

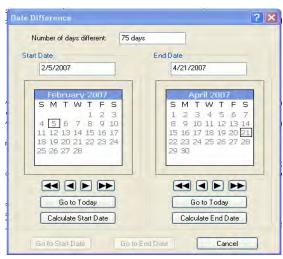


- 6. Click Ok to close the window.
- 7. Now click on the new icon located on the toolbar. A new window will open up. Here is an example to illustrate its use.

You have a client whose application date is February 5, 2007. You want to know his/her IPE implementation date (75 days after date of application)

implementation date (75 days after date of application.)

- a. On the left side calendar, select February 5 as the start date.
- b. Enter 75 days at the top in the "Number of days different" field.
- c. On the lower right, double click "Calculate End Date". End date will appear on the right side calendar.



Section 12 / Part 9 Effective Date: May 14, 2007 Length of document: 6 pages

Maintenance procedures effective immediately



Kathleen Sebelius, Governor Don Jordan, Secretary

www.srskansas.org

MEMORANDUM

To: Rehabilitation Services Program Administrators

Rehabilitation Managers

From: Peg Spencer

Date: May 14, 2007

Re: Maintenance procedures effective immediately

The following federal regulations and state procedures should be implemented immediately regarding the provision of maintenance. The maintenance section of the RS Manual will be updated at the next revision to reflect these updates.

Correct application of the maintenance regulation

KRS staff will give focused attention to the correct application of the following federal regulation on maintenance.

Maintenance means monetary support provided to an individual for expenses, such as food, shelter, and clothing, that are in excess of the normal expenses of the individual and that are necessitated by the individual's participation in an assessment for determining eligibility and vocational rehabilitation needs, or the individual's receipt of vocational rehabilitation services under an individualized plan for employment. (Authority: Sections 12(c) and 103(a)(7) of the Act; 29 U.S.C. 709(c) and 723(a)(7))

- (i) Examples: The following are examples of expenses that would meet the definition of maintenance. The examples are illustrative, do not address all possible circumstances, and are not intended to substitute for individual counselor judgment.
- Example 1: The cost of a uniform or other suitable clothing that is required for an individual's job placement or job-seeking activities.
- Example 2: The cost of short-term shelter that is required in order for an individual to participate in assessment activities or vocational training at a site that is not within commuting distance of an individual's home.

Example 3: The initial one-time costs, such as a security deposit or charges

for the initiation of utilities, that are required in order for an

individual to relocate for a job placement.

Example 4: The costs of an individual's participation in enrichment activities

related to that individual's training program.

34 CFR Part 361.5 (35)

Procedures for corrections

All existing maintenance payments will be reviewed to assure that they are in compliance with the federal rule stated above.

Effective date of correction:

If errors are discovered, timely corrections must be made. The standard effective date for implementing corrections is 60 days after the first of the month following discovery of the error. This provides individuals at least 60 days notice, often more. Example: Error is discovered on May 10. The first of the month following May 10 is June 1. Calculate 60 days from June 1 = August 1. August 1 is the effective date of the correction.

Exceptions to corrections:

Exceptions to corrections must be approved by Central Office. Contact Eunice Thompson to request an exception that would extend the timeframe for implementing the correction by an additional 2 months or less. Contact Michael Donnelly for any further exceptions. Program Administrators in each Region will establish regional procedures for routing such exceptions prior to sending them to the Central Office. Exceptions should include detailed rationale for requesting the exception, including:

- * An analysis of the client's resources
- * An analysis of the client's increased costs due to participating in VR
- * An analysis of the impact of the change in maintenance on the individual's plan and progress toward employment
- * A specific discussion of the comparable benefits search that was undertaken

Consumer notification:

If corrections (such as a reduction in the amount or discontinuation) need to made, the following steps will be taken:

- Step 1: Counselor discusses the potential change in maintenance with the consumer in person or by phone. Determine if there is more current information that should be considered prior to the final decision to reduce or eliminate maintenance. For example, have the individual's expenses increased recently as a direct result of their participation in IPE? (Keep in mind the federal rule: such expenses must be in excess of the normal expenses of the individual and such expenses must be necessitated by the person's participation in VR.) Tell the consumer you will confirm the correction in writing.
- Step 2: If the Counselor believes there is sufficient rationale to request an exception, such a request should be initiated prior to the final written notification to the consumer. Please see the information above related to requirements for exceptions.
- Step 3: Once the final decision has been made to make a correction, including any exception decisions, the Counselor will insert consumer specific information in the following form letter.

Text of letter: Please note that options or fill-in-the-blanks for the letter appear in all capital letters.

As you know from our PHONE CALL/MEETING on DATE, my supervisor and I have reviewed your case. We discovered that your maintenance payments have been TOO HIGH/PAID INCORRECTLY.

In deciding how much maintenance money you can receive, we must follow strict federal rules. Therefore, I'm writing to tell you that your maintenance payments will be REDUCED TO \$_____/STOPPED effective DATE.

If your expenses resulting from your participation in your VR plan change in the future, please let me know so we can review this issue again.

If you have any questions, I encourage you to call me or my supervisor (NAME, PHONE). After that, if you still disagree with this decision you do have appeal rights. You may request an Administrative Review by contacting NAME, Program Administrator, at PHONE NUMBER. You may call the Client Assistance Program at 1-877-776-1541 for assistance. You also have the right to request a Fair Hearing by contacting Michael Donnelly, Rehabilitation Services Director, at (785) 267-5301.

Changing to first-of-the-month processing

Effective with maintenance and transportation payments intended for July 2007 and thereafter, all such payments will be shifted to first-of-the month processing.

Procedures for July 2007 checks:

The following procedures relate to checks that consumers would normally expect to receive at the end of June which are intended to cover the month of July. Counselors should insert consumer specific information in the following form letter. It should be mailed at three different times to assure sufficient notice:

- * Immediately
- * June 1
- * June 20

From now until the end of June, Counselors should also discuss this change with affected consumers at regularly scheduled meetings or through phone calls for this purpose.

Text of letter:

Please note that options or fill-in-the-blanks for the letter appear in all capital letters.

I'm writing to inform you that the arrival date of your monthly MAINTENANCE AND/OR TRANSPORTATION check is changing. Beginning in July 2007, you can expect to get your check between the 5th and 10th of each month.

Please contact me if you need help to plan for this change. You may also want to inform your landlord or others with whom you have regular payments about this change. They may be willing to discuss shifting your due dates to the 10th or later. This letter can be used to verify the change in our processing date.

If you have any questions, I encourage you to call me or my supervisor (NAME, PHONE). Or you may call the Client Assistance Program at 1-877-776-1541. Thank you.

Exception for penalties:

Some staff have expressed concern that this new processing schedule may pose problems for consumers who rely on VR funds for bills such as rent due at the first of the month. The letter encourages consumers to contact their landlords or others to determine if due dates can be shifted. With authorization from the consumer, counselors are encouraged to assist with this process of negotiating due dates. If negotiations are not successful and if the consumer would incur a late fee, the following exception process

may be used:

- * The Program Administrator may send a request for an exception to Eunice Thompson detailing the steps taken to try to negotiate late fees, penalties or due dates, including the amount of potential late fees. The request should also include the number of months for which the imprest-use exception is being requested.
- * With Eunice's approval, the Counselor may request a regional imprest fund check on the first of the month in order to get the funds to the consumer earlier and avoid late fees. Such imprest checks may not be issued in the prior month. Such imprest authorizations would need to be made each month for the approved time period.

Checks currently issued on mid-month schedule:

There are some instances where consumers currently receive their checks on a midmonth schedule. Effective July 1, all maintenance checks will be issued on the standard first-of-the-month processing. For example, currently the individual's maintenance is intended to cover June 15 through July 14. In such cases, in June the counselor will use a standard authorization to provide the prorated maintenance amount necessary to bring the person to the first-of-the-month processing, and then continue first-of-the-month processing thereafter.

Text of letter:

This is an example letter related to changing the mid-month schedule payments. Please note that options or fill-in-the-blanks for the letter appear in all capital letters.

I'm writing to inform you that the arrival date of your monthly MAINTENANCE AND/OR TRANSPORTATION check is changing. At the end of June, you can expect to receive a partial check of \$______covering DATE through June 30. Then, beginning in July 2007, you can expect to get your check between the 5th and 10th of each month.

Please contact me if you need help to plan for this change. You may also want to inform your landlord or others with whom you have regular payments about this change. They may be willing to discuss shifting your due dates to the 10th or later. This letter can be used to verify the change in our processing date.

If you have any questions, I encourage you to call me or my supervisor (NAME, PHONE). Or you may call the Client Assistance Program at 1-877-776-1541. Thank you.

On-going procedures related to first-of-the-month processing

All maintenance and transportation checks must be issued at the first of the month. If an individual's plan begins mid-month, issue a one-time standard authorization for the prorated amount to cover the time period from the specific mid-month date to the last date of the month. Thereafter, the checks will be processed at the first-of-the-month for the month of coverage. Checks will no longer be issued in the prior month. Checks processed the first of July are intended for maintenance expenses for the full month of July, for example.

If consumers will not be receiving maintenance through the summer, but you expect to re-start this service in the fall, please be sure you discuss the change in schedule with them.

Use of standard and monthly authorization processes

The standard and monthly payment authorizations processes should be used under most circumstances to make maintenance or transportation payments. It is expected that use of imprest funds for monthly maintenance and transportation payments will be reduced significantly, if not eliminated, for all instances except the specific exception related to late fees or penalties.

The last working day of the month is the cut-off date for the monthly list. This means you can add a person to the monthly maintenance list as late as the last working day of the month and still have the check processed as part of the standard first-of-the month cycle.

Section 13 - RSA Memos

RSA-PD-97-04: Employment Goal for an Individual with a Disability

UNITED STATES DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES REHABILITATION SERVICES ADMINISTRATION WASHINGTON, DC 20202

POLICY DIRECTIVE RSA-PD-97-04 RSM-2035

DATE: August 19, 1997

ADDRESSEES:

STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
STATE REHABILITATION ADVISORY COUNCILS
CLIENT ASSISTANCE PROGRAMS
REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS
RSA SENIOR MANAGEMENT TEAM
SUBJECT: Employment Goal for an Individual with a Disability

BACKGROUND: The purpose of this policy directive is to formally rescind prior Rehabilitation Services Administration (RSA) issuance 1505-PQ-100-A regarding "suitable employment" and to describe the standard for determining an employment goal for an individual with a disability receiving services under the State Vocational Rehabilitation (VR) Services Program.

The purpose of Title I of the Rehabilitation Act of 1973, as amended (the Act), which authorizes the State VR Services Program, is "to assist States in operating a comprehensive, coordinated, effective, efficient, and accountable program of vocational rehabilitation that is designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, and capabilities, so that such individuals may prepare for and engage in gainful employment."(100 (a)(2))The Act does not define the term "gainful employment", but uses the term "employment objective" to describe the specific planned employment goal identified in the Individual Written Rehabilitation Program (IWRP) for an individual with a disability who is eligible under the State VR Services program. Specifically, the Act requires that the IWRP be designed to enable the individual to achieve an "employment objective" that is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, and capabilities (102(b)(1)(B)(i)).

Other provisions of the Act, as well as the Federal regulations implementing Title I

of the Act, use the term "vocational goal" to refer to the planned employment goal for an eligible individual under the State VR Services Program (e.g., 100 (a)(3)(C) of the Act; Federal regulations at 34 CFR 361.46 (a)(1)). For purposes of this Policy Directive, the terms "employment objective," "vocational goal," and "employment goal" are considered synonymous and are used interchangeably.

Formal Rescission of Policy Statement on "Suitable Employment"

In 1980, the Acting Deputy Commissioner of RSA issued guidance (1505-PQ-100-A) to RSA Regional Offices that identified "suitable employment" as the standard for determining an appropriate vocational goal for an eligible individual under the State VR Services Program. In both that document, and in a preceding RSA guidance document (1505-PQ-100, issued in 1978), "suitable employment" was described as "reasonable good entry level work an individual can satisfactorily perform."

Subsequently, the Rehabilitation Act Amendments of 1992 (1992 Amendments) revised the standard for determining an employment goal for an individual with a disability receiving services under the State VR Services Program. The 1992 Amendments require that the employment objective identified in an eligible individual's IWRP be consistent with the individual's strengths, resources, priorities, concerns, abilities, and capabilities. Because guidance document 1505-PQ-100-A is more limited than this standard, it has been superseded by the 1992 Amendments and is hereby rescinded. Guidance document 1505-PQ-100 is also rescinded to the extent that it identifies "suitable employment" as the appropriate standard for determining a vocational goal for an eligible individual under the State VR Services program.

Establishing an Employment Objective under an IWRP

The State VR Services program is designed to assist individuals to obtain employment that is consistent with their strengths, resources, priorities, concerns, abilities, and capabilities (also referred to in this document at the "individual's primary employment factors"). Designated State Units (DSUs) conduct an individualized assessment of the VR needs of each eligible individual to assist the individual in establishing in the IWRP an appropriate vocational goal that is consistent with this standard (7(22); 102(b)(1)(A) and (b)(1)(B)(ii)).

Given the emphasis that the Act places on informed choice, DSUs must also ensure that the identified employment objective reflects the individual's interests and informed choice to the extent that those factors are consistent with the individual's strengths, resources, priorities, concerns, abilities, and capabilities. In other words, the employment objective identified in an individual's IWRP should reflect the individual's informed choice if the individual is not currently employed consistent with his or her primary employment factors, the individual possesses the strengths,

resources, priorities, concerns, abilities, and capabilities needed for the employment goal, and such employment is available under current labor market conditions.

In many instances, DSUs should be able to determine whether an individual's interests and informed choice are consistent with his or her primary employment factors during the comprehensive assessment of vocational rehabilitation needs. In determining whether the individual possesses the strengths, resources, priorities, concerns, abilities, and capabilities needed to perform the desired employment goal, the DSU may seek to acquire performance-based information. Performance-based information may be sought during the comprehensive assessment (e.g., by conducting situational assessments of the individual's performance in real work settings) or by establishing discrete short-term objectives in the IWRP (e.g., enrolling the individual in a training program for one-semester trial period or initially placing the individual in a work setting with necessary supports on a trial-basis). It should be noted that some DSUs have successfully accommodated individual choice through these and other strategies even in situations in which it initially appeared that the individual was incapable of performing the chosen goal.

Although it is permissible to consider local labor market conditions (i.e.,job availability in the community) in determining an individual's employment goal, local labor market factors cannot by themselves be determinative of whether the individual's employment goal is appropriate. The fact that the local market for the individual's desired employment goal (which is consistent with the individual's primary employment factors) may be limited should not affect the individual's pursuit of that goal through the provision of VR services if the individual is willing to relocate to a market in which the particular job is available. On the other hand, if there is a limited local market for the individual's desired goal and the individual is unwilling to relocate, then local labor market conditions become a relevant factor in identifying employment options.

The cost or the extent of VR services that an eligible individual may need to achieve a particular employment goal should not be considered in identifying the goal in the individual's IWRP. For example, the fact that an employment objective may require an advanced degree, whereas another may only require job retraining or placement assistance, should not affect the determination of an employment objective that is appropriate for the particular eligible individual. Once the employment goal is identified, however, cost becomes a relevant factor in determining an appropriate, cost efficient means of providing needed VR services. In this regard, DSUs are authorized to employ cost efficiency strategies that are consistent with federal law, such as financial needs tests, and also are obligated to locate available comparable services and benefits for certain VR services (34 CFR 361.53-361.54).

Finally, entry-level employment is an appropriate employment goal if the eligible individual is only capable of performing entry-level work or if the individual chooses an entry-level job as his or her employment goal.

Career Advancement and Upward Mobility under the State VR Services Program

The guidance provided through this Policy Directive is intended to correct the misperception that achievement of an employment goal under Title I of the Act can be equated with becoming employed at any job. As indicated above, the State VR Services program is not intended solely to place individuals with disabilities in entry-level jobs, but rather to assist eligible individuals to obtain employment that is appropriate given their unique strengths, resources, priorities, concerns, abilities, and capabilities. The extent to which State units should assist eligible individuals to advance in their careers through the provision of VR services depends upon whether the individual has achieved employment that is consistent with this standard.

The provision of VR services to an eligible individual who is currently employed, but whose job is not consistent with the individual's strengths, resources, priorities, concerns, abilities, and capabilities, must assist that individual to obtain employment consistent with the individual's primary employment factors and informed choice. Under such circumstances, VR services would be provided for "career advancement" or "upward mobility" purposes. Similarly, post-employment services are also available to assist eligible individuals who have already become employed to advance in employment (103(a)(2)).

POLICY STATEMENT: The employment goal for an individual with a disability receiving services under the State VR Services Program (authorized by Title I of the Act) must be based, primarily, on the individual's strengths, resources, priorities, concerns, abilities, and capabilities. The employment goal also must reflect the individual's interests and inform choice to the extent that those factors are consistent with the individual's strengths, resources, priorities, concerns, abilities, and capabilities. Factors such as the local economy or local labor conditions (i.e., job availability in the community) are external factors that may be considered, but cannot by themselves be determinative of whether the employment goal is appropriate. These considerations apply to the development of employment goals for both individuals who are not currently employed and individuals who are seeking to advance in their present careers.

CITATIONS IN LAW:

Sections 2(b)(1); 7(22); 12(e)(2)(A) and (B); 100(a)(1)(F); 100(a)(2); 100(a)(3)(A) and (C); 101(a)(29); 102(a)(1); 102(b)(1)(B)(i) and (ii); and 103(a)(2) of the Rehabilitation Act of 1973, as amended.

EFFECTIVE DATE: Upon Issuance

EXPIRATIONDATE: None

INQUIRIES:

RSA Regional Commissioners (Signature) Frederic K. Schroeder Commissioner CC: CSAVR NAPAS RSA Regional Offices (Regions II, IV, V, VIII, and X) Effective Date: August 19, 1997

RSA-TAC-98-01: Support Services for Individuals with Cognitive Disabilities and Others who need Assistance in Implementing Informed Choice

UNITED STATES DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES REHABILITATION SERVICES ADMINISTRATION WASHINGTON, DC 20202

TECHNICAL ASSISTANCE CIRCULAR RSA-TAC-98-01 DATE: November 3, 1997

ADDRESSEES:

STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
STATE REHABILITATION ADVISORY COUNCILS
CLIENT ASSISTANCE PROGRAMS
REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Support Services for Individuals With Cognitive Disabilities and Others Who Need Assistance in Implementing Informed Choice

CITATIONS: Section 12(e)(2)(F) of the Rehabilitation Act of 1973, as amended. 34 CFR 361.52.

CONTENT: Final program regulations at 34 CFR 361.52 require each state VR agency, in consultation with its State Rehabilitation Advisory Council, to develop and implement written policies and procedures enabling each individual to make an informed choice with regard to selection of a vocational goal, objectives, services, and service providers. These policies and procedures must ensure that each individual receives information concerning the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice.

This guidance, much of which is derived from the RSA Choice Demonstration Projects, is designed to assist State VR agency staff in understanding the needs of individuals with cognitive disabilities for support and assistance in exercising informed choice and in identifying methods for addressing those needs. Although specifically helpful for working with individuals with cognitive disabilities, use of these methods should allow all individuals to increase their participation in the VR process to the extent that they are able to do so.

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Strategies for Supporting Implementation of Informed Choice

Informed choice is the process by which individuals participating in the VR program make decisions about their vocational goals, the services and service providers that are necessary to reach those goals, and how those services will be procured. The decision-making process takes into account the individual's values and characteristics, the availability of resources and alternatives, and general economic conditions. Implementing informed choice requires communicating clearly, gathering and understanding information, setting goals, making decisions, and following through with decisions. To the extent that the individual participates in the procurement of services, implementing choice may also involve basic consumer skills, such as money management and negotiating in the market place.

Mental retardation, learning disabilities, head injury, and stroke typically result in cognitive impairments that can affect an individual's ability to gather and analyze information, develop and follow through with plans, and decide among various options. Individuals with mental illnesses may have cognitive impairments as a result of the illness or of medications. Organic brain damage associated with conditions such as multiple sclerosis, lupus, and HIV-Aids may result in short term memory loss and other cognitive impairments. Depending upon the nature of the disability and the medications an individual is taking, an individual's ability to do cognitive tasks may fluctuate dramatically from day to day.

Other individuals may also require assistance in exercising informed choice. These include individuals with any type of disability who have not had experience in making decisions for themselves and individuals with severe impairments in communication skills as a result of physical or sensory disabilities.

In general, individuals with cognitive impairments who are eligible for VR services can comprehend information and ideas and make individual judgements if they are provided with appropriate support and assistance. The individual, the VR counselor, and others who are working with the individual need to determine the level of the individual's skills and abilities in these areas. Once the skills and abilities have been identified, a number of strategies can be used to improve the individual's skills and to provide information and assistance with decision-making at the individual's level.

The following discussion describes methods for determining the individual's abilities to exercise choice and for implementing strategies to provide assistance and support, including:

- improving the skills needed by the individual to exercise choice;
- providing support and assistance through other individuals;
- simplifying information; and

using multiple modes of communication and repetition.

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Determining the Individual's Skill and Ability to Implement Informed Choice

Methods to determine the individual's ability to implement informed choice may vary depending upon the individual's disability and the severity of that disability. For some individuals, both the counselor, the individual, and others can use a checklist to analyze the individual's skills and abilities in areas important to the implementation of informed choice. Such an analysis provides a way for the individual and others working with him or her to identify those tasks the individual can do independently; those tasks for which the individual needs support, accommodations, and skill building; and those that someone else will need to do. Purchased checklists and inventories about decision-making and goal setting skills can be used or agencies can develop such assessments. (VT)

Checklists and inventories are based on comparing an individual's known performance in decision-making against a standard. Those who lack experience in making decisions and those who have difficulty communicating about their past experiences are not easily assessed by such methods. For these individuals, other techniques of discovery are needed to gather the same information.

For example, working with an individual on developing a vocational profile and employment goals will simultaneously yield information about how the person gathers and responds to information and makes decisions. (UCPA) Situational assessments or trial work experiences provide the opportunity to observe the individual in natural life situations that help clarify not only the individual's goal and service needs, but also provide insight and information about how the individual makes decisions. Interviewing family, friends, and others who are close to the individual may also yield the same information. Such approaches are also especially helpful for individuals who are not able to communicate clearly and assertively. Scheduling a longer time period for meetings with individuals who have difficulty focusing on the issues to be discussed helps assure that the individual's thoughts get expressed. The success of these types of discovery depends upon the ability of the VR counselor and others to listen to and observe the individual carefully over time. If the time required for such observation and interaction is more than is feasible for a VR counselor, VR agencies can consider paying someone other than the counselor to work on this task.

Counselor judgement and observation are a primary source of discovery throughout the VR process. How the individual followed the process of obtaining VR services and how he or she processes information and responds to questions during interview and intake provides information about some of the skills related to informed choice. Probing for the reasons that an individual says "no" to a particular option helps to determine if the individual is responding because of lack of

information or because of fear. Assessing changes in the individual's skill in implementing informed choice and adapting supports appropriately is a continuous evaluative and educational role for the counselor.

Counselors may also find RSA Program Assistance Circular (PAC) 90-7: Guidelines for Determining Whether a Person With Specific Learning Disabilities Has a Severe Handicap for Vocational Rehabilitation Program Purposes, issued September 28, 1990, helpful. The guidance for evaluating an individual's capacities in the areas of self-direction and communication can be applied to evaluating the individual's capacities for implementing informed choice. The concepts are applicable to other types of disabilities.

Self-discovery is also an important factor in the implementation of informed choice. *Employmentoutcome* as defined in the final regulations for the VR program (34 CFR 361.5(b)(15)) includes the element that the employment outcome "is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice." The more complex the individual's situation or disability, the more difficult it is for others to help the person consider all the factors necessary for making informed decisions. Using techniques that teach individuals to develop an awareness of how their disability affects them, how they function on a daily basis, and how they respond to information and make decisions may be a better investment of the time and efforts of rehabilitation personnel.

One method of self-discovery is for the individual to keep a diary/log/journal, either in writing or by audio tape. (TDTI) Individuals can record information such as variations in their energy level, times and conditions when they feel good and are doing their best work, variations in symptoms, and other revelations about the VR process. The log becomes a self-management tool, providing insight into behavior patterns and forming the basis for strategies to maximize the individual's functioning level.

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Improving the Skills Needed by the Individual to Implement Informed Choice

The ability to make choices grows with experience in decision making. VR agencies can purchase or provide an array of services that help individuals to move further along the continuum of independently making decisions and taking personal responsibility for those decisions. Consumer empowerment training, training and experience in goal setting and decision making skills, and self-assessment techniques are services that can improve the skills and abilities needed to implement informed choice. In addition to training, the VR counselor and others working with the individual can provide structure to help the individual determine what information is needed, ways to gather that information, what options are available, and ways to decide among those options.

Assisting the individual to gather information can begin during the assessment process by shifting from a process in which an evaluator talks to the VR counselor about the individual to a process that includes the individual in the discussions or allows the individual to direct the discussions. A method common to the choice projects is to facilitate the relationship between the evaluator and the individual. Reports are provided to the individual and must be written so the individual can understand the information. The individual can clarify and discuss the information with the provider, the counselor, a peer group, a rehabilitation team, family members, or others. The goal is for the VR participant to be able to explain what the information means, how it affects that individual's life, and what he or she wants to do as a result.

Individuals can also be taught to gather information about goods, services, and service providers. To provide structure for gathering such information, the VR counselor and participant can develop a list of questions to ask providers. For example, an individual who is seeking the services of a job developer might want to ask if the job developer specializes in certain types of jobs, how the developer gets job leads, how much time the developer will spend per week working with the individual, and what the developer is expecting from the individual. (SWBIRA) VR agencies can support this method by developing a list of core questions to be supplemented by specific individualized questions as appropriate and by reimbursing the individual for any telephone or travel expenses incurred while gathering information.

To provide experience in planning and decision making, these processes can be broken down into small steps. A series of short-term vocationally-related activities and experiences provides the individual with experience in implementing the choice process and gives the counselor opportunities to observe the individual's growth in planning and decision-making skills. As these skills grow, both the individual and the counselor develop more confidence in the individual's ability to make decisions. The counselor learns how the person works best and what accommodations are needed to facilitate that person's decision-making.

To increase the participation of those who are reluctant to make decisions, the counselor can ask the individual what he or she wants the counselor to do. Another method is for the counselor to state what he or she is willing to do and then ask the individual what they are willing to do. Both methods invite the individual to begin to make decisions, exercise control, and take responsibility.

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Getting Support and Assistance from Others

Individuals close to the person can provide support and assistance in implementing informed choice. For orientation and other important meetings, the individual could bring a family member to help with understanding the information, remembering the next steps in the process, and asking questions. In some cultures, individuals

naturally rely heavily on the support of their families throughout the decisionmaking process.

This strategy works best when the family is a neutral party. When the family is not neutral or not available, consumer connectors, mentors, advocates, a buddy system, and peer support groups can be used. One project used a mentor paid by the project who served as a job coach, moved with the individual through a series of short-term work experiences, and provided continuity of feedback to the individual, family, and others working with the individual. The mentor was recruited through a local literacy council. (AR) A peer group of individuals with disabilities may have extensive experiential knowledge that, when shared, becomes a resource for others to use in gathering and analyzing information and making decisions. Individuals with disabilities have an understanding about how they learned to do certain processes and may be able to provide information in a way that another individual with a disability is more likely to understand.

The VR counselor also plays a key supportive role by following up with the individual frequently to see how they are doing and by modifying or developing strategies to help the person improve their planning and decision-making skills.

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Simplifying Information

Access to appropriate information allows an individual to identify opportunities and solutions to problems, assess strengths and weaknesses, ask appropriate questions, locate resources, and, if necessary, advocate effectively. Access to appropriate information allows an individual to influence, and to be influenced by, the vocational rehabilitation planning process. For individuals with cognitive impairments, access to the information necessary for implementing informed choice can be achieved by breaking information down, taking more time for information gathering, using simpler language, symbols, and tangible methods of conveying information, and providing supports and accommodations.

Written program materials can be simplified by incorporating one thought per sentence, avoiding professional language and terminology, and supplementing text with pictures and graphics. To simplify verbal discussions, break information down into small components, explain more clearly, ask the person to repeat what has been said, note important points stated by the consumer, and review these at the end of each session.

Information and alternatives can be made more tangible by a series of short-term volunteer placements that provides experiential knowledge about working in different types of situations. Other rehabilitation objectives, such as learning to travel and developing social skills, may also be achieved during such experiences.

Pictures and graphics, substituted for written materials, also provide tangible ways to gather and exchange information. A picture checklist of factors that the

individual is looking for in a job enables the person to remember all the factors and to check off the appropriate factors when visiting any potential job site. Involvement of the individual in selecting the pictures from graphics available on the computer assures that the person understands what the pictures symbolize. Comparing the checklists from various sites provides a more tangible way of selecting among options. (WA)

Some individuals will benefit from use of accommodations for receiving, organizing, and retrieving information. (BCIL) A quick assessment of whether an individual may need accommodations for reading can be obtained by observing how they respond to the application form. In addition, the VR counselor can ask whether the individual needs accommodations, such as someone to help with reading and writing. If so, the individual can bring someone to help with those tasks or the program can provide a reader. The counselor can provide, or help the individual acquire, tools for organizing and retrieving information, such as a calendar, an organizer, and business card slot holders. For individuals with deficits in attention, working in a distraction-free space or using familiar surroundings may enable the individual to better attend to the information being presented.

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Using Multiple Modes of Communication and Repetition

The implementing regulations at 34 CFR 361.52(a) require state VR agencies to ensure that individuals receive information about choice in appropriate modes of communication. *Appropriate modes of communication*, as defined at 34 CFR 361.5(b)(5), means specialized aids and supports that enable an individual with a disability to comprehend and respond to information that is being communicated. The definition provides examples of appropriate modes that include but are not limited to graphic presentations and simple language materials discussed previously in this document. For individuals with cognitive impairments, comprehension and retention of information is enhanced when information is provided in multiple modes of communication and repeated over time.

Audio taping information allows the individual to listen to it multiple times. Family members can help repeat information, such as a fact sheet, by reviewing it at home multiple times. Making information available in auditory, visual, and experiential modes provides the individual with multiple options for acquiring information and assures repetition. Group discussions among peers or rehabilitation teams helps with understanding. Over time, group members will discuss the same issue in many different ways, thus providing the opportunity for multiple presentations and different opportunities to achieve understanding. Information resource centers allow individuals to drop in and repeatedly review information and to discuss information with other individuals using those same resources. Documenting, in writing or other media, what needs to be done and then documenting what was done is helpful for individuals with short-term memory loss. A series of experiences

arranged as part of the comprehensive assessment or as short-term objectives on the individualized written rehabilitation program (IWRP) provide experiential and repetitive methods of acquiring information. Use of multiple modes and repetition, especially over a period of time, also provides accommodations for individuals with cognitive impairments whose ability to perform cognitive tasks varies significantly from day to day.

Both the individual and the counselor have a role in discovering the modalities in which the individual achieves the best understanding and in assisting the individual to acquire information in those modalities. The role of the VR agency is to provide opportunities for information to be presented in various modalities.

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Summary

There are many methods that State VR agencies can use to provide support services for individuals with cognitive and other disabilities who require assistance in exercising informed choice. A number of the methods discussed above provide support for a variety of needs. Within the discussion, selected specific strategies are accompanied by acronyms for the Choice Demonstration Projects. More information on these specific strategies can be obtained by contacting the projects listed below.

In many instances, use of the methods described above will require spending more time with the individual and allowing for a trial and error approach to planning, gathering information, and making decisions. Agencies have the option of deciding whether the counselor will spend that time or whether they will pay for someone else to provide that service. Often, the time used for such approaches can occur simultaneously with the provision of other rehabilitation services that are directed toward achieving an employment outcome. The individual's skills in exercising informed choice can grow in a parallel fashion along with growth in specific vocational and employment skills.

Both the VR counselor and the individual have responsibilities in determining the individual's skills for exercising informed choice, deciding on methods for improving those skills, and developing needed accommodations and supports. The counselor and the individual can also enlist the aid of others, either paid or voluntary, to help in these efforts.

INQUIRIES: Choice Demonstration Projects: Arkansas Rehabilitation Services (AR)
Nancy Sullivan/Sterling Hughes
501-661-9407/501-534-1372

Berkeley Center for Independent Living (BCIL) Terry Herkimer 510-841-4776 Southwest Business, Industry, and Rehabilitation Association (SWBIRA) *Lee Lanning 602-275-0180*

The Development Team, Inc. (TDTI) Harry Hall 904-247-4640

United Cerebral Palsy Associations (UCPA) *Michael Callahan 601-497-6999*

Vermont Division of Vocational Rehabilitation (VT) Michael Collins 802-241-2186

Washington Division of Vocational Rehabilitation (WA) Abby Cooper 206-587-4444

Rehabilitation Services Administration: RSA Regional Offices RSA Central Office: Suzanne Tillman 202-205-8303

Fredric K. Schroeder, Ph.D. Commissioner

CC: CSAVR NAPAS RSA Regions II, IV, V, VIII, and X

Effective Date: August 19, 1997

RSA-IM-00-21: Information on the Provision of Vocational Rehabilitation Services to Individuals With Hearing Loss (Deaf and Hard of Hearing)

UNITED STATES DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES REHABILITATION SERVICES ADMINISTRATION WASHINGTON, DC 20202

INFORMATION MEMORANDUM RSA-IM – 00 - 21 DATE: March 28, 2000

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL) STATE VOCATIONAL REHABILITATION AGENCIES (BLIND) STATE REHABILITATION COUNCILS CLIENT ASSISTANCE PROGRAMS PROTECTION & ADVOCACY OF INDIVIDUAL RIGHTS PROGRAMS REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS AMERICAN INDIAN VOCATIONAL REHABILITATION PROGRAMS RSA SENIOR MANAGEMENT TEAM

SUBJECT: INFORMATION ON THE PROVISION OF VOCATIONAL REHABILITATION SERVICES TO INDIVIDUALS WITH HEARING LOSS (DEAF AND HARD OF HEARING)

CONTENT: This memorandum provides information and guidance to designated State Vocational Rehabilitation (VR) agencies about the need for attention to the provision of VR services to individuals who are Deaf or Hard of Hearing. The memorandum is also intended to assist State VR agencies in the determination of how well they are serving this population and to explore what corrective actions can be taken if warranted.

BACKGROUND: A review of the national cumulative case service report (RSA-911) data, on the provision of VR services to individuals who are Deaf or Hard of Hearing, raises questions regarding the extent these individuals are obtaining services and achieving successful employment outcomes. The continuing increase in the prevalence of hearing loss, as more and more individuals are becoming hard of hearing or deaf throughout the country, is well documented.

Yet, the data reports indicate that the number of "successful employment outcomes" for Deaf and Hard of Hearing individuals has declined over the past ten years (1989 to 1998). 20,184 Deaf and Hard of Hearing individuals became successfully employed in 1989, which is 9.2 % of the 220,408 individuals who achieved positive employment outcomes through services provided by State VR agencies at that time. Ten years later (1998), RSA-911 data indicated that 17,319

Deaf and Hard of Hearing individuals served by VR agencies were successfully employed. This number is a decrease of 2,865 rehabilitated individuals who are Deaf or Hard of Hearing from the 20,184 rehabilitations reported in 1989 and is 7.7 % of the 223,723 successful employment outcomes in 1998.

The following chart shows year by year the number of all individuals served by State VR agencies nationwide with successful employment outcomes from 1989 to 1998. Also shown is the number of individuals who are Deaf or Hard of Hearing, as their primary disability, with successful employment outcomes through services provided by VR, with the corresponding percentage indicating an ongoing decline in these numbers.

COMPARISON OF REHABILITATION DATA FOR PERSONS WHO ARE DEAF OR HARD OF HEARING

	All Successful	Successful Deaf/	Percentage of
YEAR	Placements	Hard of Hearing	Placements
1989	220,408	20,184	9.2%
1990	214,874	19,335	9.0%
1991	202,831	16,832	8.3%
1992	191,821	16,094	8.4%
1993	193,918	15,901	8.2%
1994	202,824	16,029	7.9%
1995	209,600	15,467	.4%
1996	213,780	15,718	7.4%
1997	211,576	15,535	7.3%
1998	223,723	17,319	7.7%

The trends indicated by the above data are supported with information in the 19 th and 25 th Institute of Rehabilitation Issues (IRI) documents that address specific concerns related to the provision of VR services to individuals who are Deaf or Hard of Hearing within the past decade. These studies give considerable attention to persons who are Deaf or Hard of Hearing and who are unserved and underserved by VR agencies.

One section of the 19 th IRI document, "Serving the Underserved – Principles, Practices, and Techniques" (published by the University of Wisconsin, Stout in October, 1992), focused on individuals who are Hard of Hearing not receiving appropriate VR services. The document identified the fact that VR counselors are frequently inexperienced and not aware of the multiple services that are often needed by individuals who are Hard of Hearing. The IRI outlined comprehensive information on various services that can be provided to individuals who are Hard of Hearing to aid those responsible for the provision of VR and related services to this segment of the hearing impaired population.

Subsequent to the publication of this IRI document, RSA funded a one-year short-term "train the trainers" project in FY 1993, through he Regional Rehabilitation Continuing Education Program (RRCEP) in Region VI at the University of Arkansas.

The "train the trainers" project developed training materials and sent a team of 4 experts on hearing loss and rehabilitation to train other RRCEP personnel and State VR agency trainers in each region using these new materials. The above-mentioned IRI document and these training materials are still available through the National Clearinghouse of Rehabilitation Training Materials (NCRTM) at Oklahoma State University. For information about these documents see the "Contacts" section of this memorandum.

The 25th IRI document, "Serving Individuals Who Are Low-Functioning Deaf," published in December 1999, described how to provide rehabilitation services to persons who are Deaf or Hard of Hearing who also experience other significant disabilities. The study group was comprised of a variety of leaders in the field of "Deafness Rehabilitation," in collaboration with the RRCEP at George Washington University. This document is intended to raise awareness for those with little or no experience serving this segment of the Deaf population, which has been underserved by the rehabilitation community. The IRI also included recommendations on how to effectively serve this population, along with a comprehensive list of available resources. To get a free copy of this document see the "Contacts" section in this memorandum.

RSA is encouraging State VR agencies to review their case service data on positive employment outcomes for individuals who are Deaf or Hard of Hearing to see if the trends shown in this memorandum also exist in their own State VR programs. Judgements must be made regarding what actions might be most appropriate if the trends in a State VR program indicate similar or more drastic drops in employment outcomes than those seen in the national trends. RSA has resources that can assist State VR agencies in this evaluation process.

This Information Memorandum is intended to be the first in a series of memorandums on various issues regarding the provision of vocational rehabilitation services to individuals who are Deaf or Hard of Hearing. Topics to be discussed may include the shortage of qualified interpreters, qualifications of Vocational Rehabilitation counselors necessary to effectively serve this population, and how to effectively serve "low functioning" Deaf or Hard of Hearing consumers. State Vocational Rehabilitation agencies and their staff are encouraged to suggest and provide input on additional topics for information memorandums by contacting Annette Reichman, Chief, Deafness and Communicative Disorders Branch. (Contact information is given below.)

Within RSA, the Deafness and Communicative Disorders Branch (DCDB) has as its mission the promotion of improved and expanded rehabilitation services for individuals who are deaf, hard of hearing, late deafened or deaf-blind and who are from diverse backgrounds. Please feel free to contact any of the DCDB staff listed below for assistance in this area.

RSA CONTACT INFORMATION: Deafness and Communicative Disorders Branch: Annette Reichman – Branch Chief

202-205-9152 (V) or 8352 (TTY) Annette_Reichman@ed.gov

George Kosovich – VR Program Specialist 202-205-9698 (V) or 8919 (TTY) George_Kosovich@ed.gov (Specialize in VR for hard of hearing and late deafened individuals and communication access issues.)

Mary Lovley – Program Specialist; 202-205-9393 (V) or 401-3664 (TTY) Mary_Lovley@ed.gov (Specialize in interpreter training and services.)

The "train the trainers" materials developed as part of the RSA one year short-term training grant in 1993 can be obtained from the NCRTM, as can the 19th IRI document on "Serving the Underserved...", at the following address: NCRTM, Oklahoma State University, 5202 North Richmond Hill Drive, Stillwater, Oklahoma 74078-4080. A toll-free telephone number is available – 800-223-5219. For more information, visit their Web site at: http://www.nchrtm.okstate.edu.

The NCRTM has copies of each IRI document produced but cannot reproduce them until two years after publication. George Washington University does have free copies of the current IRI document published in 1999, "Serving Individuals Who Are Low-Functioning Deaf" available upon request. Copies can be ordered by contacting Dr. Donald Dew at: Regional Rehabilitation Continuing Education Program III, George Washington University, 2011 Eye Street, NW, Suite 300, Washington, DC 20052. Telephone contact is available by calling: 202-973-1550 (voice); 202-973-1544 (TTY); and 202-775-0053 (fax); or by sending and email request to dondew@gwu.edu.

Fredric K. Schroeder, Ph.D. Commissioner

Effective Date: March 28, 2000

RSA-PD-01-03: Implementation of Informed Choice

UNITED STATES DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES REHABILITATION SERVICES ADMINISTRATION WASHINGTON, DC 20202

POLICY DIRECTIVE RSA-PD-01-03

DATE: January 17, 2001

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
STATE REHABILITATION COUNCILS
CLIENT ASSISTANCE PROGRAMS
REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS
AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICES PROJECTS
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Implementation of Informed Choice

BACKGROUND: The Rehabilitation Act of 1973, as amended (the Act), makes it clear in its policy statement that all programs, projects and activities funded under the Act must be "carried out in a manner consistent with the principles of respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers, based on informed choice, of individuals with disabilities" (section 2(c)(1) of the Act). The Rehabilitation Act Amendments of 1992 introduced the principle of "informed choice" into the statute and provided individuals with disabilities expanded opportunities for increased involvement in the direction of their vocational rehabilitation (VR) programming. The Rehabilitation Act Amendments of 1998 (the 1998 Amendments) strengthened the previous requirements related to informed choice and introduced additional requirements that expanded opportunities for increased participation of individuals with disabilities in developing and implementing their VR programs.

This policy is reinforced in section 100(a)(3)(C) of the Act which states that the State VR program must be carried out in a manner consistent with the following principle: "Individuals who are applicants for such programs or eligible to participate in such programs must be active and full partners in the vocational rehabilitation process, making meaningful and informed choices-- (i) during assessments for determining eligibility and vocational rehabilitation needs; and (ii) in the selection of employment outcomes for individuals, services needed to achieve the outcomes, entities providing such services, and the methods used to secure such services."

The purpose of this Policy Directive (PD) is to describe how the VR program can work with applicants and eligible individuals to ensure their full participation, based on informed choice, throughout the rehabilitation process. Since the implementation of informed choice makes demands on both the individual and the VR program, this PD also discusses the roles of the individual, the VR counselor, and the State VR agency in carrying out their responsibilities.

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Legal Requirements Related to Informed Choice

The 1998 Amendments consolidated all of the essential statutory requirements related to informed choice in a new stand-alone section – section 102(d). This section of the Act requires each VR agency to develop and implement written policies and procedures that enable each applicant or eligible individual to exercise informed choice throughout the entire rehabilitation process. These policies and procedures must be developed in consultation with the State Rehabilitation Council, if the agency has a Council, and must require the State VR agency to:

- inform each applicant and individual eligible for VR services, through appropriate modes of communication, about the opportunities to exercise informed choice throughout the VR process, including the availability of support services for individuals who require assistance in exercising informed choice;
- assist applicants and eligible individuals in exercising informed choice in making decisions related to the provision of assessment services;
- provide or assist eligible individuals in acquiring information that enables them to exercise informed choice in the development of their individualized plans for employment (IPE) with respect to the selection of the employment outcome, VR services and service providers, the employment setting and the settings in which the services will be provided, and methods for procuring services;
- develop and implement flexible procurement policies and methods that facilitate the provision of services and afford eligible individuals meaningful choices among procurement methods; and
- ensure that the availability and scope of informed choice is consistent with the obligations of the VR agency.

The Act requires the State VR agency to ensure that applicants and eligible individuals, or their representatives, are provided information and support services to assist them in exercising informed choice throughout the VR process (section 101(a)(19) of the Act). Section 103(a)(2) of the Act states that counseling and guidance services include information and support services to assist an individual in

exercising informed choice, reinforcing the facilitative and supportive role of the VR counselor in assisting individuals with disabilities to exercise informed choice.

The implementing regulations at 34 CFR 361.52(c) specify the minimum information about services and service providers that must be provided by the State VR agency to applicants and eligible individuals during the process of developing the IPE. The information must include: the cost, accessibility, and duration of services; the types of services; the degree to which service settings are integrated; the qualifications of service providers; and, to the extent available, information about consumer satisfaction with those services. The regulations also suggest various methods and sources for acquiring information about services and providers.

The opportunity for the individual to exercise informed choice requires special emphasis during the development of the IPE. Section 102(b)(1)(A) of the Act provides the individual with a choice of options for developing the IPE. These include: (1) the individual developing all or part of the IPE; or (2) the individual using technical assistance in developing all or part of the IPE, including the assistance of the VR counselor employed by the State VR agency. Section 102(b)(2)(B) of the Act requires that the IPE "be developed and implemented in a manner that affords eligible individuals the opportunity to exercise informed choice in selecting an employment outcome, VR services, service providers, and methods for procuring services, consistent with subsection (d)."

The 1998 amendments link the individual's employment outcome with the informed choice of the individual. Section 102(b)(3)(A) of the Act specifies the description of the individual's chosen employment outcome as a "mandatory component" of the IPE and stipulates that the employment outcome must be chosen by the individual and must be consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual. The respective responsibilities of the individual and the State VR agency in working toward the achievement of the employment outcome must be described in the IPE (Section 102(b)(3)(E)(i) and (ii) of the Act).

The link between the employment outcome and informed choice is further reinforced by the description of VR services in section 103(a) of the Act as "any services described in an individualized plan for employment necessary to assist an individual with a disability in preparing for, securing, retaining, or regaining an employment outcome that is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual." This is a change from the previous description of VR services as "any goods or services necessary to render an individual with a disability employable." These changes make it clear that the cost, duration, or extent of vocational rehabilitation services that an eligible individual may need to achieve a particular employment goal should not be considered in identifying the goal. Instead, the employment outcome must be based only on what is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual.

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Implementation of Informed Choice

Informed choice is a decision-making process that occurs throughout the individual's experience in the VR program. Implementation of informed choice should ensure that the individual, or if appropriate, the individual, through his or her representative:

- makes decisions related to the assessment process and to selection of the employment outcome and the settings in which employment occurs, vocational rehabilitation services, service providers, the settings for service provision, and the methods for procuring services;
- has a range of options from which to make these decisions or, to the extent possible, the opportunity to create new options that will meet the individual's specific rehabilitation needs;
- has access to sufficient information about the consequences of various options;
- has skills for evaluating the information and for making decisions, or, to the extent possible, the opportunity to develop such skills or support and assistance in carrying out these functions;
- makes decisions in ways that reflect the individual's strengths, resources, priorities, concerns, abilities, capabilities, and interests; and
- takes personal responsibility, to the extent possible, for implementing the chosen options.

While the Act emphasizes the importance of the individual's ability to exercise informed choice throughout the VR process, section 102(d)(5) of the Act requires the State VR agencies to ensure that the availability and scope of informed choice is consistent with the VR agencies' responsibilities for the administration of the VR program. Parameters that affect the exercise of informed choice are imposed by: statutory and regulatory requirements, including sections 101(a)(6)(C) (accessible facilities), 101(a)(8)(A) (comparable services and benefits) and 101(a)(9)(B) (provision of services) of the Act, 34 CFR 361.50 (written policies regarding provision of services) and 361.54 (participation in the cost of services) of the implementing regulations, and 34 CFR 80.36(a) (procurement) of the Education Department General Administrative Regulations; Federal and State VR agency policies; and factors specific to each individual.

Roles and Responsibilities

Effective implementation of informed choice depends on efforts of the individual and, as appropriate, people important in the individual's life, working jointly with

the VR counselor. The efforts of all of these individuals should be supported by the policies, procedures, and practices of the State VR agency.

The Applicant and/or Eligible Individual: The Conference Report for HR 1385, Workforce Investment Act of 1998, refers to the "need to provide greater choice and involvement of vocational rehabilitation clients in developing their service plans." (House Report 105-659, p. 355). To accomplish this, the individual must make decisions about the options for developing the IPE, the extent of technical assistance needed for exercising the various options, and the extent to which family members and others are to be involved in the IPE planning process.

Exercising informed choice and taking more responsibility in the VR process makes demands on individuals with disabilities, and may also make demands on other people in their lives. To be fully engaged in the VR process, including development of the IPE, the individual must gather and use information to the extent possible, participate in planning and problem solving, make and implement decisions, and seek or identify needed resources. The individual engages in these activities to make decisions about the selection of the employment outcome, VR services, service providers, service and employment settings, and methods for procuring services. Once the IPE has been signed both by the individual and the VR counselor employed by the State VR agency, the individual assumes the responsibilities identified in the IPE for implementing the decisions and achieving the employment outcome.

The VR Counselor: The Conference Report for HR 1385, Workforce Investment Act of 1998, established the expectations that changes in the informed choice and IPE provisions will "fundamentally change the role of the client-counselor relationship, and that in many cases counselors will serve more as facilitators of plan development." (House Report 105-659, p. 355). The VR counselor facilitates the process with knowledge of rehabilitation and the VR process, an understanding of informed choice, information regarding rehabilitation resources and current labor market trends, and the experience of assisting other individuals through the VR process.

It is generally the responsibility of the VR counselor to inform the individual about available options for developing the IPE and for exercising informed choice and to assure that the individual understands the options. The counselor assists the individual during the assessment process to discover the individual's strengths, abilities, capabilities, and interests. If appropriate, the counselor encourages the participation of family members and others in the VR process.

The counselor also assists the individual in exercising informed choice, informs the individual of services that support the individual in exercising informed choice, and helps the individual link with any necessary support services. The counselor facilitates the development of the individual's ability to gather information and supports the individual in making decisions to the best of the individual's ability.

The counselor works with the individual to build relationships and to align resources that will enable the individual to exercise informed choice and to work toward the employment outcome.

The State VR Agency: The role of the State VR agency is to administer the VR program in a manner that supports the joint efforts of the individual and the VR counselor. Agencies can provide such support by implementing policies and procedures that provide the maximum opportunity for individuals to exercise informed choice, for the VR counselor to support individuals in that effort, and for the development of employment and service options that meet a wide range of individual needs. Commitment to informed choice by the leadership of the agency is critical to these efforts.

State VR agencies are responsible for facilitating the development of information resources, tools, and support services needed by individuals and counselors to fully implement informed choice. Agencies need to provide the information in accessible formats or modes of communication that individuals can understand. The VR agency also has a responsibility to develop or make available a variety of resources to assist individuals in planning, problem solving, and building decision-making skills.

Working with State procurement staff and other relevant agencies, the VR agency should seek maximum flexibility in procurement procedures for both the VR program and its participants. The VR agency should assure that its policies and procedures support an individual's ability to exercise informed choice so that the agency's policies and procedures do not result in the pre-selection of employment outcomes, services, and service providers for VR participants.

Beyond fulfilling program requirements, the State VR agency can use its resources and influence to promote and improve the implementation of informed choice. The capacity for resource development can be used to increase the employment and training options that are available for participants and to support the development of service providers willing to negotiate with VR participants about individualized services. Providing training about implementation of informed choice to VR counselors and other service providers who interact with participants helps to assure consistent practices and to disseminate information about innovations. The agency can foster thedevelopment of creative approaches for implementing informed choice by identifying, supporting, and replicating promising practices.

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POLICY

STATEMENT: The State VR program must provide applicants and individuals eligible for VR services with opportunities to exercise informed choice throughout the VR process, including making decisions about the employment goal, VR services, service providers, settings for employment and service provision, and methods for procuring services. To enable an individual to make such decisions, the State VR

agency must provide information, support and assistance needed by the individual. The VR agency has the responsibility to implement policies, procedures, and practices, and to develop resources that enable applicants and individuals eligible for VR services to exercise informed choice throughout the entire VR process; these policies, procedures, and practices must be consistent with Federal statutory and regulatory requirements.

CITATIONS: Sections 2(c)(1), 100(a)(3)(C); 101(a)(6)(C), (8)(A), (9)(B), and (19); 102(b)(1)(A), (2)(B) and (C), (3)(A) and (3)(E)(i) and (ii); 102(d); and 103(a) and (a)(2) of the Rehabilitation Act of 1973, as amended.

EFFECTIVE DATE: Upon issuance.

EXPIRATION DATE: None

INQUIRIES: Regional Commissioners

Fredric K. Schroeder Commissioner

CC: CSAVR
NAPAS
CANAR
NCIL
RSA Regional Offices
(Regions II, IV, V, VIII, and X)

Effective Date: January 17, 2001

RSA-IM-02-01: Information on the Provision of Vocational Rehabilitation Services to Individuals With Significant Speech and Language Impairments

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, D.C. 20202

INFORMATION MEMORANDUM RSA-IM - 02 - 01 DATE: October 1, 2001

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL) STATE VOCATIONAL REHABILITATION AGENCIES (BLIND) STATE REHABILITATION COUNCILS CLIENT ASSISTANCE PROGRAMS PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROGRAMS REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS AMERICAN INDIAN VOCATIONAL REHABILITATION PROGRAMS RSA SENIOR MANAGEMENT TEAM

SUBJECT: INFORMATION ON THE PROVISION OF VOCATIONAL REHABILITATION SERVICES TO INDIVIDUALS WITH SIGNIFICANT SPEECH AND LANGUAGE IMPAIRMENTS.

CONTENT: This memorandum provides information and guidance to designated State Vocational Rehabilitation (VR) agencies regarding the need for attention to the provision of VR services to individuals with Significant Speech and Language Impairments (SSLI), looking specifically at the role of augmentative and alternative communication (AAC) systems in the VR process.

BACKGROUND: The use of AAC systems and technology is a rapidly developing discipline. In particular, over the past decade significant advances in assessment and intervention, combined with state-of-the-art technology, have dramatically improved the potential for positive outcomes for individuals with severe speech and language impairments. Today, AAC systems and technology effectively serves both children and adults with a wide range of physical and cognitive impairments.

However, despite these advances, the number of individuals with SSLI who attain appropriate, successful employment outcomes remains relatively small. Moreover, the number of potential AAC system users who could benefit from VR assistance is steadily increasing. In this memorandum we will define who these people are, how their needs vary and how eligible individuals with disabilities and VR counselors might work together to achieve successful employment outcomes.

What is AAC and Why is It Important?

In 1992 the National Institute on Disability and Rehabilitation Research (NIDRR) held a Consensus Validation Conference on Augmentative and Alternative Communication Intervention, which described the reasons why the use of AAC systems is important. Four quotations from the abstract of the report on this conference are directly printed here for the purpose of providing well-stated information about AAC systems and their use in the vocational rehabilitation of persons with SSLI. To receive a copy of the full report of this conference, see the "Available Resources" section of this memorandum.

Generally speaking, "AAC refers to all forms of communication that enhance or supplement speech and writing. AAC intervention fosters functional spoken and written communication across all of an individual's environments and throughout life." The extensive benefits of AAC use are also stated as follows, "AAC benefits people with significant communication disabilities through improved relationships, improved health and safety, greater self determination and control, participation in education, family life, and the community, increased employment opportunities, and independence. Society benefits when people with significant communication disabilities have access to AAC because they are more likely to be financially independent and community attitudes become more positive."

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How Should AAC Interventions Take Place?

The NIDRR paper also states, "All people needing AAC interventions should receive them as early as possible regardless of severity of the communication disability or sensory, motor, or cognitive levels of functioning. A team approach is considered most effective. Essential components include: comprehensive assessment of individual communication, developmental, and educational needs across all environments; setting intervention priorities; appropriate selection, customization, and integration of AAC systems; instruction for AAC users and communication partners; and ongoing evaluation and follow-up to support functional use." The "team" would include at least all of the following: the person with SSLI and their family; a VR counselor; and a speech and language pathologist (SLP).

"Collaborative relationships among consumers (and their family members), service providers, community researchers, funding sources, and manufacturers can ensure a system of universal access to AAC. Educational priorities identified include the need for education of consumers, families, and other communication partners as well as education of professionals and researchers. Public awareness of AAC is a major educational priority." Such education is still needed to this day, nine years later.

AAC and Vocational Rehabilitation Services

According to the American Speech-Language and Hearing Association (ASHA), close to 14 million people experience some kind of speech or language disorder. A 1995 report from the National Institutes on Health, based on information from the most current Health Interview Survey, indicates 2,747,000 non-institutionalized individuals in the U.S. experience severe communication impairment. This is the population most likely to benefit from the use of AAC devices and services, a population extremely diverse in terms of severity, type and range of disability.

For many of the individuals within this population, speech and language impairments are often secondary to other conditions. Cerebral palsy, traumatic brain injury, mental retardation, stroke, autism, muscular dystrophy, multiple sclerosis, Parkinson's Disease, spinal cord injury, oral or throat cancer, Guillain-Barre Syndrome, and profound deafness (especially early onset) are some examples of conditions which can have a significant impact on speech and language abilities while carrying with them other significant physical and cognitive challenges. The use of AAC systems and technology is an important factor in how well individuals with these disabilities and the community at large will deal with the challenges presented.

There are three basic categories of individuals with SSLI who may seek support from the VR program to achieve positive employment outcomes. These are given on the basis of a communication continuum, as there are graduations of each from most functional to least:

- An individual who has a communication system and is using that system to achieve his/her optimum communication potential.
- An individual, such as a new or inexperienced user, who arrives with some elements of an AAC system but is currently unable to use that system to its full potential.
- An individual who has no communication system and little/no unaided communication capability.

Appropriate delivery of VR services to eligible individuals who can benefit from the use of AAC systems is imperative if we hope to reach satisfactory employment outcomes. Successful employment outcomes often require a variety of services and support. Collaboration of service providers with each other and those who provide support to individuals with SSLI, including the potential AAC users themselves, is essential. In many cases, the VR counselor appears to be the one individual who can best coordinate services and support so that the desired employment outcome may be achieved.

Individuals within the SSLI population and their families, organizations representing the interests of those with SSLI, and related rehabilitation and speech-language professionals have been expressing concern about the ability of some State VR agencies to adequately address or meet the needs of this population. Their concerns are primarily due to the communication barriers that can exist between individuals with SSLI and the VR agency personnel. It has been pointed out that the

VR process is often delayed, if not halted completely, because of the lack of communication access within the VR system. Personnel in the VR office, including the VR counselors, sometimes have little or no knowledge of AAC systems and how to use them. It appears that this problem may exist because of limited training and/or experience on the part of VR counselors in AAC applications.

Without appropriate training and ongoing involvement on the part of the VR counselor in the area of SSLI and using AAC systems and technology, significant communication barriers between the VR counselor and the individual with SSLI will exist from the start. Many VR counselors may well come to the conclusion that an individual with SSLI has little chance of securing gainful employment, especially if the counselor and/or the individual seeking services have limited or no exposure to AAC systems. However, if the VR counselor is knowledgeable about AAC options, it is much more likely that appropriate steps would be taken early on towards attaining a suitable employment outcome.

In the VR program, it is those individuals who experience the most significant disabilities that the VR system is charged to serve and those with SSLI are included within this population. In recent years, it has become more and more evident to those involved with AAC systems, that successful employment outcomes can be possible for persons with SSLI. Each time an individual with significant communication impairment attains employment, other such individuals also realize they may have the potential to benefit from appropriate services, including AAC intervention. With the influx of more sophisticated and utilitarian AAC systems, the probability of successful employment outcomes for individuals with SSLI continues to improve.

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Then and Now

In FY 1998, there were 625 persons served by the State/Federal VR program who had SSLI as their major disability who achieved a successful employment outcome. Another 1,576 such individuals who were identified by State VR agencies as having this disability as a secondary condition also had a successful employment outcome. There were 4,536 total case closures for persons with SSLI as their major or secondary disability in that year and the 2201 with successful employment outcomes nationwide made up 48.5% of these closed VR cases. These successful closures were 1% of all successful employment outcomes for individuals with any disability served by the VR program in FY 1998.

In FY 1990, VR agencies served 817 individuals with SSLI as their major disability who attained a successful employment outcome while 1,637 such persons with SSLI viewed as secondary also had successful employment outcomes, for a total of 2,454. Similar figures to these successful VR case closures in 1990 are given for FY 1989, with about 1.2% of all successful VR case closures consisting of persons with SSLI as the major or secondary disability in both years.

The concerns of advocates for persons with SSLI relative to the provision of VR services appear warranted given the lower number of successful employment outcomes in FY 1998 as compared to FY 89 and 90. This is especially significant in view of the proliferation of AAC technology developed in the past ten years.

Ms. Pat Ourand, MS, CCC-SLP, is a speech and language pathologist in the State of Maryland who has worked close to 20 years with individuals with SSLI and with AAC systems. She also serves as a consultant with the Maryland State VR agency doing evaluations and making recommendations for AAC provisions among other things. She is concerned about the lack of VR counselors with suitable knowledge and skills to serve SSLI individuals. She states, for example, that she is now able to get on the average of 1-2 individuals with Amyotropic Lateral Sclerosis (ALS) per week to use AAC as compared to only 1-2 per year just a few years ago. She also states that many of these individuals are able to maintain their employment through the use of the AAC systems. Ms. Ourand feels the new AAC technology has made the difference in most of these cases.

Unfortunately, there are not enough speech and language pathologist with the skills and knowledge of AAC systems comparable to that of Pat Ourand available to assist the VR programs with this population. The need for training in the area of AAC evaluation, fitting and use is a major challenge facing rehabilitation professionals, AAC users and potential users. Even though technology will continue to be introduced or developed from the numerous AAC systems manufacturers, keeping abreast of new developments is difficult. Some type of systematic approach is needed to allow for collaboration of VR personnel with speech and language pathologists, manufacturers, distributors and consumers of AAC technology.

Currently, NIDRR funds the Rehabilitation Engineering Research Center (RERC) on Communication Enhancement in the New Millennium, which focuses on AAC. The RERC plays a key role in the development of such a systematic approach through its operation as a "virtual AAC-RERC center" with six universities working together to reach out to other researchers, educators, rehabilitation professionals and consumers and their representatives. The professionals and consumers use this collaboration to keep tabs on what is going on in the AAC field. There is the need to develop new technologies and to find ways to get these technologies quickly, efficiently and effectively into the hands of those who can benefit from them. This is one of the main objectives of this RERC.

It is strongly recommended that VR agency administrators, supervisors and counseling staff involved with the provision of services to persons with SSLI become familiar with the RERC center on AAC. Training and technical assistance related to SSLI and AAC is available from the center. Visit their website, give them a call or send an email and let them know of your interest in providing more and better services to those individuals with significant speech and language impairments.

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Available Resources

As mentioned above, NIDRR funds a RERC focused on AAC systems, which is now three years old. This is a "Virtual Center" and can be accessed at the following web-site: http://aac-rerc.com where there are 11 partners involved in doing the work proposed in this grant program, 6 of them being major university programs. Click on the "AAC LINKS" button to get information on each of these 11 partners and what their responsibilities are. Research projects # 5 and 6 are specific to employment issues and provide important contact information under Research Activities. This site will serve as the major resource in the provision of effective services to individuals who can benefit from AAC systems.

As a secondary resource you may contact the RSA Deafness and Communicative Disorders Branch (DCDB) located in the RSA Central Office in Washington, D.C. They serve primarily as a resource referral agent to a wide variety of possible resources around the country. Also, the full report of the 1992 NIDRR Consensus Validation Conference on AAC Interventions is available from the DCDB. The contact person at the DCDB is: George N. Kosovich, VR Program Specialist, Rehabilitation Services Administration, 202-205-9698 (V), 202-205-8918 (TTY) 202-205-9340 (FAX); George.Kosovich@ed.gov

It is hopeful that increased efforts will be made by rehabilitation agencies around the country to recognize the potential of AAC systems as communication tools for persons with SSLI. As a major resource for opening a new world of employment opportunity for many individuals with speech and language impairments, current and future AAC technology may have no equal.

Joanne M. Wilson Commissioner

Effective Date: October 1, 2001

RSA-TAC-02-01: Assessments of Individuals with Significant Disabilities under the State **Vocational Rehabilitation Services Program**

UNITED STATES DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES REHABILITATION SERVICES ADMINISTRATION WASHINGTON, DC 20202

TECHNICAL ASSISTANCE CIRCULAR RSA-TAC-02-01

DATE: February 11, 2002

TO: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL) STATE VOCATIONAL REHABILITATION AGENCIES (BLIND) STATE REHABILITATION COUNCILS CLIENT ASSISTANCE PROGRAMS REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICES PROJECTS RSA SENIOR MANAGEMENT TEAM

SUBJECT: ASSESSMENTS OF INDIVIDUALS WITH SIGNIFICANT DISABILITIES UNDER THE STATE VOCATIONAL REHABILITATION SERVICES PROGRAM

BACKGROUND: This Technical Assistance Circular (TAC) clarifies the process that must be followed in assessing whether individuals with disabilities, particularly those with significant or the most significant disabilities, are eligible under the State Vocational Rehabilitation Services Program (VR program) which is authorized by Title I of the Rehabilitation Act of 1973, as amended (Act). This TAC follows the recent revision to the scope of available employment outcomes under the VR program to include only outcomes in integrated settings.

On January 22, 2001, amendments to the definition of the term "employment outcome" in regulations for the VR program were published in the Federal Register (66 FR 7249). These final regulations amended the definition of "employment outcome" in 34 CFR 361.5(b)(16) to read:

"(16) Employment outcome means, with respect to an individual, entering or retaining full-time or, if appropriate, part-time competitive employment, as defined in Sec. 361.5(b)(11), in the integrated labor market, supported employment, or any other type of employment in an integrated setting, including self-employment, telecommuting, or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. (Emphasis added).

The term "integrated setting" -- defined in 34 CFR §361.5(33)(ii) as a "setting" typically found in the community in which individuals with disabilities interact with non-disabled individuals to the same extent that non-disabled individuals in comparable positions interact with other persons -- was unchanged by the regulatory amendments.

The revised regulations included in the January 22, 2001 Notice became effective for all designated State VR agencies on October 1, 2001 (as explained in a subsequent Federal Register Notice, 66 FR 8870). The primary purpose of the change to the definition of "employment outcome," and the conforming changes to other regulatory provisions in 34 CFR 361, was to ensure that persons with disabilities participating in the VR program, particularly those with significant disabilities, are assisted by State Vocational Rehabilitation (VR) agencies in pursuing employment in integrated settings in the community. In that regard, the Rehabilitation Services Administration (RSA) determined that, consistent with the Act, narrowing the scope of available employment outcomes under the VR program to competitive employment, supported employment and other forms of integrated employment was necessary to both provide individuals with significant disabilities employment opportunities in settings comparable to non-disabled individuals and to ensure that individuals with significant disabilities are not routinely placed in extended employment (i.e., sheltered work settings) based on the view that they are only capable of sheltered work as opposed to integrated employment in the community.

This TAC is intended to address a key issue related to the promulgation of the revised regulations. Specifically, we wish to emphasize the process that State VR agencies must follow in assessing whether an individual with a disability, including an individual with a significant disability (defined in section 7(21)(A) of the Act and 34 CFR 361.5(b)(31)) and an individual with a most significant disability (defined in section 7(21)(E) of the Act and 34 CFR 361.5(b)(30)), is eligible under the VR program. This Circular is particularly necessary since all participants in the VR program are now required to pursue employment in an integrated setting in order to receive services under the VR program.

We note that the January 22, 2001 Federal Register Notice also includes a number of other changes to the VR program regulations that are related to the revised definition of the term "employment outcome," and also includes extensive guidance material concerning the justification and consequences of the revised definition. In particular, the revised regulations require VR agencies to refer to local extended employment providers (e.g., community rehabilitation programs) individuals with disabilities who make an informed choice to pursue extended employment after the State unit has informed the individual of the nature of the VR program, the individual's integrated employment options, and other important information specified in the regulations (see 34 CFR 361.37(b) of the revised regulations). The quidance in the Appendix also makes clear that extended employment remains a viable, interim option for purposes of preparing participants in the VR program for employment in integrated settings and a long-term employment option through sources other than the VR program for those individuals who prefer to work in extended employment facilities. Please refer to pages 7252 - 7253 of the January 22, 2001 Federal Register Notice for additional regulatory changes and to the

Questions and Answers on Pages 7254 and the Analysis of Comments and Changes on Pages 7254 - 7258 of the notice for additional guidance material.

Below, however, is a description of the process that State VR agencies must follow in assessing whether individuals with disabilities, including individuals with significant and the most significant disabilities, are eligible under the VR program. By clarifying the eligibility process, we intend to ensure that eligibility assessments for persons with significant and the most significant disabilities are properly conducted and are not prematurely discontinued or otherwise conducted in a manner that is inconsistent with VR program requirements.

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DISCUSSION:

The eligibility criteria for the VR program are specified in section 102(a) of the Act and 34 CFR 361.42 of the program regulations. According to these requirements, an individual is eligible to receive VR services if he or she is "an individual with a disability," meaning that the individual has a physical or mental impairment that results in an impediment to employment and can benefit in terms of an employment outcome from VR services. The individual also must require VR services in order to prepare for, secure, retain, or regain employment. (See Sections 7(20)(A) and 102(a)(1) of the Act and 34 CFR 361.5(b)(28) and 361.42(a)(1)).

In applying the eligibility criteria to individuals with disabilities seeking VR services, particularly individuals with significant and the most significant disabilities, it is critical to note that both the Act and regulations specify that any individual seeking VR services is "presumed" able to benefit in terms of an employment outcome from VR services unless the State VR agency can demonstrate by clear and convincing evidence that the individual is incapable of benefiting in terms of an employment outcome under the VR program due to the severity of the individual's disability. (See section 102(a)(2)(A) of the Act and 34 CFR 361.42(a)(2)). For guidance purposes, "clear and convincing evidence" is described in a Note following 34 CFR 361.42 as, in part, the highest standard in our civil system of law whereby State agencies must have a high degree of certainty before concluding that an individual is incapable of benefiting from services in terms of an employment outcome. The term "clear," as stated in the Note, means unequivocal.

Given that, as of October 1, 2001, employment outcomes under the VR program are limited to employment in integrated settings, the presumption that all individuals are able to benefit in terms of an "employment outcome" from VR services means that all individuals, including those with significant or the most significant disabilities, are presumed capable of working in an integrated setting provided that they are furnished necessary VR services.

The expectation established by both the Act and regulations through, for example, the priority the Act affords individuals with significant disabilities under the order of

selection requirements (see 101(a)(5) of the Act and 34 CFR 361.36) and through the presumption of benefit described above -- is that individuals with significant disabilities are capable of working in integrated settings in the community and that VR agencies should assist those individuals in that pursuit. Although some individuals seeking VR services may, in light of the severity of their disability, be considered by State VR agencies unable to perform work in an integrated setting, the agency must establish clear and convincing evidence to that effect before determining that the individual is ineligible for VR services.

The Act and regulations also specify steps that must be taken by State VR agencies before it can establish "clear and convincing evidence" demonstrating that an individual is incapable of working in an integrated setting. Section 102(a)(1)(B) of the Act states that in order to demonstrate by clear and convincing evidence that an individual cannot benefit in terms of an employment outcome from VR services due to the severity of the individual's disability, the State VR agency shall:

"(B) [E]xplore the individual's abilities, capabilities, and capacity to perform in realistic work situations, through the use of trial work experiences, with appropriate supports. . . ."

Based on this authority, the regulations at 34 CFR§361.42(e) require the agency to develop a written plan for assessing the individual's progress during trial work experiences and specify that:

- The individual's abilities, capabilities, and capacity to perform in realistic work situations must be periodically assessed;
- Trial work experiences must be conducted in realistic work settings;
- Necessary and appropriate supports, including assistive technology devices and services and personal assistance services, must be provided to accommodate the rehabilitation needs of the individual during the trial work experiences; and
- Trial work experiences must be of sufficient variety and over a sufficient period of time to result in sufficient evidence to conclude either that: (1) the individual can benefit in terms of an employment outcome from VR services (i.e., is capable of working in an integrated setting) in which case the individual is eligible for VR services, or (2) there is "clear and convincing evidence" to the contrary (i.e., clear and convincing evidence that the individual cannot work in an integrated setting due to the severity of the individual's disability) in which case the individual is ineligible for VR services (and must be referred to a local extended employment provider in accordance with 34 CFR 361.37 as revised by the regulations published in the January 22, 2001 Federal Register Notice; the procedures for making ineligibility determinations in 34 CFR 361.43 must also be followed). (See Sections 7(2)(D) and 102(a)(2)(B) of the Act and 34 CFR§361.42(e)).

Notably, the regulations also describe the State VR agency's obligations in instances in which an individual cannot take advantage of trial work experiences or if options for trial work experiences have been exhausted without the agency being able to determine whether the individual is eligible for VR services.

Please refer to the provisions of 34 CFR §361.42(f) for information concerning the required use of extended evaluation under such circumstances.

We've described this step-by-step approach to the eligibility process in order to highlight the steps that must be followed in determining whether an individual with disability, particularly an individual with a significant disability and an individual with a most significant disability, is capable of integrated employment and, correspondingly, eligible under the VR program. We caution State VR agencies that they must ensure that the full scope of the eligibility requirements discussed above are satisfied rather than determining an individual ineligible for VR services based on a belief or limited information indicating that the individual is too severely disabled to perform work in an integrated setting. If a State VR agency conducts only a limited assessment, meaning that it has insufficient information to demonstrate conclusively that the individual does not have the ability or capacity to work in an integrated setting, then an individualized assessment must continue until such time that clear and convincing evidence is established, or the individual is found to be capable of working in an integrated setting. Because an individualized assessment, including the trial work experiences component, must be carried out until either of these results is reached, agencies also must not impose arbitrary time limits on eligibility assessments. As we stated in the Appendix to the January 22, 2001 Federal Register Notice, in the absence of clear and convincing evidence following a trial work assessment of the individual's abilities (or, as appropriate, an extended evaluation under 34 CFR 361.42(f)), VR agencies must consider each individual, including those with the most significant disabilities, capable of achieving integrated employment.

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CONCLUSION:

The Act and regulations prohibit determining any person with a disability, including any individual with a significant or a most significant disability, ineligible under the VR program based on an assumption, belief, or limited information that the individual is incapable of working in an integrated setting. When there is doubt regarding an individual's ability to benefit from VR services in terms of employment in an integrated job setting due to the severity of the individual's disability, the Act and the regulations require the State VR agency to conduct an individualized assessment that includes the provision of trial work experiences in realistic work settings until such time that the individual is found capable of working in an integrated setting (when provided appropriate VR services) or there is clear and convincing evidence that the individual cannot perform such work.

CITATIONS IN LAW: Sections 7(2), 7(20)(A), and 102(a) of the Rehabilitation Act of 1973, as amended.

CITATIONS IN REGULATIONS: 34 CFR §§361.5(b)(16), 361.5(b)(28), 361.5(b)(33), 361.36, 361.37, and 361.42.

EFFECTIVE DATE: Issue Date

EXPIRATION DATE: Until Retired

INQUIRIES: RSA Regional Commissioners

Joanne M. Wilson Commissioner

cc: CSAVR NORP NCIL NAPAS NRFC

Effective Date: February 11, 2002

RSA-TAC-05-01: Guidelines for Assessing the Functional Capacities of an Individual with Specific Learning Disabilities to Determine Significance of Disability for Order of Selection Purposes

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, D. C. 20202

TECHNICAL ASSISTANCE CIRCULAR RSA-TAC-05-01

Date: January 10, 2005

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
STATE REHABILITATION COUNCILS
CLIENT ASSISTANCE PROGRAMS
REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS
AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICES PROJECTS
DIRECTORS, PROJECTS WITH INDUSTRY
CONSUMER ADVOCACY ORGANIZATIONS
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Guidelines for Assessing the Functional Capacities of an Individual with Specific Learning Disabilities to Determine Significance of Disability for Order of Selection Purposes

BACKGROUND: A recent study on welfare reform indicates that fully one-third of individuals receiving employment-related services from other programs, such as Temporary Assistance to Needy Families, have specific learning disabilities (SLD) or other cognitive disabilities. (U.S. General Accounting Office, "Welfare Reform -- More Coordinated Federal Effort Could Help States and Localities Move TANF Recipients With Impairments Toward Employment" October, 2001. This document is available on the internet at http://www.gao.gov)

As State vocational rehabilitation (VR) agencies partner more extensively with these other programs, the number of individuals with such disabilities served by the VR program is expected to increase. Because SLD and other cognitive disabilities are often "invisible" disabilities with manifestations that are subtle or appear as other types of problems, such as lack of motivation or emotional disorders, assessment of an individual's functional capacities can be a difficult task.

This circular provides guidance on assessing the functional capacities of individuals with SLD and other cognitive disabilities to determine the level of significance of an individual's disability and the individual's assignment to a priority category when a State VR agency is operating under an order of selection for services. Assigning individuals to a priority category follows the eligibility determination. The information obtained during the functional assessment should be used in developing the individualized plan for employment.

Because this guidance focuses on determining the level of significance of the individual's disability, it does not discuss all possible manifestations of SLD; all aspects of assessing SLD, including an individual's abilities and capacities; or effective strategies, including assistive technology, for assisting individuals with SLD to achieve employment outcomes. Any one individual with SLD will not exhibit all of the deficits and functional limitations described in this document.

This circular replaces retired RSA-PAC-90-7: Guidelines for Determining Whether a Person with Specific Learning Disabilities Has a Severe Handicap for Vocational Rehabilitation Program Purposes, originally distributed in 1990.

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GUIDANCE

Defining SLD

"Specific learning disability" refers to a number of conditions identified in the diagnostic manuals of the American Psychiatric Association and the World Health Organization. A key concept in making a diagnosis of SLD is the discrepancy between intellectual potential and academic performance. Other cognitive, behavioral, and emotional deficits are also frequently associated with SLD. According to the *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition*, developmental delays in language and a higher rate of Developmental Coordination Disorder may occur in association with the SLD; specific learning disabilities may also be associated with problems with cognitive processing, such as visual perception, linguistic processes, attention, memory, or combinations of these; and adults with SLD may have significant difficulties in employment or social adjustment.

Research and evaluation activities regarding the rehabilitation of persons with SLD indicate that the "non-academic" characteristics – deficits in attention, reasoning, processing, memory, communication, coordination, social competency and emotional maturity – may have a greater adverse impact on achieving and maintaining employment than those associated with poor academic performance (*Evaluation of Services Provided for Individuals with Specific Learning Disabilities*, Berkeley Planning Associates, 1989).

Significance of Disability

Section 7(21)(A) of the Rehabilitation Act of 1973, as amended, (the Act) defines an "individual with a significant disability" as an individual with a disability –

- who has a severe physical or mental impairment which seriously limits one or more functional capacities (such as mobility, communication, self-care, selfdirection, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;
- whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
- who has one or more physical or mental disabilities (including "specific learning disability") listed in section 7(21)(A)(iii) of the Act or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

A State VR agency develops criteria for determining an "individual with a most significant disability" by refining criteria in the definition of "individual with a significant disability" (Section 101(a)(5)(C) of the Act; 34 CFR 361.5(b)(30) and 361.36(d)). The criteria to be refined are the number and degree of functional limitations, the amount of time needed for VR services, and the number of VR services needed (Federal Register, Vol. 61, No. 94, May 14, 1996, page 24395). Individuals with the most significant disabilities are given first priority for receiving VR services if a State VR agency must implement an order of selection because it does not have enough fiscal or personnel resources to serve all eligible persons (Section 101(a)(5)(C) of the Act).

The VR counselor determines the significance of the individual's disability based on a review of the data developed to make the eligibility determination and, to the extent necessary, an assessment of additional data (34 CFR 361.42(g)). Education records and information used by education officials are included in the data to be reviewed (34 CFR 361.42(d)(1)(i)). Central to the task of determining the significance of an individual's SLD is obtaining a clear understanding of how the disability affects or impacts vocational functioning. To obtain such an understanding, the VR counselor needs to analyze assessment data within the context of the seven functional capacities in the definition of an "individual with a significant disability" in order to identify the individual's functional limitations.

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Assessment of SLD

For purposes of determining eligibility, assessment of an individual with SLD should provide the clinical information needed to establish a learning disability diagnosis, i.e., the discrepancy between intellectual potential and academic performance. To determine significance of disability, the assessment should identify any central nervous system deficits of attention, reasoning, processing, memory,

communication, and coordination. Neuropsychological assessments may be needed to determine the existence and extent of such deficits. The VR counselor may need to consult with an appropriate clinician or specialist on the use of such neuropsychological information in assessing functional limitations.

In addition, the assessment process must also include other measures of the individual's ability to function in daily life environments that provide practical information about any limitations in the functional capacities used to determine significance of disability. For this, the VR counselor can use a variety of approaches, including standardized tests, work trials and situational assessments, role play, individual self-report, interviews with the individual, the individual's family, teachers, and employers, and a review of the individual's history. Also important are the VR counselor's own observations of how the individual functions during the VR application, assessment, and planning processes and any limitations revealed during these processes. Screening tools that list deficits typically seen in individuals with SLD are helpful, but should be used in conjunction with other assessment methods or to provide direction for additional assessments.

For an individual with SLD who is or recently was in the school system, school personnel, such as teachers and guidance counselors, and school records may be good sources of information. School records provide data on academic performance and the results of any assessments. School records and personnel may also provide specific information on inappropriate behaviors; interpersonal relationships with peers and teachers; problems with attention, memory, and organization; how the individual functions in the classroom and in social situations; and whether the individual has developed age-appropriate self-care skills.

Determining Significance of Disability: Assessing Functional Capacities

The first step in determining significance of disability is to determine whether the perceptual and cognitive deficits resulting from SLD seriously limit an individual's functional capacities, in terms of an employment outcome. The definition of "individual with a significant disability" identifies functional capacities such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, and work skills. State VR agencies use this definition in their policies related to determining significance of disability and assigning individuals to priority categories. State VR agencies may consider other or additional functional capacities beyond those cited in the definition.

Typically, functional limitations are often identified as an activity or behavior that an individual cannot perform or performs with difficulty. For individuals with SLD, serious functional limitations may also result from behaviors that the individual can perform, but fails to perform with sufficient frequency, adequate intensity, in the appropriate manner, or under socially expected conditions. Serious functional limitations may result from behaviors that occur too frequently, too intensely, last too long, or occur when and where they should not normally occur.

Each of the following sections describes one of the functional capacities listed in the definition of "individual with a significant disability," identifies possible assessment strategies for verifying functional limitations, and describes the possible impact of various SLD-related deficits on the individual's ability to perform in an employment setting. The following information may be useful to State agencies in developing policies, procedures, and training materials to assist VR counselors in identifying functional limitations or may be useful to counselors in using State agency materials.

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Mobility

Mobility, as used in this guidance, refers to the capability of moving efficiently from place to place. SLD does not typically cause motor disorders that interfere with the physical aspects of mobility, such as climbing stairs or accessing public transportation. Nevertheless, SLD may cause a variety of significant limitations to mobility, particularly with transportation to and from the worksite.

Assessment of mobility limitations is most effectively done through direct observation of the individual in the environment. Obtaining information from the individual, the individual's family, teachers, previous employers or supervisors may also be helpful. Additionally, specialty evaluations such as driver evaluations or assessment by a travel trainer in the community may be required. Mobility limitations may also be revealed during inquiries about other deficits. For example, the individual may reveal that he or she becomes lost on the way to the VR counselor's office if the counselor asks the individual why he or she is consistently late for appointments.

There are many ways that SLD can limit an individual's mobility. Among the most obvious are academic deficits. Reading problems may interfere with the ability to read a bus or train schedule, to determine how to transfer, or to read road signs and maps. Calculation and number concept problems may interfere with the ability to pay for public transportation or budget for transportation.

Spatial orientation and perceptual problems influencing directional sense may result in frequently getting lost and an inability to navigate within the environment, be it travelling within the community or finding one's way around the inside of a building, plant or complex. Time sense deficits may result in chronic lateness or serious problems in planning and/or comprehending public transportation schedules. Directional confusion may also pose significant safety problems because of the individual's difficulties in the integration of visual information.

Limitations in organization, sequencing, and planning resulting from deficits in attention and higher level conceptual deficits may preclude an individual's ability to make arrangements for transportation, particularly if these involve modification of simple routines, one or more transfers, or coordination of connections. Also, problems with comprehension or attention may result in errors such as taking the

wrong bus or getting off at the wrong stop, consistently taking wrong turns while driving and/or accident proneness. Memory difficulties may interfere with the individual's ability to navigate due to the inability to recall landmarks and directions. In addition, language deficits related to SLD may interfere with the ability to understand spoken directions.

Limitations in balance and gross motor coordination may result in physical clumsiness or accident proneness in driving and walking and may cause marked difficulties when using escalators, elevators, and people movers.

Communication

For purposes of this guidance, communication refers to accurate and efficient transmission and/or reception of information, either verbally (spoken or written) or non-verbally. Communication problems caused by SLD are often manifested by serious difficulties in the acquisition and/or the mastery of language; in the understanding and/or articulation of moderately complex ideas and sentences; and in the development of appropriate grammatical constructions to express ideas in a clear and intelligible manner. Such limitations may be the result of perceptual, language and higher-level conceptual deficits caused by the SLD. Particularly troublesome are subtle communication problems, such as receptive language deficits, which are not easily detected, even by a thorough psychoeducational assessment. Better assessment strategies may be standardized tests of receptive and expressive language, role-plays and interviews with the individual and persons who know the individual well, vocational evaluations, and situational assessments.

Some examples of receptive communication problems in work-related environments are difficulties with respect to: following oral and written instructions; interpreting written materials, particularly job manuals, work orders, diagrams and signs; understanding complex sentences and/or language subtleties in work-related items; completing job applications; learning new tasks or procedures from written materials or verbal instructions; remembering information, especially multi-step directions; and differentiating important information from unimportant information.

Some examples of expressive communication problems are: the tendency to transpose words or to delete less concrete parts of language such as prepositions, articles and connectors; illegible handwriting; inability to prepare a written report or letter due to spelling, grammatical or organizational difficulties; lack of organized development and focus in describing a topic; inadequately describing skills, work and educational experiences on a job application or during employment interviews; difficulties in using the telephone; and the inability to repeat or relay instructions to co-workers and others.

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Self-Care

For purposes of this guidance, the term "self-care" refers to the skills necessary to fulfill basic needs such as those related to health, safety, food preparation and nutrition, hygiene and grooming, and money management. For most individuals, self-care competencies are mastered throughout the various developmental stages in their lives. However, an individual with SLD may not learn experientially, and thus may show signs of developmental delays and/or deficiencies in the mastery of self-care competencies, even by the time the individual is about to leave home and seek employment.

The most effective way to assess the individual's self-care limitations is through interviews with the individual, the individual's family, teachers and employers, and by review of the individual's history. The VR counselor may also identify self-care deficits while interviewing and working with the individual. In this regard, it may be helpful to use a checklist and/or a questionnaire designed to identify self-care deficits that are typically found in individuals with SLD.

Deficits in attention, reasoning, memory, academics, communications and coordination caused by SLD can affect the individual's ability to perform self-care activities at home, in the community, and at the work site. Examples of self-care activities related to employment caused by SLD include:

- problems with reasoning, processing and cognition that may cause the individual to repeatedly make poor decisions about basic necessities of life (health, safety, grooming, dressing, nutrition, etc.) and frequently engage in dangerous activities without considering their possible consequences;
- academic deficits, particularly reading, writing and arithmetic, that may severely limit an individual in the management of finances and in self-care activities that require following written directions;
- language deficits that may cause the individual serious difficulties in carrying out basic everyday functions such as shopping and banking that involve communication with others;
- memory deficits that may lead to forgetting to observe job-related safety precautions or to take prescribed medications at the designated intervals;
- motor deficits that may cause clumsiness, balance problems and reduced response times resulting in accident proneness; and
- attention deficits that heighten distractibility, as well as behavioral deficits such as impulsive and/or explosive behaviors or the apparent disregard for rules and safety procedures that may result in accidents.

Self-Direction

Within the context of this guidance, the term "self-direction" describes the capacity to organize, structure and manage activities in a manner that best serves the

objectives of the individual. Adequate self-direction requires that an individual be able to plan, initiate and monitor behavior with respect to an identified outcome. Such functions require the mobilization of cognitive and physical resources, including the abilities to organize, structure and plan appropriate approaches to achieve necessary tasks and to do problem solving. These executive functions are frequently seriously limited by SLD-related deficits in cognition and reasoning.

Problems in executive functioning can be inferred from performance on specific neuropsychological tests. The impact of such problems on self-direction capacities can be confirmed by interviews with the individual and informed respondents, such as family members, teachers or employers. VR counselors may also observe the impact of deficits in self-direction as they begin to work on vocational planning tasks with individuals who have SLD.

Individuals with SLD are often impaired by lack of insight, i.e., inadequate awareness of their strengths and weaknesses, an inability to monitor their performance to detect if it is meeting the demands of the environment, and inability to adjust behaviors and activities if the current performance is not adequate. The impact of these difficulties can affect the individual's ability to participate in the rehabilitation process; to select and plan appropriate educational and vocational objectives and identify suitable strategies to achieve the objectives; and to adequately respond to work or educational demands. Some examples of limitations in self-direction include shifting from one activity to another without purpose: failing to follow through with and complete assignments; inability to set up and implement a study schedule or job search: and requiring a higher degree of supervision than typically provided to other workers doing the same tasks.

Limitations in self-direction are often evident in problems related to time management, such as underestimating the time (and energy) needed to complete work assignments, causing other responsibilities not to be addressed; missing or being late for appointments and meetings; and making decisions impulsively without considering previous plans or experiences.

Adequate self-direction requires cognitive flexibility or the ability to adapt and shift quickly, accurately and appropriately in response to changing work requirements. Individuals with SLD who have serious limitations in gathering, organizing and analyzing information may experience cognitive disorganization and a lack of focus, often misinterpreted by others as lack of motivation or laziness or may experience a cognitive rigidity caused by trying to overcompensate for cognitive deficits. Difficulties in adapting to new circumstances pose problems when there are changes in work requirements or conditions, particularly in settings that require job sharing or teamwork.

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Interpersonal Skills

As used in this guidance, the term "interpersonal skills" refers to the ability of the individual to interact in a socially acceptable and mature manner with co-workers, supervisors, and others to facilitate the normal flow of work activities. For an individual with SLD, interpersonal skill limitations are often key factors contributing to the degree of difficulty or lack of success in educational and/or employment situations, particularly with respect to job retention.

The assessment of interpersonal skill functioning can be carried out in a variety of ways. Useful sources of information are interviews with reliable informers such as family members, teachers and employers, or observation in situational assessments or work trials, particularly those involving interaction with others and teamwork. In many instances, the VR counselor may observe interpersonal skill deficits during the initial and subsequent interviews. Various behavior assessment instruments may be found useful by the VR counselor as clinical tools in the identification and assessment of behaviors that may adversely impact the vocational functioning of the individual with SLD.

Interpersonal skill limitations may be the direct and immediate result of the SLD, or connected with other SLD related deficits. Often, communication deficits create serious problems for the individual in interpreting and responding appropriately to the behavior and communications of others. Particularly, the individual with the SLD may not be able to correctly interpret subtle, non-verbal cues, such as body language, facial expressions, or tone of voice that provide feedback on work performance. Such deficits may result in job loss if an individual with SLD does not understand the improvements needed in his/her work performance. Also, the SLD may cause the individual to make literal interpretations of events and dialogue even when the social context of the interaction would dictate otherwise. This is particularly true for interactions where "kidding" is taking place. Such an inability to correctly read the social context may create the potential for disruption of normal work relationships and problems on the job.

In addition, interpersonal skill limitations may be caused by SLD deficits related to social competency and emotional maturity. These deficits may manifest themselves as inappropriate behaviors and language, lack of inhibitions, explosiveness, withdrawal, sudden shifts in mood and attitudes, low frustration tolerance, task avoidance, and unpredictability. Frequently, these types of limitations are the most devastating in their impact on successful work adjustment. In many instances an individual with SLD can learn the specific task requirements of a job but cannot demonstrate job-related interpersonal skills, such as appropriate interactions with peers and supervisors, working collaboratively with others, accepting supervisory monitoring and criticism, and understanding acceptable types and levels of personal interaction.

Work Tolerance

For purposes of this guidance, work tolerance refers to the ability to carry out required physical and cognitive work tasks in an efficient and effective manner over a sustained period of time.

Assessment of an individual's work tolerance can best be carried out by gathering information through work trials or interviews with persons such as family members, teachers or employers who have observed the individual's capacity to sustain physical or cognitive activities over a protracted period of time. When assessing the work tolerance capacities of the individual with SLD, it is suggested that special attention be placed on the individual's ability to sustain cognitive work-related activities as well as attention to tasks. The capacity to sustain cognitive functioning may also be evaluated during the administration of standardized tests.

Work tolerance may be seriously impaired by deficits in attention, reasoning and cognition cause by SLD. These deficits may be evident in a variety of ways including: difficulties in concentrating and focusing on the task at hand; frequent shifting from one uncompleted activity to another; or the inability to physically remain in the same location for an extended period of time without fidgeting, feeling restless, or even fleeing the site. The individual with SLD-related attention problems may be unable to "tune out" normal background noise and general conversation present in most workplaces, and as a result, may become distracted, even agitated, and unable to work effectively.

Persons with SLD-related motor coordination and balance deficits or problems in processing sensory stimuli that must be coordinated with motor functions may experience serious limitations in the physical endurance and stamina requirements for many jobs. Similarly, individuals with SLD who have deficits in processing, attention, memory, reasoning, or communication may experience a serious degree of cognitive fatigue as a result of expending additional effort and energy to compensate for these deficits. Physical and cognitive fatigue may result in a general decline in overall functioning as the work period progresses, demonstrated by lower productivity, increased mistakes and an increased injury rate. Also, depending on their ability to successfully handle and compensate for these SLD deficits, job performance of individuals with SLD may vary significantly from day to day.

The capacity to sustain an adequate level of work performance in pressure situations such as increased production schedules, shortened time lines, or unexpected changes in job duties may be significantly impaired in an individual with SLD, since such circumstances may require greater organization, increased speed, faster processing of information and more focused attention. Such increased demands on already existing limitations may cause additional problems with frustration, anxiety and consistency and thus further limit the ability to carry out the task at hand.

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Work Skills

For purposes of this guidance, the term "work skills" refers to the specific job skills required to carry out work functions as well as the capacity for an individual to benefit from training in these work functions. In assessing the type and degree of the work skill limitations caused by SLD-related deficits, it is important to determine

whether the deficits impact a major or critical function of a specific job and/or the individual's general capacity to learn and carry out any work task. Useful assessment strategies to gather this information are paper and pencil tests, vocational tests, vocational evaluations, work trials, individual self-report and interviews with persons who have seen the individual perform tasks in school, at home or at work.

Academic deficits in reading, writing, spelling or arithmetic can seriously impair an individual's ability to perform job tasks that primarily depend on skills such as legible handwriting; accurate handling of information; filling out forms and applications; calculating and manipulating numbers or money; and writing, preparing and proofreading documents that are error free. In addition, these SLD-related deficits will also probably adversely impact the individual's capacity to benefit from training and/or to perform job tasks that rely on written instructions, procedures, or policies.

Motor coordination deficits can pose serious limitations for job tasks that depend primarily on motor functions that require control, efficiency and speed. Depending on the type of motor deficits, the individual with SLD may have serious limitations in performing jobs that require fine motor skills or the operation of machines and tools, in handling multiple items as in an assembly line, or in doing jobs that require manual labor, physical agility and balance, or the operation of heavy equipment.

Deficits in processing, reasoning, communication and memory may seriously limit an individual's ability to organize, plan and problem solve, resulting in difficulties in learning new job tasks or adapting to changes in work requirements, particularly if they involve changes in task sequence, procedures, tools or working environments. Memory deficits caused by the SLD can seriously impair the individual's ability to recall instructions or the appropriate task sequence, and can also contribute to the loss or misplacement of tools, papers or other essential work related items.

Problems with spoken or written language may adversely affect performance of specific work tasks such as taking orders or messages by phone, developing written reports, or performance of any work task that relies on oral instructions or printed materials.

Determining Significance of Disability: Assessing Service Needs

Determining the extent of an individual's functional limitations is the first step in determining significance of disability. As described above, it is essential that the VR counselor determine an individual's service needs based on assessment of all the functional capacities and all limitations within those capacities, not just limitations related to academic deficits.

The second step is determining the need for services based on the assessment of the individual's functional limitations. Determining the need for services establishes whether the individual meets the other criterion within the definition of "individual" with a significant disability" – the criterion that the individual's vocational rehabilitation can be "expected to require multiple VR services over an extended period of time." State VR agencies may develop definitions for "multiple VR services" and for "extended period of time" or may provide guidelines to help counselors make these decisions.

Once the VR counselor has assessed the individual's limitations in the functional capacity areas and identified the VR services needed to address the functional limitations and the time period over which services will need to be provided, the counselor will then have the information necessary to determine the level of significance of the individual's disability.

SUMMARY

GUIDANCE: The determination that a person with SLD has a significant disability for VR program purposes must be made within the context of the statutory definition of an "individual with a significant disability." In making such a determination, the VR counselor needs to gather, analyze, and interpret a broad range of assessment data in order to identify the SLD-related deficits, to assess their impact on the functional capacities identified in the definition of an "individual with a significant disability," and to determine the resulting need for VR services and the time required for service provision.

CITATIONS: Sections 7(21)(A) and 101(a)(5)(C) of the Act; 34 CFR 361.5(b)(30) and (31), 361.36(d), and 361.42(g).

INQUIRIES: Regional Commissioners

Joanne M. Wilson Commissioner

cc: Council of State Administrators of Vocational Rehabilitation Consortia of Administrators of Native American Rehabilitation National Association of Protection and Advocacy Systems National Council on Independent Living Learning Disability Association of America

Effective Date: January 10, 2005

RSA-PD-91-03: Policy Statement on Rehabilitation Engineering

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATION SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, D.C. 20202

POLICY DIRECTIVE RSA-PD-91-03

DATE: November 16, 1990

TO: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
RSA DISCRETIONARY GRANTEES
CLIENT ASSISTANCE PROGRAMS
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Policy Statement on Rehabilitation Engineering (See also RSA-TAC-91-01)

BACKGROUND: The 1986 Amendments to the Rehabilitation Act of 1973 (Public Law 99-506) placed a new emphasis on the provision of rehabilitation engineering services. The term "rehabilitation engineering" as defined in the Act means: "... the systematic application of technologies, engineering methodologies or scientific principles to meet the needs of and address the barriers confronted by individuals with handicaps in areas which include education, rehabilitation, employment, transportation, independent living, and recreation." With the enactment of Public Law 99-506, the rehabilitation process reached a new milestone in the continuum of services for individuals with disabilities by expanding their opportunities for a better quality of life.

POLICY

STATEMENT: It is the policy of the Rehabilitation Services Administration (RSA) to promote, encourage and support the application of rehabilitation engineering technology in the provision of services to people with disabilities. Rehabilitation technology encompasses a range of services and devices which can supplement and enhance individual functions. It also encompasses services which impact the environment through environmental changes, such as job re-design or worksite modifications. Rehabilitation technologists may employ one or both types of services in order to enhance employment opportunities for an individual. Any evaluation of a client's need for rehabilitation technology services must be performed by personnel skilled in rehabilitation engineering technology.

Application of rehabilitation engineering services is especially important when making determinations of eligibility. This is particularly so for those individuals whose disabling conditions are of a severity that otherwise might lead to a finding of ineligibility. Application of these technologies, methodologies and principles are equally important for those individuals who are:

- In extended evaluation to determine rehabilitation potential
- Receiving services under an individualized written rehabilitation program (IWRP) if such services are appropriate
- Undergoing annual review when the case was closed as too severe
- Undergoing annual review and re-evaluation when the case is in extended employment in rehabilitation facilities
- Receiving post-employment services.

The Federal statute stipulates that the provision of rehabilitation engineering services by State vocational rehabilitation (VR) agencies is not conditioned on a determination that comparable services and benefits are unavailable under any other program. This does not mean, however, that if such services are readily available to the individual from other sources they should not be utilized by VR agencies.

RSA is strongly committed to the utilization of the expertise available through rehabilitation engineering. Each State VR agency must provide, as an attachment to its Three Year State Plan under Title I a description of how rehabilitation engineering services will be provided to assist an increasing number of individuals with handicaps.

CITATIONS IN LAW: Section 7(5)(H), and (12), Section 101(a)(5)(c), Section 101(a)(8), 101(a)(9), 101(a)(16), Section 102(a) and (b) and (c), Section 103(a)(1)(A), Section 103(a)(12), of the Rehabilitation Act of 1973, as amended

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CITATIONS IN REGULATIONS: 34 CFR 361.1
34 CFR 361.2(b)(1)(i)
34 CFR 361.32(c)
34 CFR 361.33(b)
34 CFR 361.34(b) and (e)(2)
34 CFR 361.35(d)
34 CFR 361.40(c) and (d)
34 CFR 361.41(a)(3)
34 CFR 361.42(a)(15) and (b)
34 CFR 361.47(b)(2)(v)
34 CFR 361.58
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EFFECTIVE DATE: Upon issuance

POLICY DELETED: None

INQUIRIES TO: Regional Commissioners

Nell C. Carney Commissioner, Rehabilitation Services Administration

cc: CSAVR NAPAS

Effective Date: November 16, 1990

RSA-PD-91-15: Role of Client Assistance Programs in Relation to the Americans with Disabilities Act

UNITED STATES DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES REHABILITATION SERVICES ADMINISTTRATION WASHINGTON, DC 20202

POLICY DIRECTIVE RSA-PD-91-15 RSM-3520 DATE: August 9, 1991

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL) STATE VOCATIONAL REHABILITATION AGENCIES (BLIND) CLIENT ASSISTANCE PROGRAMS RSA SENIOR MANAGEMENT TEAM

SUBJECT: Role of Client Assistance Programs in Relation to the Americans with Disabilities Act

BACKGROUND: The Americans with Disabilities Act (ADA) of 1990 has far-reaching effect on the lives of individuals with disabilities. All factions of the disability community are becoming active in the dissemination of information on the provisions of this important legislation. The ADA also identifies the specific Federal agencies responsible for enforcement of its provisions.

Section 112 of the Rehabilitation Act of 1973, as amended, authorizes Client Assistance Programs (CAP) to provide information and assistance to individuals with disabilities who are seeking or receiving services (clients and client-applicants) under the Rehabilitation Act. CAP agencies are also authorized to provide information on programs and services under the Rehabilitation Act to any individual with a handicap in the State in which the CAP is located.

POLICY STATEMENT: Federal regulations at 34 CFR 370.10(b) authorizes CAP agencies to advise clients and client-applicants of all benefits available to them under various Federal and State programs, including the ADA, and their rights and responsibilities in connection with those benefits. However, because of the limits placed on CAP agencies under Section 112 of the Rehabilitation Act, CAP agencies may not assist a client or client-applicant in pursuing their rights or benefits under the ADA unless those rights or benefits are related to services provided under the Rehabilitation Act of 1973, as amended.

If the ADA-related issue does not relate to services under the Rehabilitation Act, the CAP may refer the individual to the appropriate Federal agency responsible for enforcement of the ADA provisions (e.g., the U.S. Equal Employment Opportunity

Commission for employment issues; the U.S. Department of Justice for public accommodation issues).

CITATIONS IN LAW: Section 112 of the Rehabilitation Act of 1973, as amended.

The Americans with Disabilities Act of 1990

CITATIONS IN REGULATIONS: 34 CFR 370.10(b)

EFFECTIVE DATE: Upon issuance

EXPIRATION DATE: None

INQUIRIES: RSA Regional Commissioners

Commissioner

Rehabilitation Services Administration

Effective Date: August 9, 1991

RSA-TAC-FY-93-01: The Implications of §504 and the ADA Regarding Client Placement Services and Pre-employment Inquiries by Employers

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, D.C. 20202

TECHNICAL ASSISTANCE CIRCULAR RSA-TAC-FY-93-01 RSM-2035

DATE: October 2, 1992

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL) STATE VOCATIONAL REHABILITATION AGENCIES (BLIND) CLIENT ASSISTANCE PROGRAMS RSA DISCRETIONARY GRANTEES RSA SENIOR MANAGEMENT TEAM REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS

SUBJECT: The Implications of §504 and the ADA Regarding Client Placement Services and Pre-employment Inquiries by Employers

CITATIONS IN LAW, REGULATION, AND POLICY: Section 504 of the Rehabilitation Act of 1973 as amended through 1988; Section 102(c)(2) of the Americans with Disabilities Act of 1990; 34 CFR 104.14; 29 CFR 1630.2(n)(3), 1630.13(a) and 1630.14(a); 34 CFR 361.49

BACKGROUND: Since 1980, recipients of Federal financial assistance from the U.S. Department of Education (ED) have had to comply with the regulations enforcing Section 504 of the Rehabilitation Act (§504) found at 34 CFR Part 104. Recipients of Federal financial assistance from other Federal agencies have had to comply with similar, if not identical, regulations promulgated by these agencies to enforce §504. Each of the agencies' regulations has a subpart (Subpart B under ED's regulation, 34 CFR Part 104) focusing on employment issues including the prohibition on pre-employment inquiries.

In its development of Title I of the Americans with Disabilities Act (ADA), Congress borrowed heavily from the regulatory language of §504, including the prohibition on pre-employment inquiries. It went further than ED's §504 regulations, however, by explicitly stating what is an acceptable pre-employment inquiry. (Section 102(d)(2)(B) of the ADA states, "Acceptable inquiry -- A covered entity may make preemployment inquiries into the ability of an applicant to perform job-related functions.") The Equal Employment Opportunity Commission (EEOC), the

enforcement agency for Title I of the ADA, has promulgated regulations, interpretive guidance, and a technical assistance manual which provide guidelines and guidance concerning compliance with this issue.

Although 504 and Title I of the ADA are distinct laws with separate regulations and different enforcement agencies, the language concerning pre-employment inquiries is similar enough as to be indistinguishable between the laws.² At least, for the purposes of this discussion, the impact on counselor actions is identical whether the employer is a recipient of Federal financial assistance or not.

The fundamental approach taken by the regulations for each law³ is that an employer cannot ask whether the applicant is a person with a disability nor ask about the nature or severity of the disability.⁴ However, the employer may make preemployment inquiry into an applicant's ability to perform job-related tasks or functions⁵ or, if there is a known disability, ask the applicant to demonstrate or explain how, with or without reasonable accommodation, he or she would perform job-related functions.⁶

In placement efforts, a rehabilitation counselor should present a functional limitation model of disability. As the employer only needs to know whether the client has any functional limitations which will impact on job tasks, the counselor must limit the discussion to any potential functional limitations that will impact on the client's ability to perform the job tasks or functions identified by the employer. This discussion may also include identifying reasonable accommodations that have been provided or could be provided. Using an example provided by EEOC in its Interpretive Guidance concerning an individual with one leg, a counselor may call a small appliance repair company and tell them that he or she has a qualified client for their home washing machine repair position. The counselor might explain that the client could only drive a vehicle with automatic transmission and may need a specially-built tool box. If the client does not wear a prosthesis or self-identifies to the employer about having only one leg, the employer may ask the applicant to demonstrate or explain how he or she would go up and down basement stairs with a toolbox. The employer cannot ask, nor should the counselor state, whether asked or not, how or when the client lost his/her leg, or whether the loss of the leg is indicative of an underlying disease or impairment.

Regulatory requirements at 34 CFR 361.49 safeguard the confidentiality of all personal information concerning the individuals served by the State vocational rehabilitation agency. A counselor must be cognizant of these requirements in discussions with employers or potential employers of persons served by the State agency.

INQUIRIES: RSA Regional Commissioners

Nell C. Carney, CRC Commissioner Rehabilitation Services Administration

- 1. . See also the Department of Justice Government-wide guidelines for regulations enforcing § 504.
- ².. See 34 CFR 104.14(a) and 102.2(c)(2) of the ADA.
- ³.. See Section-by-section Analysis for 34 CFR 104.14 at 45 FR 30,949 (May 9, 1980) and Interpretive Guidance for 29 CFR 1630.13 and 1630.14(a) at pp. I-70, 71 of the ADA Handbook.
- ⁴.. 504 regulations use the terminology: handicapped person, qualified handicapped person and handicap to refer to the ADA concepts of person with disability, qualified individual with a disability and disability. See 34 CFR 104.3(j), (k) and (l) and §§3(2) and 102(8) of the ADA.
- ⁵.. See 34 CFR 104.14(a).
- ⁶.. See The Section-by-section analysis of the Department of Education §504 regulation for 34 CFR 104.14 found at 45 Federal Register p. 30949. See also the Interpretive Guidance for 29 CFR 1630.13 and 1630.14(a) found on pp. I-70 through I-73 of the ADA Handbook and Sections 5.5 and 5.5(a) of the Technical Assistance Manual for Title I of the ADA.
- ⁷.. See Interpretive Guidance of 29 CFR 1630.14(a) at I-71 of the ADA Handbook.

Effective Date: October 2, 1992

RSA's response to frequently asked questions about extended (sheltered) employment

Is Extended Employment Still a Legitimate Employment Option?

Yes. Employment in a sheltered setting is a legitimate and valuable employment option for individuals with disabilities. Implementation of these regulations will not change that fact. Individuals still may choose to pursue long-term extended employment outside of the vocational rehabilitation (VR) program, and these regulations ensure that those individuals' needs are met by requiring the VR agency to make the necessary referral to local extended employment providers.

Do the Regulations Restrict Individual Choice?

No. We interpret the concept of individual choice in the Act as a choice among the employment outcomes under the VR program specified in the statute or by the Secretary in regulations. Extended employment (i.e., sheltered or non-integrated employment) remains both an initial step toward achieving integrated employment under the VR program and a long-term employment option through sources of support other than the VR program. In recognizing that some individuals with disabilities may wish to work in an extended employment setting, these regulations require the VR agency to ensure that these individuals are afforded the opportunity to do so by referring them to local extended employment providers. Those providers currently support the vast majority of sheltered workers through non-VR program resources. Moreover, persons wishing to prepare for integrated employment by initially working in an extended employment setting also may do so. In these cases, the VR agency cannot discontinue VR services until the individual transitions to integrated work in the community.

Can State Agencies Refuse To Serve Those With the Most Significant Disabilities?

No. Both the Act and regulations guard against that result. Persons with disabilities may not be excluded from the VR program based on an assumption or belief that the individual is incapable of working in an integrated setting. Rather, State units are required to establish clear and convincing evidence that an individual is incapable of achieving an employment outcome, for purposes of the VR program, and must conduct a trial work assessment of the individual's abilities before it can refuse services to any individual who it initially believes is incapable of working in an integrated job setting.

Are Homemaker and Unpaid Family Worker Considered Employment Outcomes for Purposes of the VR Program?

Yes. The chief purpose of the regulations is to ensure that individuals with disabilities participating in the VR program are able to pursue the same type of employment opportunities that are available to the general public. Extended employment jobs, unlike homemakers and unpaid family workers, are primarily reserved for those with disabilities.

Will the Regulations Serve To Close Down Sheltered Workshops?

No. Sheltered workshops are primarily supported by other State, local, and private resources and rely very little on VR program funds. Persons who prefer to work in extended employment on a long- term basis are assured access to local extended employment programs through the referral requirements in the regulations. Also, those participants in the VR program who can best prepare for integrated employment by working in an extended employment setting as part of a training and assessment program are able to follow that path as well. Thus, extended employment programs and sheltered workshops continue to serve essentially the same role that they currently serve.

Effective Date: January 22, 2001

RSA-TAC-06-01: Factors State Vocational Rehabilitation Agencies Should Consider When Determining Whether a Job Position Within a Community Rehabilitation Program is Deemed to be in an "Integrated Setting" for Purposes of the Vocational Rehabilitation Program

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, D.C. 20202-2800

TECHNICAL ASSISTANCE CIRCULAR

RSA-TAC-06-01

Date: November 21, 2005

ADDRESSES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)

STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)

STATE REHABILITATION COUNCILS

CLIENT ASSISTANCE PROGRAMS

REGIONAL REHABILITATION CONTINUING EDUCATION PROGRAMS
AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICES PROJECTS

PROJECTS WITH INDUSTRY GRANTEES

SUBJECT: Factors State Vocational Rehabilitation Agencies Should Consider When Determining Whether a Job Position Within a Community Rehabilitation Program is Deemed to be in an "Integrated Setting" for Purposes of the Vocational Rehabilitation Program

PURPOSE: Recently, the U.S. Department of Education has received a number of inquiries from community rehabilitation programs (CRP) concerning the interpretation of the term "integrated setting" for purposes of determining whether placements at these CRPs qualify as "employment outcomes" through the vocational rehabilitation (VR) program.

In this Technical Assistance Circular (TAC), the Rehabilitation Services Administration (RSA) provides factors that state VR agencies should consider when analyzing whether a particular work-unit (in which an individual with a disability is seeking a job) within a CRP satisfies the definition of "integrated setting" for employment purposes and, thus, constitutes an employment outcome under the VR program for that individual with a disability.

BACKGROUND: For many years, the federal government has worked to ensure equality and the full inclusion of persons with disabilities in American society,

including the workplace. Congress has addressed these goals by interweaving them throughout the Rehabilitation Act of 1973, as amended (Act). In particular, Congress recognized that "individuals with disabilities, including individuals with the most significant disabilities, have demonstrated their ability to achieve gainful employment in integrated settings if appropriate services and supports are provided" (Section 100(a)(1)(C) of the Act).

RSA has taken a number of steps to implement these goals in its policies by emphasizing choice in the pursuit of quality, competitive, and integrated employment through the VR program. One of the most significant steps RSA has taken in this regard occurred on January 22, 2001, when RSA issued final regulations revising the definition of "employment outcome" for purposes of the VR program to mean employment in an integrated setting (Final Regulations for State VR Services Program, 66 Fed. Reg. 7249 (January 22, 2001) (Final Extended Employment Regulations)). The purpose of the regulations was "to ensure, as we believe Title I of the Act intends, that participants in the VR program, particularly those with significant disabilities, are afforded a full opportunity to integrate within their communities and participate in jobs that are available to the general population" (Final Extended Employment Regulations, 66 Fed. Reg. 7249, 7251 (January 22, 2001)). The definition of "employment outcome," found in 34 CFR 361.5(b)(16), now reads as follows:

Employment outcome means, with respect to an individual, entering or retaining full-time or, if appropriate, part-time competitive employment, as defined in §361.5(b)(11), in the integrated labor market, supported employment, or any other type of employment in an integrated setting, including self-employment, telecommuting, or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

As a result of this revision, extended employment no longer satisfies the definition of "employment outcome" for purposes of the VR program. The VR program regulations define "extended employment" as "work in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act" (34 CFR 361.5(b)(19)). As we noted in the preamble to the Final Extended Employment Regulations, state VR agencies are still permitted to serve individuals with disabilities in extended employment settings for purposes of preparing those individuals for employment in integrated settings. i_

A key component of the definition of "employment outcome," as revised in 2001, is the use of the term "integrated setting." The definition of "integrated setting," as used in the context of employment outcomes, can be found in 34 CFR 361.5(b)(33)(ii) and reads as follows:

With respect to an employment outcome, means a setting typically found in the community in which applicants or eligible individuals interact with non-disabled individuals, other than non-disabled individuals who are providing services to

those applicants or eligible individuals, to the same extent that non-disabled individuals in comparable positions interact with other persons.

Note that the term "integrated setting" also is a key component of the definition of "competitive employment." Regulations found at 34 CFR 361.5(b)(11) define "competitive employment" to mean work:

- (i) In the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and
- (ii) For which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

It is against this background that RSA issues this TAC for state VR agencies to use when analyzing whether a particular work-unit within a CRP satisfies the definition of "integrated setting" for employment purposes and, thus, constitutes an employment outcome under the VR program.

TECHNICAL ASSISTANCE: The legislative and regulatory history associated with the term "integrated setting" has focused on whether individuals with disabilities have the opportunity in their job positions to interact with non-disabled persons to the same extent that non-disabled persons in comparable positions interact with others. The Final Regulations for the state VR services program that implemented the definition of "integrated setting" "establish[ed] a standard of integration with respect to employment outcomes that is based on ensuring the same level of interaction by disabled individuals with non-disabled persons as that experienced by a non-disabled worker in the same or similar job" (62 Fed. Reg. 6307, 6311 (Feb. 11, 1997)). Thus, "integrated settings" were to be distinguished from "sheltered settings" where individuals with disabilities have few opportunities to interact with non-disabled persons. This intent was reinforced in the Senate Committee Report that accompanied the 1998 amendments to the Act:

[A]though not identified as a definition in section 7, the term "integrated setting," as referenced throughout the statute, is intended to mean a work setting in a typical labor market site where people with disabilities engage in typical daily work patterns with co-workers who do not have disabilities; and where workers with disabilities are not congregated. (Senate Report 105-166, page 10, March 2, 1998).

Therefore, the determination as to whether a particular work-unit, in which the particular job position is located, satisfies the definition of "integrated setting" and, thus, constitutes an employment outcome for purposes of the VR program hinges on the level of opportunities for interaction between the individual with a disability holding that position and non-disabled individuals.

As indicated earlier, this TAC focuses on employment positions within CRPs, particularly those CRPs that operate under contracts funded pursuant to the Javits-Wagner-O'Day (JWOD) program. However, it is important to note that not all CRPs operate exclusively under JWOD contracts. For CRPs that provide employment

opportunities for individuals with disabilities under the JWOD program, the very nature of the JWOD program <u>ii</u> may raise questions as to whether the employment position at such a CRP sought by an individual with a disability through the VR program satisfies the definition of "integrated setting" and, thus, would constitute an "employment outcome." Factors that typically distinguish JWOD-funded job positions from other positions include: (1) allowances under the Fair Labor Standards Act for compensatory sub-minimum wages; and (2) mandated direct labor-hour ratio of persons with disabilities. These factors are important when analyzing whether a particular work-unit within a CRP satisfies the definition of "integrated setting" and, thus, constitutes an employment outcome under the VR program because they are critical elements of the definitions pertinent to this analysis, namely, "integrated setting," "employment outcome," and "extended employment."

Nevertheless, the mere fact that a CRP operates under one or more JWOD contracts is not determinative of whether a job position within that CRP satisfies the definition of an "integrated setting." iii Instead, when this question is raised, the state VR agency should conduct further analysis, as described below, to make a determination as to whether a particular work-unit, which houses the particular job position sought by an individual with a disability, would be deemed to be an "integrated setting" because the individual with a disability has the opportunity to interact with non-disabled individuals, other than service providers, to the same extent that non-disabled individuals in comparable positions interact with other persons. While RSA recognizes that job positions obtained through JWOD contracts can be performed in "integrated settings," iv it is essential that state VR agencies make the determination on a case-by-case basis by reviewing all pertinent facts of the employee's position.

In addition to job placements in CRPs that operate under JWOD contracts, job placements in CRPs that fall into the following two categories raise potential questions as to whether an individual's employment position would be deemed to be in an "integrated setting" for purposes of the VR program:

- Placements in 501(c)(3) tax-exempt non-profit organizations classified under the National Taxonomy of Exempt Entities (NTEE) Classification System as a Sheltered Remunerative Employment, Work Activity Center.
- Placements in organizations which utilize section 14(c) of the Fair Labor Standards Act to pay special minimum wages – less than the federal minimum wage – to individuals with disabilities.

We recommend that the state VR agency consider the following factors when making its determination about a particular employment position at a particular CRP:

1. Level of interaction of the individual with disabilities with non-disabled persons within that individual's entire work-site. \underline{v}

- 2. Level of interaction of the individual with disabilities with non-disabled persons within that individual's work-unit.
- 3. Level of interaction of the individual with disabilities with other non-disabled persons, such as customers or vendors.

We believe that consideration of all of these factors, taken together, will provide the state VR agency with the information it needs to make each case-by-case determination. The state VR agency may decide it is prudent to conduct an on-site visit of the potential employment setting before making a determination as to whether the job is in an integrated setting and, therefore, qualifies as an employment outcome through the VR program. It is important for a State VR agency to determine whether a VR consumer has achieved an employment outcome in an integrated setting because section 101(a)(14) of the Act requires the VR agency to conduct an annual review and reevaluation of any VR consumer who accepts employment in an extended, or non-integrated or sheltered, setting. The purpose of the annual review is to determine the interests, priorities and needs of the individual with respect to competitive employment or training for competitive employment. Furthermore, application of this analysis will assist a VR agency to make appropriate determinations of whether an individual has achieved an employment outcome so that the agency can accurately report to RSA the number of individuals achieving employment outcomes each year, as required by section 101(a)(10)(C)(iii) and (iv) of the Act.

SUMMARY: The VR agency in each state must determine on a case-by-case basis if the particular work-unit, which houses the individual's job position, satisfies the definition of "integrated setting" and, thus, constitutes an employment outcome under the VR program. This determination must be made with respect to all employment positions sought by VR consumers at CRPs, not only those funded under JWOD contracts. We believe it is essential that the state VR agency analyze whether the work-unit which houses the actual position sought by the individual with a disability constitutes an "integrated setting" because it is possible that certain work-units within a CRP would satisfy the definition of "integrated setting" whereas others may not.

CITATIONS: Javits-Wagner-O'Day Act, 41 USC 46-48c; Rehabilitation Act of 1973, as amended, 29 USC 721(a)(10) and (14).

34 CFR 361.5(b)(11), (16), (19) and (33)(ii); 41 CFR 51-1.3.

INQUIRIES: RSA Commissioner at (202) 245-7488

Edward Anthony, Ph.D.

Delegated the authority to perform the functions of Commissioner for the Rehabilitation Services Administration

cc: Council of State Administrators of Vocational Rehabilitation Consortia of Administrators of Native American Rehabilitation National Disability Rights Network National Council on Independent Living

i Final Extended Employment Regulations, 66 Fed. Reg. 7249, 7250 (January 22, 2001).

ii The JWOD (41 USC §§46-48c and 41 CFR Part 51) program provides employment opportunities for individuals who are blind and/or have other significant disabilities. The Committee for Purchase From People Who Are Blind or Severely Disabled is appointed by the President to provide federal oversight of the implementation of JWOD policy and the procurement of products and services by the federal government. To qualify for the JWOD program, a non-profit agency must, in furnishing commodities and services, employ persons with severe disabilities (including blind) for not less than 75 percent of the work-hours of direct labor required to furnish such commodities or services (see 41 USC §48b and 41 CFR 51-1.3).

iii See Notice of Proposed Rulemaking for State VR Services Program, 65 Fed. Reg. 39491, 39493 (June 26, 2000); and Final Extended Employment Regulations, 66 Fed. Reg. 7249, 7251 (January 22, 2001). Other discussion of the regulatory history about "integrated setting" can be found at: Notice of Proposed Rulemaking VR Regulations, 60 Fed. Reg. 64475, 64479-64480 (Dec. 15, 1995); and Final Regulations State VR Services Program, 62 Fed. Reg. 6307, 6311-6312 (Feb. 11, 1997).

iv Final Extended Employment Regulations, 66 Fed. Reg. 7249, 7251 (January 22, 2001). v We want to point out that entities that are set up specifically for the purpose of providing employment to individuals with disabilities will likely not satisfy the definition of "integrated setting." The high percentage of individuals with disabilities employed with these entities most likely would result in little to no opportunities for interaction between individuals with disabilities and non-disabled individuals. These entities, therefore, would be considered sheltered or non-integrated employment sites. (Final Regulations State VR Services Program, 62 Fed. Reg. 6307, 6311 ((Feb. 11, 1997)).

Effective Date: November 21, 2005

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