

Section 12/ Part 3  
Effective Date: April 27, 2005  
Length of document: 10 pages

**Policy and procedure implementation memo  
SFY 05 / Number 2**



# KANSAS

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## 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:

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## 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](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](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](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](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\\_verification.pdf](http://www.srskansas.org/rehab/text/PolicyManual/Section_8/Part-28_KS_residency_verification.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](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 out-of-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](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](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 impairment for individuals with learning disabilities**

[http://www.srskansas.org/rehab/text/PolicyManual/Section\\_2/Part-3\\_Determination\\_impairment\\_LD.htm](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.htm](http://www.srskansas.org/rehab/text/PolicyManual/Section_2/Part-5_Order_of_Selection.htm)

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](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.htm](http://www.srskansas.org/rehab/text/PolicyManual/Section_3/Part-3_Limits_of_services.htm)

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-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-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-6_Service_codes_alphabetical.htm)

[http://www.srskansas.org/rehab/text/PolicyManual/Section\\_3/Part-7\\_Service\\_codes\\_numeric.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](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](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](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](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](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](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 exists***. 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](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](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](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](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](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 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.

The record of services must include the completed Status 26 Closure Form. See [Section 8 / Part 41](#).

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 out-of-state services.
- \* The Out-of-State Comparative Analysis Worksheet is included for use prior to including out-of-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.