

### III. ELIGIBILITY AND INELIGIBILITY DETERMINATION

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### **III. ELIGIBILITY OR INELIGIBILITY DETERMINATION**

ARS has the sole responsibility for determining eligibility for VR Services. The ARS Commissioner has delegated the responsibility of determination of eligibility to the Counselor.

For all individuals applying for services, ARS will conduct an assessment to determine eligibility and priority for services if the state is operating under an Order of Selection. 34 C.F.R. §361.42(a).(2.)

Eligibility requirements will be applied in compliance with Titles VI and VII of the Civil Rights Act, The Americans with Disabilities Act and without regard to age, religion, disability, sex, race, color or national origin. The eligibility requirements are applicable without regard to the particular service need or anticipated cost of services required by an applicant or the income level of an applicant or applicant's family. Eligibility determination will be made within 60 days of the application date. Exceptional and unforeseen circumstances beyond the control of ARS that prevent the Agency from making an eligibility determination within 60 days will require ARS and the individual to agree on a specific extension of time. 34 C.F.R. §361.42(b.)(1-4)

Basic eligibility requirements are:

1. A determination that the individual has a physical or mental impairment defined as an injury, disease or other condition that results in persistent functional limitations: 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 vocational rehabilitation needs to cause comparable substantial functional limitation.

2. A determination that the individual's physical or mental impairment constitutes or results in a substantial impediment to employment for the individual. A substantial impediment to employment exists when the impairment and the resultant limitation: Prevent the individual from obtaining a job consistent with their abilities; significantly interfere with preparing for employment consistent with their abilities, need for special accommodations or technology to perform essential job duties or barriers to job retention; for example lost of job due to impairment or unable to perform essential job duties.
3. A presumption that the individual can benefit in terms of an employment outcome from the provision of VR services. An individual is presumed capable of achieving an employment outcome, unless documented with clear and convincing evidence is obtained documenting for example: the severity of the diagnosis would preclude not obtainable—that employment cannot be obtained due to the severity of the individual's disability.
4. A determination that the individual requires VR services to prepare for entrance into, engage in, or retain gainful employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities and informed choice. 34 C.F.R. § 361.42 (i.-iv.) An individual is expected to require multiple VR services that will have a substantial impact on the individual's disability and resultant functional limitations or reduce the impediment to employment to allow the applicant to prepare for, obtain, retain or regain employment consistent with the individual's capabilities and abilities and the individual services cannot access these services without VR intervention.

Each individual who meets the eligibility requirements is presumed to be able to benefit from VR services in terms of an employment outcome, unless determined, based on clear and convincing evidence, that the applicant is incapable of benefiting in terms of an employment outcome due to the severity of the disability. Clear and convincing evidence requires a high degree of certainty in order to conclude the individual is incapable of benefiting from services in terms of an employment outcome. The term clear means unequivocal. Given this standard, the use of a standard intelligence test only, would not constitute clear and convincing evidence. A functional assessment of the individual's abilities, capabilities and capacity to perform work situations through the use of trail work experience with appropriate supports and training would assist in defining clear and convincing evidence.

## **PRESUMPTIVE ELIGIBILITY SSDI/SSI RECIPIENTS**

Social Security Disability Income (SSDI) beneficiaries and Supplemental Security Income (SSI) recipients are considered to be individuals with a significant disability (Category II) and presumed eligible for VR services, if the intent of the individual is to achieve an employment outcome. The employment outcome must be consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of the individual. The Agency is responsible for informing individuals through the application process that the individual must intend to achieve an employment outcome in order to receive VR services. No additional tests or procedures may be used to assess disability in order to determine eligibility.

**Note: The individual who is presumed eligible as a recipient of SSI/SSDI and who intends to achieve an employment outcome is eligible unless clear and convincing evidence demonstrate that the individual is incapable of benefiting from vocational services in terms of achieving an employment outcome due to the severity of the disability.**

Although an SSDI/SSI recipient is considered an individual with a significant disability, presumptive eligibility for VR services does not entitle the individual to priority for services over other individuals with significant disabilities or most significant disabilities if the state is operating under an Order of Selection.

If an applicant for VR services asserts that he or she is eligible for Social Security benefits, but is unable to provide appropriate evidence, such as an award letter, to support that assertion, ARS must verify the applicant's eligibility by contacting the Social Security Administration. This verification must be made within a reasonable period of time that enables ARS to determine the applicant's eligibility for VR services within 60 days of the individual submitting an application for services. 34 C.F.R. §361.42 (a).(3.)

Note: Information in this section should not be construed to create entitlement to any vocational rehabilitation service.

## **PROCEDURES - SSDI/SSI ELIGIBILITY**

- The counselor will obtain verification of SSI/SSDI benefits and a copy will be placed in the individual's file i.e. awards letter, benefit's check, verification from Social Security Administration, or a verified/valid Ticket.
- **Exception:** The counselor must document in the case record the justification for completing a Certificate of Eligibility before verification is obtained, (See procedures on page III-3.)
- Complete the Certificate of Eligibility for VR, Trial Work Experience, or Extended Evaluation (EE) services. {Form RS-600-B (1) in Appendix E) The certification statement for the Certificate of Eligibility is "**This individual meets the presumptive eligibility requirement.**" The area for limitations does not need to be completed.
- The counselor must be aware of the Ticket to Work Program. If the Applicant is eligible under "presumptive eligibility", the counselor must follow guidelines outlined in Ticket to Work in Appendix B (Special Programs).
- The applicant can be scheduled for additional testing, or medical, psychological, or psychiatric evaluation based on informed choice to determine limitations if this information is needed in the development of the IPE.
- Also, the special program code 401 (SSDI), 600 (SSI) or 601(both) Must be utilized for all individuals receiving Social Security benefits.

## **CERTIFICATION OF ELIGIBILITY**

The counselor must include a formal certification statement signed and dated by the ARS counselor in each individual's record of services indicating eligibility for VR, Trial Work or EE services.

The Certificate of Eligibility must be completed simultaneously with an individual's acceptance for VR services, Trial Work or EE. As a minimum, the Certificate of Eligibility will contain the client's name, client's social security number, date of eligibility, and a statement of mental or physical impairment with resulting limitations.

## COMPLETION OF PRELIMINARY DIAGNOSTIC STUDY

The counselor completes the preliminary diagnostic study when enough information is obtained to write the Certificate of Eligibility or Ineligibility.

## PROCEDURES – CERTIFICATE OF ELIGIBILITY

- To determine functional limitations, priority should be given to existing information.
- Complete the Certificate of Eligibility for VR, Trial Work Experience, or Extended Evaluation services signed and dated by the counselor. {Form RS-600-B (1)} (See Appendix E)
- The Certificate of Eligibility must be placed in the individual's file. (See Section X)
- Case narratives should be made to reflect Status 10 (VR) or Status 06 (Trial Work Experience or Extended Evaluation). (See Appendix E)
- Key data for Status 10 (VR) or Status 06 (Trial Work Experience or Extended Evaluation). (See the case management system.)

**Note: Under presumptive eligibility, the Certificate of Eligibility will be completed with documented verification that the consumer is a recipient of SSI/SSDI benefits.**

## CERTIFICATION OF INELIGIBILITY

When clear and convincing evidence establishes that an applicant does not meet the VR eligibility conditions or intervening reasons prevent eligibility determination (i.e. applicant does not follow through with assessment, individual physical, educational, or medical records unavailable, applicant does not appear for scheduled appointments, for plan development, etc.) the counselor must include a formal Certificate of Ineligibility in the

individual's record of services. This Certificate of Ineligibility will be dated and signed by the counselor. The counselor will notify the applicant in writing of the action taken, or by other appropriate modes of communication consistent with the informed choice of the individual, including the reasons for the ineligibility determination. When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Investment Act. **Note: For procedures see Closure Section VIII.**

## **APPEAL/INELIGIBILITY DETERMINATION**

The individual may appeal the ineligibility determination. The counselor will provide the individual with information on the means, by which an appeal can occur, including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program. (See Due Process Section XIV) 34 C.F.R. § 361.41

**Note: An Annual Review is required on a case that has been closed as incapable of achieving an employment outcome due to the severity of disability. This review need not be conducted if the individual refuses to participate, no longer resides in the state, or the whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal. 34 C.F.R. § 361.43(e)**

## **ORDER OF SELECTION**

Under the Vocational Rehabilitation Act (Title IV of the Workforce Investment Act of 1998) certain state Vocational Rehabilitation agencies are required to have an order of selection. An order of selection requires that a priority be given to individuals with the most significant disabilities in the provision of vocational rehabilitation services. The order of selection is required in the event that the state is unable to provide the full range of vocational rehabilitation services to all eligible individuals or, in the event that vocational rehabilitation services cannot be provided to all eligible individuals in the State who apply for the services. ARS has determined that there are insufficient funds

to provide services to all eligible individuals within the State.

The ARS Order of Selection assures the highest priority in service provision is reserved for eligible individuals with the most significant disabilities. Services and expenditures are closely monitored to enable the ARS Commissioner to close or open priority categories as deemed appropriate. This will assure services are continued for cases determined eligible and receiving services under an Individualized Plan for Employment. Adequate funds will be reserved to provide diagnostic services for all applicants to determine eligibility and category placement.

## **DESCRIPTION OF PRIORITY SELECTION**

The Order of Selection priority categories, justification for each, outcome and service goals are listed below:

ARS will provide services based on an Order of Selection on a statewide basis. The ARS Order of Selection assures clients in Priority I and II will have first priority for the provision of services. If funds become available, individuals in Priority III may receive services.

Rehabilitation clients who have an Individualized Plan for Employment (IPE) for vocational rehabilitation (VR) services or extended evaluation (EE) services in place prior to the implementation of the Order of Selection policy will receive services as recorded in their IPE.

### **Priority Category I - Most Significantly Disabled**

An eligible individual with a most significant disability is defined as one who has a significant physical or mental impairment which:

- 1) Seriously limits at least three functional capabilities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;
- 2) Whose vocational rehabilitation can be expected to require multiple VR services\* over an extended period of time\*\*, and
- 3) Who has one or more physical or mental disabilities as defined below\*\*\*.

## **Priority Category II - Significantly Disabled**

An eligible individual with a significant disability is defined as one who has a significant physical or mental impairment which:

- 1) Seriously limits two functional capacity area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;
- 2) Whose vocational rehabilitation can be expected to require multiple VR services\* over an extended period of time\*\*, and
- 3) Who has one or more physical or mental disabilities as defined below\*\*\*:

## **Priority Category III – Non-Significantly Disabled**

An eligible individual with a non-significant disability is defined as one who has a significant physical or mental impairment which:

- 1) Seriously limits one functional capacity area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;
- 2) Whose vocational rehabilitation can be expected to require multiple VR services\* over an extended period of time\*\*, and
- 3) Who has one or more physical or mental disabilities as defined below\*\*\*:

Definitions:

\* Two (2) or more major VR services, i.e. counseling and guidance, assistive technology, physical or mental restoration, training, and placement.

\*\* 90 days or more from the date services are initiated.

\*\*\* 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 vocational rehabilitation needs to cause comparable substantial functional limitation.

## **PRIORITY OF CATEGORIES TO RECEIVE VR SERVICES UNDER THE ORDER**

ARS will provide services based on an Order of Selection on a statewide basis. The ARS Order of Selection assures clients in Priority I and II will have first priority for the provision of services. If funds become available, individuals in Priority III may receive services. Rehabilitation clients who have an Individualized Plan for Employment (IPE) for vocational rehabilitation (VR) services or extended evaluation (EE) services in place prior to the implementation of the Order of Selection policy will receive services as recorded in their IPE.

## **PROCEDURES - ORDER OF SELECTION**

- Eligibility (Status 10) must be established prior to applying the Order of Selection.
- Complete the Assessment for Determining Priority Category for Services.  
(See Appendix E)
- The consumer will be notified in writing of the priority category using the required form letter. The original will be mailed to the individual and a copy will be placed in the case file. (See Appendix E)
- Document the Category placement in the case narrative by using the Order of Selection heading.
- If the individual does not meet the level of the priority category necessary to receive services, the individual may choose to be placed in a waiting (list) Status 04, or be referred to other Workforce partners or agencies , or closed in Status 30:

**If the individual chooses to be referred to other Workforce partners or agencies:**

- Referral will be made to the appropriate Workforce partner.
- Documentation of the referral will be placed in the case file.
- The case will be closed in Status 30 by completing RS600-C.
- Key data for Status 30.

**If the individual chooses to be placed on a deferred services list (Status 04):**

- Documentation of the action taken will be made in the case narrative.
- Complete the Certificate of Eligibility. (See Appendix E)
- Key data for Status 04.
- If funding becomes available, an IPE will be completed and the case moved to Status 12 and services will be provided without further delay.
- If funding is not available, any cases remaining in Status 04 at the end of the fiscal year will be closed in Status 38.

## V. ECONOMIC NEEDS/COMPARABLE BENEFITS

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## V. ECONOMIC NEEDS/COMPARABLE BENEFITS

An individual's economic need is not used to determine eligibility for VR services. An economic needs assessment is used only to determine if the individual can pay any costs of VR services and if so, how much. In all cases, no economic needs evaluation will be applied as a condition for furnishing the following VR services:

- 1) Assessment of rehabilitation needs, including rehabilitation technology, except for those services other than of a diagnostic nature which are provided under extended evaluation;
- 2) Counseling, guidance, and referral services, and
- 3) Placement.

In determining an individual's financial resources, the counselor will identify all resources available to the individual and/or spouse. If the individual is a dependent, the resources of the parents will be determined. If the individual is 23 years of age or under and unmarried, the parent(s) assets must be verified with a copy of the parent(s) income tax forms. If the parent(s) do not support the individual, the individual must provide documentation of non-support. If the client's family states the client will not be claimed on next year's income tax, the client will no longer be considered a dependent. The client will be required to verify their source(s) of income to cover their expenses.

**EXCEPTION:** SSDI and SSI recipients are exempt from financial need; however, the financial resources form should be completed to assess comparable benefits and gather information for federal reporting.

Provision of services conditioned on financial need entails:

- 1) Determination of the individual's financial ability or inability to obtain services, either through individual or other resources;
- 2) Determination of the extent ARS will provide these services to the individual lacking sufficient resources.

A need standard in the form of a Normal Living Requirement (NLR) has been established for different family groups and single individuals living alone. The NLR includes amounts for food, shelter, clothing, household maintenance, routine medical care, personal care, recreation, insurance, and personal taxes.

### NORMAL LIVING REQUIREMENT

Number of Persons	Monthly Amount
1	\$3,200.00
2	\$3,600.00
3	\$4,000.00

(\$400.00 for each additional family member)

Special Circumstances (conditions) of other expenditures/debts that impose unusual burdens on the client or family's income can be added to the normal living requirement. (Example: medication or medical payments for client or other family members, child support, education expenses, etc.)

Ascertaining an individual's financial resources is an important step in determining ability or inability to pay for rehabilitation services. A resource is considered available only if it is at the individual's disposal when needed. Careful study of the individual's resources is necessary to determine availability.

The provision of certain services to the individual is dependent upon financial need, but the counselor should use discretion upon applying financial need. Stripping the individual of all resources may impair the individual's rehabilitation.

The comparable benefits provision provides VR agencies with an organized method for assessing an individual's eligibility for benefits under other programs. Any benefit available to individuals under any other program to meet, in whole or in part, the cost of any VR service will be utilized. This benefit will be considered only to the extent that it is available and timely.

A "comparable benefit" is not the same as "determination of economic need." In determination of economic need, the objective is to set the conditions for equitably determining the amount, if any, an individual is expected to participate in the cost of the rehabilitation. In the area of comparable benefits, the objective is to give full consideration to alternative funding sources prior to spending VR funds to purchase consumer services.

If the individual refuses to apply for services for which the individual may be eligible or if the individual refuses to accept services from another Agency as a comparable benefit when receipt of such services do not interfere with achieving the rehabilitation objective, ARS cannot provide the services using VR funds.

Federal VR funds cannot be used to pay training costs in institutions of higher education unless every effort has been made to secure financial assistance, in whole or in part, from other funding sources. In all training cases, the record of services must include evidence that applications were made and the individual will or will not receive assistance.

Evidence of approval of receipt of financial assistance may be documented through a financial aid award letter. This letter originates at the training institution and lists the type/amount received by semester (quarter). Federal law requires students to accept/reject awards by signing on this letter.

Repayable loans should not be considered as a comparable benefit or resource.

**Note: Comparable benefits do not include awards and scholarships based on merit.**

## PROCEDURES - UTILIZING FINANCIAL NEED

- Exempt SSDI/SSI recipients from financial need assessment/requirements.
- The individual must apply for comparable benefits and documentation of benefits must be placed in the case file, i.e., award letter/Student Financial Aid Grant.
- The financial resources form (RS-16) must be completed by the time the IPE is developed.
- For those individuals or the parents of individuals under the age of 23 not exempt as recipients of SSI/SSDI, the counselor will verify income by requesting Income Tax returns, copies of earnings statements, Student Financial Aid grant summary or the individual may be required to request their earnings history from the Social Security Administration.
- Any available benefits will be utilized and must be considered in the provision of services.
- Other than diagnostic services, no authorizations will be issued until financial need is verified.
- In all instances where the Student Financial Aid is utilized, the counselor will utilize the basic cost of education reported from the school that the individual will attend. The applicable Student Financial Aid categories are dependent, on campus, dependent off campus, and independent. The basic costs may include tuition, books, fees, room and board, supplies, and transportation.
- Financial need should be re-assessed and a RS-16 completed at Annual Review or at any time the individual's financial situation changes.

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## **VI. SERVICES**

Arkansas Rehabilitation Services highest priority is to provide individualized services to eligible individuals so they can work in full-time competitive employment.

Services will be provided in compliance with Title VI and VII of the Civil Rights Act, The Americans with Disabilities Act and without regard to age, religion, disability, sex, race color or national origin.

### **SUBSTANTIALITY OF SERVICES**

Substantial vocational rehabilitation services are those services, which, provided in the context of the counseling relationship, collectively and significantly contribute to the achievement of an employment outcome consistent with the informed choice of the individual.

In order for the counselor to show substantial services in a case, the counselor must document the relationships of the provision of services, the criteria for evaluation of the intermediate objectives or steps needed to reach the vocational goal, and the counseling necessary for successful closure of a case. Documentation of substantiality of services in the case file is an ongoing process. This documentation must be found in the case narrative entries; therefore, the case narrative must tell the story of the case and subsequently show the individual's participation and the services provided enabled the individual to become employed.

### **THREE CONTACTS A YEAR**

There must be three contacts a year, which will include the annual review. The case narrative should be direct face-to-face contact, e-mail conversation, phone conversation with the client, or a letter from the client. If contact with the client is not possible, use a letter to document the counselor's attempts to contact the client leading to closure of the case due to loss of contact. Be sure to document counseling after services have been initiated at least once a year.

### **VOCATIONAL REHABILITATION SERVICES**

As appropriate to the vocational rehabilitation needs of each individual and consistent with each individual's informed choice, the following vocational rehabilitation services are available:

- 1) Assessment for determining eligibility and priority for services;
- 2) Assessment for determining vocational rehabilitation needs;
- 3) Vocational Rehabilitation counseling and guidance, including personal adjustment counseling, to maintain a counseling relationship throughout the program of services for an individual with a disability; and the referral necessary to help the individual with a disability secure needed services from other agencies when such services are not available and to advise those individuals about Client Assistance Programs;
- 4) Physical and mental restoration services necessary to correct or substantially modify a physical or mental condition which is stable or slowly progressive;

- 5) Vocational and other training services, including personal and vocational adjustment, books, tools, and other training materials, provided that no training or training services in institutions of higher education (universities, colleges, community/junior colleges, vocational schools, technical institutes, or hospital schools of nursing), may not be paid for with funds under this part unless maximum efforts have been made to secure grant assistance in whole or in part from other sources;
- 6) Maintenance, not to exceed the estimated cost of subsistence, provided in connection with VR services at any time from the date of initiation of services through the provision of post-employment services. Maintenance covers that individual's basic living expenses, such as food, shelter, clothing, and other subsistence expenses that are necessary to support and derive the full benefit of other VR services being provided.
- 7) Transportation, including cost of travel and subsistence during travel (or per diem payments in lieu of subsistence) in connection with transporting individuals with disabilities and their attendants/escorts for the purpose of deriving the full benefit of other VR services being provided. Transportation may include relocation and moving expenses necessary for achieving a VR objective;
- 8) Services to a client's family when necessary to the adjustment or rehabilitation of the client.
- 9) Interpreter services and note-taking services for the deaf, including tactile interpreting for deaf-blind individuals;
- 10) Reader services, rehabilitation teaching services, note-taking services and orientation and mobility services;
- 11) Recruitment and training services to provide new employment opportunities in the fields of rehabilitation, health, welfare, public safety, law enforcement and other appropriate public service employment;
- 12) Job search, placement assistance and job retention services;
- 13) Supported employment;
- 14) Personal assistance services;
- 15) Post-employment services necessary to maintain employment;
- 16) Occupational licenses (including any license, permit or other written authority) required by a State, city or other governmental unit to be obtained in order to enter an occupation or a small business, tools, equipment, initial stocks and supplies;
- 17) Rehabilitation technology services including vehicular modification, telecommunication, sensory, and other assistive technological aids, devices and services;
- 18) Transition Services in accordance with the definition of the term;
- 19) Technical assistance and other consultation services to individuals who are pursuing self-employment, telecommuting or establishing a small business operation as an employment outcome; and,
- 20) Other goods and services determined necessary for the individual with a disability to achieve an employment outcome. 34 C.F.R. § 361.48

## PROVISION AND AUTHORIZATION OF SERVICES

ARS currently requires District Manager approval on all new counselors (Section XIII, Policy and Procedure Manual). District Manager and/or Administrative approval is also required for several specified purchases and services (Section VI, Policy and Procedure Manual).

The Authorization/Payment justification should consist of a copy of an invoice/receipt and a notation in the case narrative explaining why the services were necessary.

Written authorization must be made, simultaneously with, or prior to, the provision of the service or goods. **A verbal authorization may be given in an emergency followed immediately by a written authorization.** The written authorization must contain the date of the verbal authorization. An IPE must be written before any services or goods, other than diagnostic or to support diagnostic assessment, can be provided. It is the counselor's responsibility to document case progress throughout provision of services.

**NOTE: A “comparable” benefit will be considered only to the extent that it is available and timely to meet the cost of the particular VR services.**

**NOTE: The counselor will not approve payment requests until documentation that the service has been provided and has been received. Documentation may include medical reports, training progress reports, attendance forms, receipts and/or invoices.**

## PROCEDURES - PROVISION AND AUTHORIZATION OF SERVICES

- **Before an authorization is issued the counselor must consider the following issues:**
  - Is this service allowable under ARS Policy?
  - What, if any, limitation exists to providing this service?
  - Are there any comparable benefits available to provide the service?
  - Has the counselor verified financial need?
  - What other required references need to be accessed (i.e., fee schedule vendor list)?
  - Does the counselor have sufficient funds in the allotment to procure/provide the service and if not, whom does the counselor contact?
  - What documentation is needed to procure/provide the service? (i.e., Licensed Medical Consultant (LMC), prior approval, case narrative.)
  - Document method of calculating cost of services (i.e.: estimates, quotes, recommendations, fee schedule, etc.) and explain why the current service is needed.
  - How is the paperwork routed?
  - Determine if the vendor is in the case management system vendor list. Complete a W-9 if needed.
  - Create the authorization in the case management system.
  - The original authorization goes to the vendor, a copy is placed in the case file, and the individual may be provided a copy.
  - When service is received, along with the billing statement, verify the individual received service, then process for payment

## **VOCATIONAL REHABILITATION COUNSELING AND GUIDANCE**

The counselor will write a program for a "vocational rehabilitation counseling, guidance, placement, and follow-up" case. The program will outline in the criteria for evaluation of progress toward the employment outcome the counseling process and anticipated results. Documentation of counseling progress will be placed in the record of services. Vocational rehabilitation counseling and guidance services must be provided and documented in all VR cases closed rehabilitated.

### **PROCEDURE - VOCATIONAL REHABILITATION COUNSELING AND GUIDANCE**

- The counselor will document in the case narratives the specific progress the individual is making toward the employment outcome.
- The individual's progress will be reviewed three times a year.
- Counseling and guidance must be documented in each successful closure.

### **EMPLOYMENT SERVICES (JOB FINDING/REFERRAL)**

A job-finding service is provided when enough information has been given to permit the individual to arrange for a job interview with an employer. A job-finding service is also rendered when ARS directly refers or arranges for the direct referral of the individual to a prospective employer.

### **PROCEDURES – EMPLOYMENT SERVICES (JOB FINDING/REFERRAL)**

- The individual may be referred to either an ARS Employment Services Representative or other vendors for employment services in status 12 or 18. The ARS Employment Services Representative can assist the counselor at this stage in the planning process, but significant involvement of the ARS Employment Services Representative may occur when the individual has completed services and is ready for employment.
- The counselor and ARS Employment Services Representative will assist the individual, singly or in groups, in developing job-seeking skills which would include instructions on how to read the want ads, prepare job resumes, write cover letters and prepare for job interviews.
- The counselor may refer the individual for services from other resources providing job-seeking skills, if appropriate.
- The counselor will document in the case narrative the specific progress the individual is making toward the employment outcome.

### **PLACEMENT SERVICES**

Placement services are organized and identifiable attempts to establish or improve the linkage of an individual and a work situation. While employment placement is the VR program goal and usually occurs toward the end of the rehabilitation process, employment planning should be an ongoing process throughout the case services program. **Placement is provided when the individual is referred to and is hired by an employer.** The State VR Agency, the State employment service, One-Stop

Arkansas Workforce Centers, or any other job-finding source may provide this service. A key feature of this service is that the individual became competitively employed as a result of the job referral.

## **PROCEDURES – PLACEMENT SERVICES**

- The counselor will assist the individual with employment planning throughout the rehabilitation program.
- The counselor and the ARS Employment Services Representative will document in the case narrative the specific progress the individual is making toward the employment outcome.

## **FOLLOW-UP**

The counselor will provide follow-up services to each individual placed in employment to determine if all planned for services have been provided and the VR objective achieved. Follow-up services will include contacts and reports from the individual, employer, and others that provide reports to help the counselor determine if the employment situation is suitable to the individual's needs. The individual must be provided follow up services within a minimum of 90 days and the counselor will have assurance other ARS criteria have been met prior to case closure.

## **PROCEDURES – FOLLOW-UP**

- The counselor or the rehabilitation assistant will maintain contact with the individual and employer to determine if the employment is suitable for the individual.
- The counselor or the rehabilitation assistant will provide supportive services as necessary for maintaining employment.
- The counselor or the rehabilitation assistant will document in the case the specific progress the individual is making toward the employment outcome.

## **ASSESSMENT SERVICES**

**Case Service Code for Status 02 - 1110**

**Case Service Code for Status 04 – 1310**

**Case Service Code for Status 06 - 1210**

**Case Service Code for Status 10-22 - 1310**

**Case Service Code for Status 32 - 1410**

Assessment services are those services required to determine an applicant's eligibility for rehabilitation services, priority for services, and to determine the services needed to achieve an employment outcome.

Medical diagnostic services may include:

- 1) medical and surgical examinations;
- 2) dental examinations;
- 3) consultations with and examinations by specialists in all medical specialty fields;

- 4) inpatient hospitalization for study or exploration, not to exceed three days or five days with local medical consultant recommendation;
- 5) clinical laboratory, tests;
- 6) diagnostic x-ray procedures;
- 7) trial treatment for differential diagnosis, stabilization of drug therapy, or determination of feasibility in the case of emotional disturbance;
- 8) maintenance; and
- 9) other medically recognized diagnostic services.

Vocational diagnostic or assessment services may include:

- 1) Referral to a Community Rehabilitation Program for assessment.
- 2) Referral to the ACTI for assessment.

The above listed services may be provided an individual at any time, but normally will be completed during the case investigation process. They may be provided by ARS personnel, obtained elsewhere at no cost to ARS, or purchased by ARS.

## **RESTORATION (PHYSICAL/MENTAL) SERVICES**

Restoration services mean those medical and medically related services that are necessary to correct or substantially modify within a reasonable period of time, a stable or slowly progressive physical or mental condition. These include surgery, therapy, treatment, and hospitalization.

Prosthetic appliances/devices provided to improve or maintain an individual's ability to work are coded as Rehabilitation Technology Devices.

If an individual has a physical or mental disability with resulting limitations constituting an impediment to employment which, in the opinion of competent medical personnel, can be removed by restoration services without injury to the individual, the individual is not eligible for any ARS services except counseling, guidance and placement if the **individual refuses to accept** the appropriate restoration services.

## **PHYSICAL RESTORATION SERVICES PURCHASED IN-STATE**

ARS will pay for all physical restoration services that are properly authorized. Payment will be made according to the vendors' stated fee, up to but not to exceed, the maximum amount determined by the established ARS Fee Schedules. The fee paid by ARS must be accepted as payment in full by the vendor. The fee paid to physicians for surgical treatment includes 15 days routine post-operative care.

## **PROCEDURES- PHYSICAL/MENTAL RESTORATION SERVICES**

- Documentation of the action to be taken will be made in the case narrative.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file

- Medical Consultant review is required. (Form RS3-g) (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If wheelchairs or other durable medical equipment is purchased, a title of retention will be completed and placed in the case file. (See Appendix E).
- Refer to ARS Fee Schedule. (See Appendix I. for additional fee information.)
- Key data for Status 18 if needed. (Refer to the case management system.)
- Select appropriate ARS Procedure code.
- Key authorization. (Refer to the case management system.)
- When billing statement is received, along with a medical report, key payment in the case management system. **NOTE:** The vendor must agree to accept ARS fees for services.

## **PHYSICAL RESORTATION SERVICES PURCHASED OUT-OF-STATE**

If ARS purchases physical restoration services out-of-state (in this instance Texarkana, TX is considered in the State), the rate paid will not exceed fees paid by the local rehabilitation Agency. ARS will use physicians and facilities that are used by the local state Agency. If fee information is not available, the counselor will contact the nearest out-of-state VR office to determine fees paid for needed services.

## **PROCEDURES - PHYSICAL/MENTAL SERVICES – OUT-OF-STATE**

- Documentation of the action to be taken will be made in the case narrative.
- Medical reports and recommendation will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. (See Appendix I. for additional fee information.)
- Key data for Status 18 if needed. (Refer to the case management system.)
- Select appropriate ARS Procedure code.
- Key authorization (Refer to the case management system.)
- When billing statement is received, along with a medical report, key payment in case management system.
- The medical report will be placed in the case file.

## **MEDICAL CONSULTANT**

In all cases involving medical and surgical treatment, hospitalization, drugs (except for acute medical care), and all medically directed therapies, a written consultation must be obtained from the Medical Consultant.

## **PROCEDURES – MEDICAL CONSULTANT**

- The medical consultant will review medical/psychiatric reports and make recommendations.
- The medical consultant will complete the Medical Consultant form RS3-G.

- The form will be placed in the case file.

## **MEDICAL, SURGICAL, PSYCHIATRIC, AND MEDICALLY DIRECTED TREATMENT**

**Case Service Code for Status 06 – 1221**

**Case Service Code for Status 18 –22 – 1321**

**Case Service Code for Status 32 - 1421**

**Medical Treatment:** After the initial diagnostic medical evaluation, payments may be made to a physician (general practitioner or specialist), clinic, dispensary, or hospital for services provided to the individual. Examples include drugs, biological, or other medical supplies incidental to treatment.

**Psychiatric Treatment:** After the initial psychiatric diagnostic evaluation, payments may be made to a specialist in neuropsychiatry, a psychiatric clinic or hospital for psychiatric treatment.

**Surgical Treatment:** Payments may be made for surgical operations and fees for pre-operative care. Payments will be made according to the established ARS Fee Schedule. (See Appendix I. for additional fee information.)

**Anesthesia:** Payments may be made to anesthetists and anesthesiologists not included in hospitalization.

**University of Arkansas Medical Sciences:** Payments for professional services including surgical treatment, anesthesia, pathology, and others provided at the UAMS are to be authorized to the "Medical College Physicians Group."

**Physical and Occupational Therapy (PT/OT):** ARS will pay for PT/OT services when prescribed and provided by competent medical personnel and when necessary to a VR program. If the expected duration of treatment is more than 30 days, then equivalent services at ACTI should be considered.

**Podiatrist or Chiropractor:** ARS will pay for the services of a Podiatrist or Chiropractor only with Medical Consultant approval.

**Dental:** ARS may purchase dental services including oral surgery when necessary for an individual to participate in or complete a VR program. Available services do not include routine preventive dental care. Services will be purchased consistent with the ARS fee schedule. (See Appendix I. for additional fee information.)

**EXCEPTION:** Insurance benefits must be used first in paying for surgical and medical services. The amount allowed by the ARS Fee Schedule will be authorized followed by the statement "Rehabilitation Services will pay only that part of the authorized amount not covered by the insurance policy up to the maximum amount allowed by the ARS Fee Schedule". (See Appendix I. for additional fee information.)

## **PROCEDURES – MEDICAL, SURGICAL, PSYCHIATRIC, AND MEDICALLY DIRECTED TREATMENTS**

- Documentation of the action to be taken will be made in the case narrative.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. (See Appendix I. for additional fee information.)
- Select appropriate ARS Procedure code. .
- Key data for Status 18 if needed. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When billing statement is received, along with a report, key payment in case management system.
- The medical report will be placed in the case file.
- Refer to Out of State Policy limitations, if necessary.
- UAMS requires special payment.

## **DIRECTED THERAPY FOR WEIGHT LOSS**

ARS may provide services for structured weight loss programs such as Weight Watchers, TOPS, etc. or other medical directed programs. The counselor should make every effort to seek out programs in the community that provide supportive/mental health counseling and address significant lifestyle changes including diet, exercise, and behavior modification. **The counselor will consult with the District Manager for approval of the treatment program and negotiated costs.**

### **PROCEDURES – DIRECTED THERAPY FOR WEIGHT LOSS**

- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E).
- Counselor will negotiate reasonable fees with the vendor.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Select appropriate ARS Procedure code.
- Key data for Status 18 if needed. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- Refer to Out of State Policy limitations, if necessary.
- UAMS requires special payment.

### **TREATMENT FOR MORBID OBESITY (GASTRIC RESTRICTIVE, LAP BAND OR BYPASS SURGERY)**

Individuals requesting assistance from ARS for gastric restrictive, lap band or bypass surgery as a method of treatment for morbid obesity are to be informed the procedure is a major operation with the potential of both short-and long-term complications.

Any decision to use surgery as a treatment for morbid obesity requires assessing the risk-benefit by an experienced physician(s). Candidates for the procedure should be judged as having a low probability of success using non-surgical measures as demonstrated by failure in an established weight control program(s). Such programs might include in various combinations behavior modification, exercise, low- or very low-calorie diets, and drug therapy.

A diagnosis of morbid obesity alone does not indicate an individual is an appropriate candidate for this procedure. High-risk conditions such as significant diabetes mellitus, obstructive sleep apnea, obesity-related cardiomyopathy and joint disease would increase the likelihood an individual would be an appropriate candidate for gastric restrictive, lap band or bypass surgery.

Individuals with a diagnosis of morbid obesity may be eligible for restoration services if all the following criteria are met:

- 1) Have a Body Mass Index (BMI) of at least 55 (BMI is an individual's weight in kilograms divided by his/her height in meters squared),
- 2) Have an associated high-risk co-morbid condition(s);
- 3) Have documentation the morbid obesity has been present for a minimum of 5 years;
- 4) Have documentation from a treating physician of failure by the individual in a structured weight loss program while under that physician's care for a minimum of 1 year; and this documentation must be within the last 2 years.
- 5) Counselor's impression that the individual is well motivated and understands the risks associated with the surgical procedure and the restricted eating habits which will follow.
- 6) If the individual has demonstrated success in a structured weight loss program in the past, the Counselor will be required to assess the appropriateness of the gastric restrictive, lap band or bypass procedure Re-enrollment in a structured weight loss program should be explored.

## **SUPPORTED COUNSELING RELATED TO WEIGHT**

After 3 months in a weight loss program, at the counselor's discretion and based on little or no success, the client program needs to be modified.

## **PROCEDURES – GASTRIC BYPASS SURGERY**

- Obtain a general medical assessment or current medical information that documents the individual's diagnosis of morbid obesity and any other high-risk co-morbid conditions.
- Obtain a Mental Health Assessment that indicates the individual does not have a mental health condition that might preclude this restoration service.
- Obtain documentation from a treating physician of the individual's failure in a structured weight loss program for at least 1 year (this documentation must be within the last 2 years.) and the presence of morbid obesity for at least 5 years.
- Documentation of co-morbid conditions by an appropriate physician with a statement of recommendation for weight loss surgery.
- Obtain medical reports that document the need for referral to a surgeon for an assessment to determine the appropriateness of gastric restrictive, lap band, or bypass surgery.
- Obtain an examination from a surgeon proficient in gastric restrictive, lap band, and bypass procedures that documents the individual is an appropriate candidate for this procedure.
- Assess the individual regarding motivation for the procedure and understanding of the associated risks.
- The Counselor will submit received reports and documentation for review and approval by the Medical Consultant.
- The Counselor will submit a memorandum to the District Manager with the reports and all required documentation requesting approval for the procedure.

As a part of the memorandum the counselor will provide the District Manager the counseling issues to be addressed during the restoration and recovery process.

- If the District Manager agrees that all the required documentation is present and the individual meets ARS eligibility and Order of Selection requirements, the individual is an appropriate candidate for the procedure, and agrees with the identified counseling issues, the District Manager will provide the Counselor a memorandum of approval.
- If the District Manager does not agree the individual meets eligibility and Order of Selection criteria, is not an appropriate candidate for the requested gastric restrictive or bypass procedure, or is of the opinion that the identified counseling issues are inadequate or inappropriate, a memorandum of denial will be sent to the counselor notifying the counselor of the decision.
- If the District Manager approves, the Counselor will proceed as with any other physical restoration case.
- During the recovery process the Counselor will be required to document a minimum of 3 counseling sessions prior to case closure.
- It is recommended that the case be placed in post-employment status so that necessary counseling and follow-up can take place to ensure optimum benefits from the procedure.

**NOTE: If the referred case has serious medical problems that pose serious consequences due to delay of case processing, an administrative exception may be requested.**

## **COCHLEAR IMPLANTS**

Requirements:

- Complete psychological exam to determine emotional and mental stability of the individual.
- Document evidence from the individual or employer that the procedure would remove any significant vocational impediment.
- Document counseling with medical personnel and a peer in regard to after effects and adjustment to the procedure.
- Document post-operative aural rehabilitation plan.
- Refer required documentation to District Manager, Deputy Director of Field Operations and Chief of Field Services for approval.

## **SURGICAL AND HOSPITAL INSURANCE**

Insurance benefits must be used first in paying for surgical and medical services. The amount allowed by the ARS Fee Schedule will be authorized followed by the statement.

"Rehabilitation Services will pay only that part of the authorized amount not covered by the insurance policy up to the maximum amount allowed by the ARS Fee Schedule". Authorization will be based on the ARS Fee Schedule. (See Appendix I. for additional fee information.)

## **CONSULTATION**

For diagnostic purposes, the attending physician may consult with another specialist. The counselor must have a recommendation for consultation and prior authorization is required.

## **POST-OPERATIVE REPORTS**

It is the counselor's responsibility to obtain a post-operative report or narrative letter prior to processing the final payment.

## **MINOR SURGERY BY GENERAL PRACTITIONERS**

ARS may pay general practicing physicians for minor surgery, such as the opening of a superficial abscess or removal of a superficial tumor or cyst.

## **MEDICATION**

**Case Service Code for Status 02 - 1110**

**Case Service Code for Status 06 - 1221**

**Case Service Code for Status 18 - 22 – 1321**

**Case Service Code for Status 32 – 1421**

Medication can be provided throughout the program and 30 days following placement.

The counselor must document the ongoing medication need either through the Medical Consultant, or the individual's personal care physician. The counselor must actively negotiate for the most economical medication prices.

## **PROCEDURES – MEDICATION**

- Documentation of the action to be taken will be made in the case narrative.
- Medical reports and recommendations including prescription will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Select appropriate ARS Procedure code.
- Key data for Status 18 if needed. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- Refer to Out of State Policy limitations, if necessary.
- UAMS requires special payment.

## **SPEECH AND HEARING THERAPEUTIC SERVICES**

**Case Service Code for Status 06 - 1221**

**Case Service Code for Status 18 - 22 – 1321**

**Case Service Code for Status 32 - 1421**

Individuals with organic or inorganic speech and hearing disorders may be scheduled for evaluation and therapy by an approved therapist. The counselor will furnish the therapist with information needed to provide services.

### **PROCEDURES – SPEECH AND HEARING THERAPEUTIC SERVICES**

- Documentation of the action to be taken will be made in the case narrative.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. (See Appendix I. for additional fee information.)
- Select appropriate ARS Procedure code.
- Key data for Status 18 if needed. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- Refer to Out of State Policy limitations, if necessary.
- UAMS requires special payment.

## **HOSPITALIZATION, CONVALESCENT CARE AND NURSING SERVICES**

**Case Service Code for Status 06 – 1222**

**Case Service Code for Status 18 - 22 – 1322**

**Case Service Code for Status 32 - 1422**

ARS will pay for inpatient or outpatient hospitalization, including blood, in Arkansas hospitals according to current Medicaid fees or other fees established.

ARS will pay for the day an individual enters the hospital, but not the day on which the individual is discharged.

### **PROCEDURE - HOSPITALIZATION, CONVALESCENT CARE AND NURSING SERVICES**

- Documentation of the action to be taken will be made in the case narrative.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. (See Appendix I. for additional fee information.)

- Select appropriate ARS Procedure code.
- Key data for Status 18 if needed. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- Refer to Out of State Policy limitations, if necessary.
- UAMS requires special payment.

## **CONVALESCENT OR NURSING HOME CARE**

**Case Service Code for Status 06 – 1222**

**Case Service Code for Status 18 - 22 – 1322**

**Case Service Code for Status 32 – 1422**

If care in a convalescent or nursing home is medically recommended after a period of hospitalization, the arrangements will be noted in the IPE. There will be a re-evaluation of rehabilitation potential within 30 days.

## **PROCEDURES – CONVALESCENT OR NURSING HOME CARE**

- A recommendation from the attending physician must be secured before authorizing for convalescent or nursing home care.
- Documentation of the action to be taken will be made in the case narrative.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. (See Appendix I. for additional fee information.)
- Key data for Status 18 if needed. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- Refer to Out of State Policy limitations, if necessary.
- UAMS requires special payment.

## **HOSPITALIZATION THROUGH COOPERATING AGENCIES**

ARS will use hospitalization available through cooperating agencies when feasible. It is the counselor's responsibility to determine if these services are available through the cooperating agencies before obligating ARS for these services.

## **RADIOLOGY/ PATHOLOGY**

**Case Service Code for Status 06 – 1221**

**Case Service Code for Status 18 -22 – 1321**

**Case Service Code for Status 32 - 1421**

ARS may pay for radiology/pathology services according to the ARS Fee Schedule.

## **PROCEDURE – RADIOLOGY/PATHOLOGY**

- Documentation of the action to be taken will be made in the case narrative.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (See Appendix I. for additional fee information.)
- Select appropriate ARS Procedure code.
- Key data for Status 18 if needed. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- Refer to Out of State Policy limitations, if necessary.
- UAMS requires special payment.

**NOTE: If radiology and pathology are provided in conjunction with surgery, the medical consultant review is not necessary for these services since the consultant has already reviewed the recommendation for surgery.**

## **SPECIAL NURSES**

**Case Service Code for Status 06 - 1223**

**Case Service Code for Status 18 - 22 – 1323**

**Case Service Code for Status 32 - 1423**

ARS may provide nursing service by a registered nurse only if ordered by the attending physician. Practical nurses will be used only when a registered nurse cannot be obtained or if, in the opinion of the attending physician, the services of a registered nurse are not required. ARS may pay the standard rate for this service in the community.

## **PROCEDURES – SPECIAL NURSES**

- Documentation of the action to be taken will be made in the case narrative.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. (See Appendix I. for additional fee information.)
- Select appropriate ARS Procedure code.
- Key data for Status 18 if needed. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- Refer to Out of State Policy limitations, if necessary.
- UAMS requires special payment.

## **CHILDREN'S MEDICAL SERVICES**

Any individual who may be eligible for Children's Medical Services and who might need physical restoration will be referred to CMS to determine eligibility. If the individual is eligible for services through CMS, ARS will not provide the services.

## **TRAINING**

Training services are those services needed to prepare an eligible individual for work. These services are individualized and are jointly developed by the individual and counselor through the process of informed choice.

Vocational training includes the following broad categories:

- 1) On-the-job Training
- 2) Short-term Specialized Training
- 3) Vocational/Technical
- 4) Community College
- 5) College/University

It is the policy of ARS to provide "individual-appropriate" training services needed to achieve employment. Individual-appropriate services reflect the unique strengths, priorities, concerns, abilities, capabilities, and career interests of each eligible individual. These individual-appropriate services may be based upon a review, to the extent needed, of the following:

- 1) An analysis of pertinent medical, psychiatric, psychological, neuro-psychological, and other pertinent vocational, education, cultural, social, recreational, and
- 2) Environmental factors, and related functional limitations, that affect the employment and rehabilitation needs of the individual;
- 3) An analysis of the individual's personality, career interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities;
- 4) An appraisal of the individual's patterns of work behavior and services needed to acquire occupational skills and to develop work attitudes, work habits, work tolerance, and social and behavior patterns suitable for successful job performance; and
- 5) An assessment, through provision of rehabilitation technology services, of the individual's capacities to perform in a work environment, including in an integrated setting, to the maximum extent feasible and consistent with the individual's informed choice.

ARS recognizes that the transition from high school to post-secondary training is a crucial time and is a period of change and stress. Training options beyond the vocational-technical level must have documentation based on the assessment of rehabilitation needs that the individual can be successful in the selected training area.

An individual is eligible for training:

1. if the individual meets basic eligibility requirements;
2. if the individual is mentally, physically, and temperamentally capable of completing the training and performing the resulting job;
3. if the individual has no skill which, within the limitations of the disability, can be used for satisfactory employment;
4. if there is every indication employment can be found in the trade or occupation for which the individual is to be trained; and
5. after every effort has been made to utilize comparable benefits and other resources.

## **FINANCIAL AID**

The counselor will provide general information regarding various alternative-financing sources; however, the individual is responsible for securing financial aid. Documentation must be presented to the counselor prior to the school's established payment deadline. This documentation can include: college award letter, Student Financial Aid grant response letter, on-line Student Financial Aid grant printouts, or copies of Student Financial Aid grant application forms.

The counselor will utilize the basic cost of education reported from the school that the individual attends. The applicable Student Financial Aid categories are dependent, on campus, dependent off campus, and independent. The basic cost may include tuition books, fees, room and board, supplies and transportation.

The individual will indicate choice of school and course of study in accordance with informed choice by signing the IPE.

**NOTE: ARS will not be bound to any agreement or contract the individual entered into prior to signing the IPE.**

A threshold of \$5000 has been established per twelve month period beginning with initiation date of the IPE for tuition, required textbooks, academic fees, maintenance, and transportation. For an exception refer to Appendix G. (**Exception:** Medical, dental, veterinary schools and those individuals with special needs may be funded at a higher level.)

## **COLLEGES AND UNIVERSITIES**

**Case Service Code – Tuition – for Status 06 – 1231**

**Case Service Code – Tuition – for Status 18 - 22 – 1331**

**Case Service Code – Tuition – for Status 32 - 1431**

ARS will assist individuals in pursuing two and four-year College and university training programs in only those colleges and universities accredited by the appropriate accrediting Agency and whose courses will be given full recognition by other accredited colleges and universities. It is the counselor's duty to determine if the selected institution

is approved by the State Department of Education or by another qualified accrediting Agency of the state in which it is located.

Preference will be given to institutions in Arkansas. If training is not available within the State, or if there are other circumstances, which the counselor feels justifies out-of-state training, such training will be permitted.

If training is available within the State and the client attends an out-of-state institution, the maximum amount payable will be the same as that paid if the individual would be attending an institution within the State as a full-time student. The cost of tuition, fees, textbooks, maintenance, and transportation will not exceed the institution's established education costs.

The cost of private school training will not exceed the cost of State supported institutions. For training at a private Arkansas institution, ARS may supplement the individual's resources and pay up to, but not more than, training fees at State supported institutions for a full-time student. If training is not available within the State, ARS may pay the fees charged by the particular out-of-state university or college for a full-time student.

A threshold of \$5000 has been established per twelve month period beginning with initiation date of the IPE for tuition, required textbooks, academic fees, maintenance, and transportation. For an exception refer to Appendix G.

## **ADVANCED DEGREE**

It is ARS policy to assist individuals in obtaining an advanced degree only when this degree is a minimum requirement for the vocational objective. The decision to obtain an advanced degree must be determined at the time of initial plan development. For example: A client whose vocational objective is teaching may not change the objective to superintendent or principal in order to receive further ARS financial assistance.

ARS may assist clients beyond the Bachelor level in occupations that require advanced training for entry level, such as medicine, dentistry, law, etc. and must be determined at the time of initial plan development.

## **FULL-TIME STUDENT**

A full-time student receiving financial support from ARS is one who completes 12 per semester hours or 6 semester hours for per summer term at the college level.

At the counselor's discretion, exceptions may be made when the record of services reveals that, because of the severity of the disability or for other obvious reasons such as schedule difficulties, the need for part-time work or upon the recommendation from the client's physician, school officials, etc., the client cannot be expected to carry 12 hours of course work. Documentation of the exception must be made in the case file.

## **REMEDIAL COURSES**

ARS will only pay for a total of 6 semester hours of remedial work. These remedial hours must be completed during the first academic year. The following statement will be placed on authorizations for college tuition “ARS will only pay for 6 hours of remedial work.”

## **SATISFACTORY PERFORMANCE – COLLEGE AND UNIVERSITIES**

Any full-time college student who does not complete 12 hours of course work during the regular semester or 6 hours during summer semester with a “C” average (2.0) may be placed on probation for the following semester at the counselor’s discretion. If the client is placed on probation and fails to make a “C” average (2.0), college training will be terminated. Failure to do acceptable college course work will result in a re-evaluation of the client’s program and the selection of a more realistic vocational objective.

## **GRADES – COLLEGES AND UNIVERSITIES**

The counselor is responsible for obtaining grades. This responsibility should be delegated to the individual. Grades (GPA) will be used as the measure of satisfactory progress and must be provided to the counselor in a timely manner in order to approve the next semester. Responsibilities of College Students Form must be signed by the individual and counselor and placed in the individual’s record of services prior to the initial semester and each following fall semester.

Accredited universities/colleges are beginning to offer classes via Internet and other distance education options. These classes can provide college training to individuals with most significant disabilities whose accessibility or environmental needs made traditional campus-based training difficult.

This type of training, however, may be impractical for students who require the reinforcement and motivation of time-scheduled classes and social participation. Because of the many non-accredited correspondence courses offered by businesses or companies, the counselor should evaluate this option carefully.

## **PROCEDURE – COLLEGE AND UNIVERSITY TRAINING**

- Documentation of the action to be taken will be made in the case narrative.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, Student Financial Aid grant response letter, on-line Student Financial Aid printouts, or copies of Student Financial Aid grant application forms.
- Complete Annual Review documenting any changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review, if appropriate.
- The counselor and the individual will complete the College Student’s Responsibilities Form prior to the first semester and then each fall semester.

- Refer to ARS Vendor List or secure W-9 from new vendor.
- If specialized equipment, i.e. computers, software, etc., is purchased a title of retention will need to be completed. (See Appendix E.)
- Refer to the K Drive for the College and University folder for fees.
- Key data for Status 18. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment into the case management system.
- Refer to Out of State Policy limitations, if necessary.

## **COLLEGE TEXTBOOKS**

**Case Service Code for Status 06 – 1230**

**Case Service Code for Status 18 - 22 –1330**

**Case Service Code for Status 32 – 1430**

ARS may purchase required textbooks for full-time students who are making satisfactory progress. Authorizations for textbooks must be submitted to the bookstore in a timely manner, usually prior to the beginning of classes. The request for payment from the bookstore must be accompanied by a list of books purchased, individual book price, and the individual's signature.

## **PROCEDURES – COLLEGE TEXTBOOKS**

- Documentation of the action to be taken will be made in the case narrative.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, Student Financial Aid grant response letter, online Student Financial Aid printouts or copies of Student Financial Aid grant application forms.
- Complete Annual Review documenting any changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review.
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for Status18. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment.
- Refer to Out of State Policy limitations, if necessary.

## **BUSINESS/COMPUTER SCHOOLS OR COLLEGES**

**Case Service Code for Status 06 – 1233**

**Case Service Code for Status 18 - 22 –1333**

**Case Service Code for Status 32 - 1433**

ARS may purchase training for qualified clients in any business school or college capable of providing the training necessary for the client to attain the vocational objective.

Satisfactory performance will be documented by a progress report indicating satisfactory progress in the training program.

## **PROCEDURES – BUSINESS SCHOOLS OR COLLEGES**

- Documentation of the action to be taken will be made in the case narrative.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, Student Financial Aid grant response letter, online Student Financial Aid printouts or copies of Student Financial Aid grant application forms
- Complete Annual Review documenting any changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review.
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If specialized equipment, i.e. computers, software, etc., is purchased a title of retention will need to be completed. (See Appendix E.)
- Key data for Status 18. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment.
- Refer to Out of State Policy limitations, if necessary.

## **VOCATIONAL SCHOOL**

**Case Service Code for Status 06 – 1234**

**Case Service Code for Status 18 - 22 –1334**

**Case Service Code for Status 32 - 1434**

ARS may purchase training for qualified individuals in any vocational, trade, or technical school capable of providing the training necessary for the individual to attain the vocational objective. If training is available within the State and the individual attends an out-of-state school, the maximum amount payable will be the same as that paid if the individual would be attending an institution within the State as a full-time student. Satisfactory performance in a non-academic program will be documented by a progress report indicating satisfactory progress in the training program.

## **PROCEDURES – VOCATIONAL SCHOOL**

- Documentation of the action to be taken will be made in the case narrative.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, Student Financial Aid-grant response letter, online Student Financial Aid printouts or copies of Student Financial Aid grant application forms.
- Complete Annual Review documenting any changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review.
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for Status 18. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment.
- Refer to Out of State Policy limitations, if necessary.

## **COSMETOLOGY/BARBER SCHOOL**

**Case Service Code for Status 06 -1234**

**Case Service Code for Status 18-22 – 1335**

**Case Service Code for Status 32 - 1434**

ARS may purchase training for qualified individuals in cosmetology/barber schools capable of providing training necessary for the individual to attain the vocational objective. ARS requires a copy of the schools program costs and Student Financial Aid grant eligibility or ineligibility be placed in the individual's case file by the time of plan development. Tuition will be authorized and paid at an hourly rate. Billing will be processed only with receipt of a monthly progress report verifying the number of hours the individual attended.

**The District Manager's approval is required if extenuating circumstances occur such as changes or expenses beyond the agreed rate, or additional training time to meet the required 1500 hours.**

Satisfactory performance in a non-academic program will be documented by a progress report indicating satisfactory progress in the training program.

## **PROCEDURES - COSMETOLOGY/BARBER SCHOOL**

- Key data for Status 18 (Refer to the case management system.)
- Documentation of the action to be taken will be made in the case narrative.
- A copy of the school's program costs will be placed in the case file by the time of plan development.

- The case record must document the school's Student Financial Aid eligibility or ineligibility.
- The award/denial letter/Student Financial Aid will be obtained and placed in the case file
- Complete Annual Review documenting any changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review.
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for Status 18. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment.
- Refer to Out of State Policy limitations, if necessary.

## ON-THE-JOB TRAINING

**Case Service Code for Status 06 - 1235**

**Case Service Code for Status 18 - 22 - 1335**

**Case Service Code for Status 32 - 1435**

Vendors used for on-the-job training must be reputable, established firms that can supply the individual training in the selected job. The counselor must choose only those training sites that have:

- 1) proper equipment,
- 2) sufficient work to ensure adequate practice for the individual to reach proficiency,
- 3) the trainer must possess the knowledge, skill, and ability to train the individual,
- 4) daily training period long enough for the individual to acquire the necessary skills.

The counselor will consider:

- 1) the personality and skill of the trainer,
- 2) attitude toward rehabilitation and the individual,
- 3) past success in training individuals, and
- 4) willingness of the employer to hire the individual when trained.

Arkansas Rehabilitation Services will pay an On-the-Job\_training fee to the vendor for providing instruction to the individual to help them reach a skilled proficiency level in the work area selected. **ARS does not pay the individual's salary or wages.** ARS pays a training fee to the vendor or employer for on-the-job training services.

The vendor must put the individual on the payroll and pay the same starting wage that is paid to other new employees. The training fee should be equal or above the current minimum wage amount. The individual must be offered the same benefits as other employees. The trainee has the same responsibilities as all other employees.

Satisfactory performance in a non-academic program will be documented by a progress report indicating satisfactory progress in the training program.

## **PROCEDURES ON-THE-JOB**

- The counselor will negotiate with the vendor the training fee and the length of On-the-Job program. The fee and time period should be kept to a minimum.
- Documentation of the action to be taken will be made in the case narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for Status 18 (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment into the case management system.
- The training vendor will provide a progress report to the counselor with appropriate billing forms. The counselor will not process payment for On-the-Job training without proper progress reports.

## **ADJUSTMENT TRAINING**

**Case Service Code for Status 06 – 1236**

**Case Service Code for Status 18 - 22 –1336**

**Case Service Code for Status 32 - 1436**

This is training which will help the individual adjust to a particular situation hindering his/her ability to work. Included would be work conditioning, developing work tolerance, mobility training, remedial training, literacy training, lip reading, Braille, etc.

## **PROCEDURES – ADJUSTMENT TRAINING**

- Documentation of the action to be taken will be made in the case narrative.
- Complete applicable vendor referral form.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for Status 18 (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- The training vendor will provide a progress report to the counselor with appropriate billing forms. The counselor will not process payment for the adjustment training without proper progress reports.

**NOTE: Training in the use of Rehabilitation Technology Devices would be coded Rehabilitation Technology Services.**

## MISCELLANEOUS TRAINING

**Case Service Code for Status 06 – 1237**

**Case Service Code for Status 18 - 22 –1337**

**Case Service Code for Status 32 - 1437**

This category includes academic training on secondary education level or lower, as well as, specialized academic schools for persons who are blind or deaf. It also includes training not listed in the above categories, such as correspondence study. Only a few individuals are able to satisfactorily pursue a correspondence study course; therefore, ARS personnel regard this method as impractical in most cases. There may be exceptions if justified by specific conditions.

The correspondence method may be used if:

- 1) training cannot be arranged by any other method;
- 2) the individual needs preliminary training, which may be obtained more practically and efficiently by correspondence, prior to entering another training method; or
- 3) satisfactory living arrangements cannot be made to secure training by any other method.

The following criteria will be used for those individuals considered for correspondence training:

- 1) an intense interest in the chosen work field,
- 2) sufficient intelligence indicated by standardized tests or past academic performance,
- 3) some previous knowledge of, or experience in, the chosen field,
- 4) adequate time to devote to course study, and
- 5) full-time must be 12 hours and maintain a GPA of 2.0 per semester.

For college correspondence training, fees will be determined by the number of "credit hours" and the institution's rate. The published fees of the selected college will be the maximum paid by ARS. Fees will be paid when the college submits a bill.

In paying for correspondence courses other than college, the total cost of the training will be divided by the number of lessons. **ARS payment will be made as lessons are completed.** Counselors are responsible for negotiating with correspondence study vendors to ensure agreement with this payment plan.

**If correspondence training is selected, the counselor must obtain the District Manager's approval.**

## PROCEDURES – MISCELLANEOUS TRAINING

- Documentation of the action to be taken will be made in the case narrative.
- Complete Annual Review documenting any changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for Status 18 (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- Refer to Out of State Policy limitations, if necessary.
- The training vendor will provide a progress report to the counselor with appropriate billing forms. The counselor will not process payment for the training without proper progress reports.
- When the billing statement is received, key the payment into the case management system.

## BOOKS AND TRAINING MATERIALS

Books and training materials will be limited to required textbooks, including required math calculators. ARS will not furnish office supplies such as paper, pencils, pens, glue and file folders.

## TRANSPORTATION

**Case Service Code for Status 02 – 1191**

**Case Service Code for Status 06 – 1291**

**Case Service Code for Status 18 - 22 –1391**

**Case Service Code for Status 32 – 1491**

Transportation costs for VR services may be paid at the usual rates not to exceed the State allowed rate. Transportation costs can only be paid as an auxiliary service to **core VR services**. **Transportation is not a stand-alone service.**

If public transportation is not available or the individual, because of disability, cannot travel by public transportation, the counselor should make every effort to negotiate an estimated cost of gas only if it is the least expensive travel cost.

This does not apply to taxicab fares within a city, which will be paid at the prevailing rates when necessary and authorized.

**NOTE: Transportation for diagnostic services will be coded as diagnostic.**

The case record will document justification for the need for the service and include the method of calculating the cost of the service. Receipts or other documentation showing the individual received the service is required before the payment is processed.

## **TRANSPORTATION FOR PHYSICAL RESTORATION SERVICES**

**Case Service Code for Status 06 – 1291**

**Case Service Code for Status 18 - 22 –1391**

**Case Service Code for Status 32 – 1491**

Transportation for physical restoration services may be paid. Transportation may be paid for checkup visits to a doctor or hospital only when the counselor has prior notice of the necessity of the visit and has authorized each trip.

## **TRANSPORTATION FOR TRAINING SERVICES INCLUDING COLLEGE**

**Case Service Code for Status 06 - 1291**

**Case Service Code for Status 18 - 22 - 1391**

**Case Service Code for Status 32 - 1491**

If the training location is where the individual cannot live at home, transportation costs may be paid for a direct, one-way trip at the beginning of the training session. At the session's conclusion, transportation from the training location to the job site may be paid. ARS may pay bus fare, or if justified by the individual's physical condition, may pay taxi fare to and from the boarding house and training site. Transportation may be paid if the individual lives at home and daily transportation is required. **Note: Receipts are required for reimbursement if transportation costs are to be provided directly to the client.**

## **TRANSPORTATION FOR PLACEMENT**

**Case Service Code for Status 20 - 22 –1391**

**Case Service Code for Status 32 - 1491**

Transportation may be paid for placement or self-employment when necessary for up to 30 days.

## **AMBULANCE**

**Case Service Code for Status 06 – 1291**

**Case Service Code for Status 18 - 22 –1391**

**Case Service Code for Status 32 - 1491**

ARS will pay for ambulance service only when the attending physician or other health authorities certify the individual cannot safely travel by other public or private transportation or if ambulance service can be secured as cheaply as other transportation.

## **TRANSPORTATION FOR DIAGNOSIS INCLUDING SUBSISTENCE WHILE IN TRANSIT**

**Case Service Code for Status 02 - 1110**

**Case Service Code for Status 06 – 1210**

**Case Service Code for Status 10 - 22 –1310**

**Case Service Code for Status 32 – 1410**

Transportation and meals may be paid for transit when required for out of town diagnosis. Transportation and meal reimbursement based on the State VR Agency's prevailing rate.

### **PROCEDURES - TRANSPORTATION**

- Documentation of the action to be taken with justification for the service will be made in the case narrative.
- Documentation of the method used to calculate the cost of the service will be made in the case narrative.
- Receipts or other documentation verifying the individual received the service will be made in the case narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment into the case management system.

### **MAINTENANCE**

**Case Service Code for Status 06 – 1240**

**Case Service Code for Status 18 - 22 –1340**

**Case Service Code for Status 32 - 1440**

Maintenance includes payment to cover the individual's basic living expenses such as food, shelter, clothing, health maintenance, and other subsistence expenses essential to determine the individual's rehabilitation needs or to achieve the VR objective.

Maintenance may be provided at any time while the case is in a Trial Work Experience or Extended Evaluation program or an IPE is in effect.

After job placement, maintenance will only be paid until the individual receives their first paycheck. If the individual is self-employed, maintenance is limited to 30 days. **For an exception refer to Appendix G.**

Maintenance payments for training will be reimbursed at the end of a stated period (two weeks, four weeks, one month, or other). Authorization will be made in accordance with the IPE and may be paid to the client's boarding house, landlord, school, etc.

**Note: Maintenance for diagnostic services will be coded as diagnostic.**

The case record will document justification for the need for the service and include the method of calculating the cost of the service. Receipts or other documentation showing the individual received the service is required before the payment is processed.

## **PROCEDURES - MAINTENANCE**

- Documentation of the action to be taken with justification for the service will be made in the case narrative.
- Documentation of the method used to calculate the cost of the service will be made in the case narrative.
- Receipts or other documentation verifying the individual received the service will be made in the case narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment into the case management system.

## **MAINTENANCE DURING PHYSICAL RESTORATION SERVICES**

**Case Service Code for Status 06 - 1240**

**Case Service Code for Status 18 - 22 – 1340**

**Case Service Code for Status 32 – 1440**

An individual receiving physical restoration services may be eligible for maintenance while away from home.

## **MAINTENANCE FOR VOCATIONAL PROGRAMS**

### **COLLEGE TRAINING**

**Case Service Code for Status 06 - 1240**

**Case Service Code for Status 18 - 22 - 1340**

**Case Service Code for Status 32 - 1440**

**Note: An outside substantial source of support must be documented prior to beginning a college program.**

ARS may pay college maintenance costs to those individuals eligible under order of selection, provided:

- 1) the assessment for vocational needs indicates that college training is the most feasible training option, and,
- 2) a comprehensive search of similar benefits and alternative funding sources has been completed.

Maintenance services are available at the Arkansas Career Training Institute (ACTI.)

## **FULL-TIME VOCATIONAL TRAINING**

**Case Service Code for Status 06 – 1240**

**Case Service Code for Status 18 - 22 –1340**

**Case Service Code for Status 32 - 1440**

Maintenance may be paid for an individual in business, trade, technical, or other schools, on – the - job training, and apprenticeship training.

## **REHABILITATION CENTERS AND FACILITIES**

**Case Service Code for Status 06 – 1240**

**Case Service Code for Status 18-22 –1340**

**Case Service Code for Status 32 - 1440**

Maintenance will be paid based on the State VR Agency's prevailing rate.

## **PLACEMENT**

**Case Service Code for Status 20-22 –1340**

**Case Service Code for Status 32 - 1440**

After job placement, maintenance may be paid until the individual receives the first paycheck. Maintenance will not continue for more than 30 days after placement unless approved by the District Manager. **For an exception refer to Appendix G.**

## **PROCEDURES – MAINTENANCE FOR VOCATIONAL PROGRAMS**

- Documentation of the action to be taken with justification for the service will be made in the case narrative.
- Documentation of the method used to calculate the cost of the service will be made in the case narrative
- Receipts or other documentation verifying the individual received the service will be made in the narrative.
- Complete Annual Review documenting any changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment into the case management system.

## **OTHER SERVICES**

**Case Service Code for Status 06 – 1290**

**Case Service Code for Status 18 -22 –1390**

**Case Service Code for Status 32 – 1490**

Other goods and services include tools, equipment, and initial stock and supplies for vending stands, business and occupation licenses.

## **PROCEDURES – OTHER SERVICES**

- Documentation of the action to be taken will be made in the case narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Case must be in a service status before the authorization can be written. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment into the case management system.

## **SUPPORTED EMPLOYMENT SERVICES (SES)**

For a detailed discussion of all aspects of Supported Employment and transitional employment for persons who have long-term mental illness (LTMI), counselors are directed to the **Arkansas Guide to Supported Employment Services**.

ARS will provide supported employment services to any individual who is certified as having a most significant disability and for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of that disability; has been determined eligible under Title I; and has been determined by an assessment of rehabilitation needs to have:

- 1) the ability or potential to engage in a training program leading to supported employment;
- 2) a need for on-going support services in order to perform competitive work; and
- 3) the ability to work in a supported employment setting in competitive employment in an integrated setting, or employment in integrated settings in which individuals are working toward competitive employment.

Supported Employment involves full or part-time employment averaging at least 15 hours per week for each pay period. It may be less than 15 hours with District Manager's approval.

The individual is placed in an integrated work setting with no more than eight persons with disabilities. Ongoing support services are provided at least twice monthly at the work site (except for LTMI) after ARS case closure throughout the term of employment.

The 18-month limitation on the provision of supported employment services has been amended to permit extension of this service on a case-by-case basis as determined and documented on the IPE.

Primary job coach components of supported services are:

- 1) Job development involving matching the individual to the job, communicating with family and employers where needed on behalf of the individual, and assisting in the arrangement of transportation.
- 2) Placement, job-site training and support to assist the individual in both acquiring the production skills and general worker traits needed by the employer and in developing positive work relationships with the employer and co-workers.
- 3) Promoting job retention through building employer and co-worker supports for the client, maintaining a job site presence consistent with the individual's needs, and assuring support is accessible to the employer, family or individual where needed.

Choosing the Supported Employment Service Model: Supported employment services can be provided through individual (individual placement, job coach) models or group (enclave, mobile crew) models. For an extensive discussion of these models, counselors are directed to the Arkansas Guide to Supported Employment Services.

Supported Employment consumers may not be considered for post-employment services.

When a job is lost, the counselor should take a new referral. The counselor can re-initiate supported employment services for a former consumer in instances of job destabilization or potential upgrade.

**All ARS requirements related to the provision of services will apply in the provision of supported employment services.**

**ARS funding will cease when an individual meets the supported employment service objectives on the IPE and is stable in employment.**

Job stability measures in the Individual Competitive Employment Model are:

- 1) employer satisfaction with job performance;
- 2) completion of the skill training, adjustment, and fading activities of the employment specialist; and
- 3) an average intervention time by the employment specialist of less than 20 percent of the individual's working hours over a 90-day period.

Job stability measures for the Group Models are:

- 1) employer satisfaction with job performance;
- 2) completion of the skill acquisition and work site adjustment phase of the individual's training plan by on-site trainer; and
- 3) intervention on the part of the on-site trainer or supervisor over a 90-day period is directed at maintaining or improving level of production and not at major barriers to successful integration into the host company.

## **PROCEDURES – SUPPORTED EMPLOYMENT SERVICES (SES)**

- Complete the Certificate of Eligibility. (See Appendix E)
- Complete the IPE utilizing informed choice. The counselor will indicate the extended service provider on the IPE at plan development.
- ARS will purchase services on a fee-for-service basis as directed in current Arkansas Guide to Supported Employment:
  - Milestone #1 – Referral/Job Development: to be paid at time of referral by counselor to the provider Agency.
  - Milestone #2 – Job Match: upon job placement as agreed by the counselor, individual and provider.
  - Milestone #3 – Stabilization: at point of stabilization Status 22 (stabilization is to be determined by job coach intervention faded to 20 percent).

In addition, the individual and the employer must be satisfied with the job placement performance.

- Milestone #4 – Closure: after remaining in Status 22 for 90 days and eligible for a successful Status 26 closure.

## **SUPPORTED EMPLOYMENT SERVICES (SES)-TRANSITIONAL EMPLOYMENT SERVICES (TES)**

Transitional Employment Services are for persons with LTMI and provide paid work in a job slot in competitive industry. This service may result in independent competitive employment. ARS sponsored transitional employment must involve an average of 15 hours of work per pay period with the District Manager's approval. Authorizations for Transitional Employment Services will not exceed 125 days over a 12- month period.

## **PROCEDURES – SES TRANSITIONAL EMPLOYMENT SERVICES**

- Complete the Certificate of Eligibility. (See Appendix E.)
- Complete the IPE utilizing informed choice.
- ARS will purchase services on a fee-for-service basis as outlined in procedures above.

Primary Agency Fund Codes and their appropriate use for authorizing SE and TES are as follows:

- 1) Use Title VI-C, Program Code 34 Federal Supported Employment funds to purchase direct and ancillary services for persons who meet all of the criteria for supported employment relating to hours worked, integration, group size, need and availability of post closure follow along, and severity of disability. Examples of when to use this code are:
  - A. Supported Employment services for persons with mental retardation who meet the above criteria.
  - B. Supported Employment Services and Transitional Employment Services for persons with LTMI who meet the above criteria.

- 2) Supported employment services for secondary students. The Agency may plan with and sponsor SES for students who are classified as most significantly disabled and are completing their last year of "formal" education. To provide these services:
- A. The SES must be identified on the IPE, IEP, and ITP, if appropriate, and it results in full/part-time employment.
  - B. Vocational awareness/job readiness services, if appropriate, should be identified on the IEP and/or ITP, are considered academic in nature and will not be sponsored by ARS.
  - C. During the last 60 days, prior to the student's exit from school, SES as identified on the IPE, IEP, and ITP, if appropriate, may be provided by ARS.
  - D. The vendor of follow along services must be identified on the IPE, IEP, and ITP, if appropriate.
  - E. If transportation is needed for the SES, the provider must be identified on the IEP and ITP, if appropriate.

## **PROVISION, IMPACT AND SCOPE OF SERVICES TO FAMILY MEMBERS**

Services may be provided to an individual's family when necessary for the individual to attain the vocational objective. These services must substantially contribute to the individual's rehabilitation. The necessity of service provision to an individual's family should be based on a study of the individual's needs. This includes problems faced by the family in support of the individual's rehabilitation. Substantial impact services are those that allow or increase the opportunity for an individual's use of VR services. Without these services, the individual would be unable to begin or continue the IPE, which may result in delayed employment or unachievable employment. The individual and their family member(s) must be jointly involved in deciding if services to a family member can contribute to the individual's rehabilitation program. In developing the IPE, it is important that both the individual and family members understand the basis for provision of family services, i.e., such services must be necessary to the individual's adjustment or vocational rehabilitation.

While the counselor often sees family members during the preliminary or thorough diagnostic study, these interviews and any incidental advice provided during such sessions are not considered a service to a family member. Rather, such interviews and counseling are part of the process of determining the individual's eligibility for VR or the scope of services to be provided.

Services may include childcare, training, transportation, relocation of the family to an area where work is available for the individual, and any other necessary support services for the individual. These services may include any VR services and may be provided without age restriction of the family members. **Services to family members must be included on the IPE.**

Educating the family on the importance of using personal resources, family support, and other available community resources is essential to the successful completion of the rehabilitation program. Appropriate and available resources should be fully utilized in

the provision of services to a individual's family when necessary to the individual's adjustment or rehabilitation. Any contribution by family members to the cost of these services is regarded as participation by the individual.

**Although these services are intended for the individual's benefit, the family member(s) will also benefit. A family member with a disability that might qualify the individual for VR services should be considered a prospective ARS consumer.**

## **PROCEDURES – SERVICES TO FAMILY MEMBERS**

- The counselor must document in the case narrative why services are needed, which family member needs services, what services are needed, how the services will contribute to the individual's adjustment or rehabilitation, and how services will be secured in accordance with informed choice.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for appropriate Status. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment into the case management system.

## **TERMINATING SERVICES TO FAMILY MEMBERS**

Services to family members can be an integral part of the individual's VR, Trial Work Experience or EE program, service termination should be considered when the service no longer substantially contributes to the individual's program or when the individual is rehabilitated.

When the individual has been placed in employment and the case is ready for closure, but services to the family members have not been completed and are still expected to substantially contribute to the individual's rehabilitation program, the case should not be closed until services to family members are completed or terminated.

## **POST- EMPLOYMENT SERVICES TO FAMILY MEMBERS**

Post-employment services to family members may be provided after the individual is rehabilitated if services are necessary to help the individual maintain employment. Post-employment services to family members must be included on an IPE.

## **POST- EMPLOYMENT SERVICES**

Post-employment services may be provided after the individual has been closed as Rehabilitated (Status 26) and needs services to maintain, regain or advance employment. Post-employment services may only be provided to individuals in Status 32. Cases that are closed in Status 26 can only be placed in Status 32.

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 individualized plan for employment; thus, a redetermination is not required.

**NOTE: Procedures to develop a Status 32 closure are covered in the Closure Section VIII.**

**NOTE: Post-employment services will not exceed 18 months; however an extension of time can be requested from the District Manager, Deputy Director of Field Services, and Chief of Field Services.**

## **PROCEDURES – POST- EMPLOYMENT**

- Case must be in Status 32 to provide post-employment services.
- The counselor must maintain contact with the individual, employer, and vendors who may be involved in the provision of services.
- Document in the case narrative the justification for post-employment services and the individual's progress in maintaining employment.
- Refer to ARS Vendor List or secure W-9 from new vendor, if needed.
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment into the case management system.

## **TOOLS, EQUIPMENT, INITIAL STOCK, AND CONSTRUCTION**

**Case Service Code for Status 06 - 1290**

**Case Service Code for Status 18 - 22 -1390**

**Case Service Code for Status 32 – 1490**

Tools, equipment, initial stock and occupational licenses may be provided for an individual if:

- 1) They are necessary for placing the individual in a job or occupation best suited to that individual's abilities and skills;
- 2) the employer does not ordinarily furnish these articles;
- 3) they are for the individual's exclusive use; and
- 4) if the individual is self-employed, self-employment is the most suitable method of placing the individual in a remunerative occupation.

These articles must be for the individual's own use in work performance and must remain in the individual's possession and control as long as the individual remains in the job or occupation. However, the individual may dispose of initial stock in the ordinary course of business.

A threshold of \$5000 has been established for the purchasing of Tools, Equipment, Initial Stock, and Construction related services. **For an exception refer to Appendix G.**

## **PURCHASING (State Purchasing Guidelines)**

When the purchase exceeds \$5,000.01 but is less than \$10,000 (tax excluded) District Manager approval is required. The counselor will obtain at least three written quotes, complete the RS-357 with a Memo, and submit this information to the District Manager. If less than three quotes are obtained, a statement of explanation will accompany the purchase request. Quote specification details will be consistent to all vendors. The RS-357 will be submitted to the Chief of Field Services for approval. An approved copy of the RS-357 will be returned to the counselor. Upon receipt, the counselor may issue an authorization.

**Exception: If the Central Office provides the counselor with a copy of the State Purchasing Agency's purchase order (contract), a copy of the authorization will not be sent to the vendor.**

**Exemption:** Surgery, treatment, hospitalization; prosthetic devices; professional, technical, and other personal services; room and board; transportation charges; books, manuals; periodicals; and copyrighted educational aids.

## **PROCEDURES – PURCHASING (State Purchasing Guidelines)**

- If the cost of one item or the total cost of like items amount to:
  - \$5,000.01 or more but less than \$10,000 (tax excluded) will require the approval of the District Manager. The counselor will obtain at least three written quotes, complete the RS-357 with a Memo, and submit this information to the District Manager. If less than three quotes are obtained, a statement of explanation will accompany the purchase request. Quote specification details will be consistent to all vendors. The RS-357 will be submitted to the Chief of Field Services for approval. An approved copy of the RS-357 will be returned to the counselor. Upon receipt, the counselor may issue an authorization.
  - \$10,000.01 or more but less than \$25,000 (tax excluded) will require the approval of the Chief of Field Services through the District Manager. The counselor will obtain at least three or more verbal or written quotations and submit this information to the District Manager. If unable to obtain three quotes, a statement of explanation must accompany the purchase request. Quote specification details will be consistent to all vendors.
  - \$25,000.01 or more, the request will be forwarded to the Chief of Field Services. The Central Office will arrange for the purchase. The counselor will determine whether the total cost exceeds \$25,001.00 and, if so, will obtain complete specifications and submit these to the Central Office. Quote specification details will be consistent to all vendors. Brand names may be used as a means of identification and as the basis of specifications only.

**Note: The Vendor selected must provide proof of liability insurance, license, and worker's compensation coverage or exemption to comply with State Building Services regulations.**

## **TITLE RETENTION/RELEASE/REPOSSESSION**

The individual who is provided durable medical equipment, equipment for training, occupational tools and/or equipment by ARS will sign a Title Agreement listing the items provided and specifying that ARS will retain the title. The individual may not sell, mortgage, give away, or dispose of tools and/or equipment provided during the time that ARS retains title. The individual upon receipt of the authorized goods will sign a Title Agreement form in duplicate with a list of all articles. It is the counselor's responsibility to secure the Title Agreement.

### **PROCEDURES – TITLE RETENTION**

- Complete the Receipt for Occupational Tools and/or Equipment and Title Agreement form. (See Forms Appendix E).
- A copy of the Title Agreement with signature will be placed in the case file and a copy given to the individual.

### **TITLE RELEASE**

The counselor may release the title of durable medical equipment, equipment for training, occupational tools and/or equipment when the case is closed rehabilitated. However, in the counselor's judgment, if it is in the best interest of the individual or ARS, the title may be retained indefinitely. When the title is relinquished, the counselor will submit the original Release of Title Form to the individual. A copy of this form will also be placed in the record of services.

### **PROCEDURES – TITLE RELEASE**

- Complete the Release of Title for Tools and/or Equipment
- The original will be placed in the file and copy will be given to the individual.

### **REPOSSESSION**

The Counselor must repossess all durable medical equipment, equipment for training, occupational tools and/or equipment purchased for an individual if the case does not result in a rehabilitated closure.

### **PROCEDURES – REPOSSESSION**

- The counselor will arrange to reclaim the tools or equipment listed on the Title Retention form.
- The case narrative should reflect the action taken.
- The counselor will be responsible for storage of the equipment.

## **RETURNED OR DONATED ITEMS**

Returned or donated equipment will be made available for counselors across the state to use for other cases.

## **REHABILITATION TECHNOLOGY SERVICES**

Assistive technology services must be considered for each individual and if appropriate, referred for the Assistive Technology Program AT @ Work evaluation/assessment.

Rehabilitation Technology Services is 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.

## **REHABILITATION ENGINEERING**

**Case Service Code for Status 02 - 1197**

**Case Service Code for Status 06 - 1297**

**Case Service Code for Status 18 - 22 – 1397**

**Case Service Code for Status 32 - 1497**

Rehabilitation engineering is 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 the functional areas, such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.

## **PROCEDURES – REHABILITATION ENGINEERING**

- Documentation of the action to be taken will be made in the case narrative.
- Complete referral procedures for the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization. (Refer to the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.
- Refer to Out of State Policy limitations, if necessary.

## **ASSISTIVE TECHNOLOGY SERVICES**

**Case Service Code for Status 02 - 1199**

**Case Service Code for Status 06 - 1299**

**Case Service Code for Status 18 - 22 – 1399**

**Case Service Code for Status 32 - 1499**

Assistive Technology Services are services that directly assist an individual in the selection, acquisition, or use of an assistive technology device. Services included are:

- 1) Evaluation of the needs of individuals including a functional evaluation in his/her customary environment;
- 2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices;
- 3) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;
- 4) Coordinating and using other therapies or interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- 5) Training or technical assistance for the individual or, where appropriate, the individual's family.
- 6) 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.

## **PROCEDURES – ASSISTIVE TECHNOLOGY SERVICES**

- Check for appropriate status in the case management system.
- Documentation of the action to be taken will be made in the case narrative.
- Complete referral procedures for the Assistive Technology Program AT @ Work program for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization. (Refer to the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.
- Refer to Out of State Policy limitations, if necessary

## **ASSISTIVE TECHNOLOGY DEVICES**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 18 - 22 – 1398**

**Case Service Code for Status 32 - 1498**

These are devices that enable the individual to participate in a rehabilitation program, to complete necessary assessments, or make it possible for the person to work or become more productive. These devices include 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 functional capabilities of individuals with disabilities.

## **PROCEDURES – TECHNOLOGY DEVICES**

- Check for appropriate status in the case management system
- Documentation of the action to be taken will be made in the case narrative.
- Complete referral procedures for the Assistive Technology Program AT @ Work program for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- Medical Consultant review if required. (See Form Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If assistive technology devices are purchased, a title of retention will be completed and placed in the case file. (See Appendix E)
- Key authorization. (Refer to the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.
- Refer to Out of State Policy limitations, if necessary.

## **PROSTHETIC AND ORTHOTIC DEVICES**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 18 - 22 – 1398**

**Case Service Code for Status 32 - 1498**

Prosthesis means an artificial appliance used for functional or corrective reasons, or both. Orthotics means an orthopedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body. For an original or first device, the purchase must be based on the recommendation of a specialist in the appropriate field.

In cases of replacement and repair of devices, for individuals with a history of satisfactory device use, and in which the basic examination report indicated no pathological change, this report may be sufficient medical basis for rendering the service.

All new or initial wearers and individuals who have had difficulty wearing a limb may be referred to the ACTI Amputee Clinic for evaluation. (See Appendix C)

ARS will purchase prosthetic and orthotic devices from certified professionals in the area of expertise by the American Board of Certification on Orthotics and Prosthetics in accordance with informed choice. Artificial arms, legs, and components must be purchased through prosthetics certified by the American Board of Certification on Orthotics and Prosthetics. A list of approved vendors will be maintained. Payments will be made according to the established ARS Fee Schedule.

In selecting the vendor, the counselor will consider:

- 1) the individual's informed choice,
- 2) the proximity of the vendor to the individual (the vendor should be accessible to the individual for measurements, fittings, adjustments, maintenance and repair) and
- 3) the referral source, if the source is an appropriate vendor.

## **PROCEDURES – PROSTHETIC AND ORTHOTIC DEVICES**

- Check for appropriate status in the current case management system.
- Documentation of the action to be taken will be made in the case narrative.
- Complete referral procedures for the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of the Assistive Technology Program AT @ Work / Arkansas Career Training Institute evaluation in accordance with informed choice and with similar benefits.
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization. (Refer to the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.
- UAMS requires special payment.
- Refer to Out of State Policy limitations, if necessary

## HEARING AIDS

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 18 - 22 – 1398**

**Case Service Code for Status 32 - 1498**

ARS will purchase hearing aids for individuals from licensed dealers or physicians skilled in diseases of the ear after a hearing evaluation by a physician and a hearing aid evaluation by an audiologist. The audiologist's hearing aid evaluation report must specify the type of hearing aid, the specific brand name, and model. Hearing aid adjustments will be included as part of the ARS purchase. The individual must indicate vendor choice in accordance with informed choice by signing the application, or IPE.

## PROCEDURES – HEARING AIDS

- Documentation of the action to be taken will be made in the case narrative.
- Refer individual to audiologist from ARS Vendor list for hearing aid evaluation.
- Counselor will meet with individual to discuss audiologist recommendations in accordance with informed choice and with similar benefits
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Select appropriate ARS Procedure code.
- Key data for Status 18, if appropriate. (Refer to the case management system.
- Key authorization. (Refer to the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.
- Refer to Out of State Policy limitations, if necessary.
- UAMS requires special payment.

## WHEELCHAIRS

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 18 - 22 – 1398**

**Case Service Code for Status 32 - 1498**

ARS may purchase electric and manual wheelchairs and necessary repairs for the individual to proceed through the rehabilitation process. Wheelchairs will be purchased as prescribe by the treating physician. Purchases of specific wheelchairs will be consistent with the recommendation of the therapist and/or wheelchair specialist involved. All requests for power wheelchairs will be referred to the ACTI Physical Therapy Department.

## **PROCEDURES – WHEELCHAIRS**

- Documentation of the action to be taken will be made in the case narrative.
- Complete referral procedures for the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of the assistive technology evaluation in accordance with informed choice and with similar benefits
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If wheelchairs or other durable medical equipment is purchased, a title of retention will be completed and placed in the case file. (See Appendix E)
- Key data for appropriate Status. (Refer to the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- Key authorization (Refer to the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.

## **REPAIR OF WHEELCHAIRS**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 18 - 22 – 1398**

**Case Service Code for Status 32 – 1498**

Repairs of wheelchairs present numerous problems and it will not be possible to provide detailed procedures to cover every possibility. In general, all repairs should first be addressed through the vendor where the wheelchair was purchased. If this is not possible, arrangements should be made to repair the chair at ACTI. The counselor and individual will make the decision based on resources and immediacy of the situation in accordance with informed choice.

## **PROCEDURES - REPAIR OF WHEELCHAIRS**

- Documentation of the action to be taken will be made in the case narrative.
- Check with the Assistive Technology Program AT @ Work to check for parts in inventory for repair. If not refer to Durable Medical Equipment Vendor for repairs.
- Complete referral procedures for the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for Status 18, if appropriate. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)

- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.
- Refer to Out of State Policy limitations, if necessary.
- UAMS requires special payment.

## **BRACES**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 18 - 22 – 1398**

**Case Service Code for Status 32 - 1498**

Braces will be purchased in accordance with informed choice, upon the recommendation of the specific specialist in charge, i.e., an orthopedist in orthopedic cases; a neurologist in neurological cases. Shoes are standard accessories for all leg braces, if the braces attach to the shoes.

These shoes must be included in the brace purchase. Repairs may be authorized for any eligible applicant upon a basic examination only, unless the basic examination indicates other consultations are necessary.

**HSRC Hospital Cases - Braces for individuals who plan to enter the Center will not be provided until the individual is enrolled in the Center and as recommended by the HSRCH Medical Staff. HSRCH Medical Staff will recommend repairs and new braces for Center consumers.**

## **PROCEDURES – BRACES**

- Documentation of the action to be taken will be made in the case narrative.
- Complete referral procedures for the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of the assistive technology evaluation in accordance with informed choice and with similar benefits.
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for appropriate Status. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.

## **GLASSES AND ARTIFICIAL EYES**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 18 - 22 – 1398**

**Case Service Code for Status 32 - 1498**

Glasses, artificial eyes and other visual services may be purchased if recommended by a current eye examination performed by an Ophthalmologist or Optometrist, in accordance with informed choice. Glasses may be purchased only when necessary for the individual to complete evaluation, enter, or complete a rehabilitation service planned training program, or to enter employment. Glasses, ornamental and/or expensive frames will not be purchased for cosmetic reasons.

Prosthetic eyes may be purchased for either cosmetic effect or functional use. Plastic eyes should be purchased unless there are justifiable reasons for another type.

### **PROCEDURES – GLASSES/ARTIFICIAL EYES**

- Documentation of the action to be taken will be made in the case narrative.
- Refer individual to an ophthalmologist from ARS Vendor list for an eye examination.
- Counselor will meet with individual to discuss findings of examination in accordance with informed choice and with similar benefits
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for appropriate Status. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.

### **PERSONAL ASSISTANCE SERVICES**

Personal Assistance Services is a range of services provided by one or more persons, designed to assist an individual with disabilities to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability.

These services may be provided to an individual at any time during the rehabilitation process and may include:

- 1) Attendant
- 2) Interpreter
- 3) Reader

## **ATTENDANT**

**Case Code for Status 02 - 1170**

**Case Code for Status 06 - 1270**

**Case Code for Status 10 - 24 - 1370**

**Case Code for Status 32 - 1470**

ARS will purchase attendant services in accordance with informed choice provided by one or more persons, designed to assist an individual with disabilities to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. These services may be provided to an individual at any time during the rehabilitation process when prescribed by an attending physician.

### **PROCEDURES – ATTENDANT**

- Documentation of the action to be taken will be made in the case narrative.
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for appropriate Status. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment into the case management system.

## **INTERPRETER SERVICES**

**Case Code for Status 02 - 1171**

**Case Code for Status 06 - 1271**

**Case Code for Status 10 - 24 - 1371**

**Case Code for Status 32 - 1471**

ARS may purchase interpreter services for deaf or hearing-impaired individuals involved in a rehabilitation program in accordance with informed choice.

### **PROCEDURES – INTERPRETER SERVICES**

- Documentation of the action to be taken will be made in the case narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for appropriate Status. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment into the case management system.

## **READER**

**Case Code for Status 02 - 1172**

**Case Code for Status 06 - 1272**

**Case Code for Status 10 - 24 - 1372**

**Case Code for Status 32 - 1472**

ARS may purchase reader services for deaf or hearing - impaired individuals and visually impaired individuals involved in a rehabilitation program in accordance with informed choice.

## **PROCEDURES – READER**

- Documentation of the action to be taken will be made in the case narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for appropriate Status. (Refer to the case management system.)
- Key authorization. (Refer to the case management system.)
- When the billing statement is received, key the payment into the case management system.

## **MOTOR VEHICLES**

It is ARS policy not to purchase motor vehicles for an individual or groups of individuals.

## **SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 18 - 22 - 1398**

**Case Service Code for Status 32 - 1498**

Purchase and installation of special equipment and/or vehicle modification may be provided to enable the individual to drive their vehicle or an immediate family member or a designated attendant to provide the individual transportation if:

- 1) The individual or vehicle operator has a current operator license, proof that insurance will cover equipment and proof of vehicle ownership.
- 2) Equipment is purchased from an approved vendor.
- 3) Equipment purchase and/or vehicle modification is made to enable a individual to participate in an approved full-time VR training program or employment. Needed equipment must be established as a criterion for evaluation of progress toward the employment outcome or covered in an IPE amendment.
- 4) A vehicle more than five (5) years old and/or a vehicle with more than 50,000 miles has been determined mechanically sound. This requirement does not apply to vehicles less than five (5) years old or with less than 50,000 miles.

- 5) An Assistive Technology evaluation from the Assistive Technology Program AT @ Work has been completed upon a counselor's request. The evaluation must include an equipment description or specification.
- 6) The individual has been instructed in safe operation and/or use of equipment by the vendor.
- 7) A threshold of \$5,000 has been established for van modifications, including lift.  
**For an exception refer to Appendix G.**

The counselor will follow the State Purchasing guidelines.

ARS will purchase **one** van lift and/or van modification per individual regardless of the times a case is reopened. ARS retains title to special equipment until the case is closed. It is the individual and/or family's responsibility to repair the lift and other adaptive equipment after warranty expiration.

In certain situations, the counselor should consider referral of the individual for a driving evaluation to determine their ability to drive and the necessary vehicle modifications required to operate a vehicle. This evaluation should be completed before the vehicle modifications are approved by the Counselor. Driver's training is available at ACTI or ARS may purchase driver training from an approved instructor or Agency.

## **PROCEDURES—SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES**

- Documentation of the action to be taken will be made in the case narrative.
- Complete referral procedures for the Assistive Technology Program AT @ Work program for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Secure an the Assistive Technology Program AT @ Work evaluation/assessment recommendation.
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- The counselor will follow the State Purchasing guidelines. (See VI. Services Table of Contents)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key data for appropriate Status. (Refer to the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.

**NOTE: THIS SERVICE CANNOT BE PLANNED ON THE IPE OR AMENDMENT UNTIL THE ASSISTIVE TECHNOLOGY EVALUATION HAS BEEN PERFORMED.**

## HOME MODIFICATIONS

ARS will only provide assistance when modifying an individual's place of residence if the individual owns, is buying, or is a long-term renter or in an extended lease of the property. Modifications to the structure of the home will be consistent with American with Disabilities Act (ADA) recommendations. In situations where the person is not the owner or buyer the individual will be responsible for providing in writing landlord approval to make modifications. Modifications to rental property will be restricted to a ramp for the purpose of access/egress. Modifications to an individual's place of residence will be limited to a one time occurrence, whether IL or VR, regardless of the times an individual's case is reopened.

Except for ramps to assist with access/egress, any changes (remodeling) to the home will only occur inside the structure's footprint. Additions to the home are excluded. If the individual, a family member, or caregiver is insistent on an addition to the existing structure it will be the individual's responsibility to provide payment for the addition including all plumbing and electrical costs. ARS can provide technical assistance regarding how to make the addition accessible. If the Counselor is in agreement, ARS can provide support in the purchase of fixtures and related items to assist with toileting, bathing, and related Activities of Daily Living.

Modifications to modular/mobile homes will be limited to construction of wheelchair ramps to assist with access/egress. No construction will be approved inside a mobile home as it may compromise structural integrity.

The individual and or family member will be asked to be part of the solicitation of bids for ARS approved home modifications.

## PROCEDURES – HOME MODIFICATIONS

- Check for appropriate status in the case management system.
- Documentation of the action to be taken will be made in the case narrative.
- Complete referral procedures for the Assistive Technology Program AT @ Work program for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization. (Refer to the case management system.)
- When the home modification is completed the Counselor will verify the need of individual has been met. Document in case narrative.
- When the billing statement is received, key the payment into the case management system.
- Refer to Out of State Policy limitations, if necessary

## VII. INDEPENDENT LIVING REHABILITATION SERVICES

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## **VII. INDEPENDENT LIVING REHABILITATION SERVICES**

### **DEFINITION AND INFORMATION**

Independent Living Rehabilitation Services (ILRS) are any appropriate vocational rehabilitation services (as defined under Title I of the Rehabilitation Act) that will enhance the ability of an individual with a significant disability to live more independently and function within his/her family or community and, if appropriate, secure and maintain appropriate employment.

Services may be provided under this title to any individual whose ability to engage or continue in employment, or whose ability to function independently in the family or community is so limited by the severity of the disability that vocational or comprehensive rehabilitation services are required to significantly improve either the ability to engage in employment or to function independently in the family or community. Priority of services under this part shall be given to individuals not served by other provisions of the Rehabilitation Act.

The term "comprehensive services for independent living" means any appropriate vocational rehabilitation service (as defined under Title I of the Rehabilitation Act) and any other available service that will enhance the ability of an individual with disabilities to live independently and function within the family and community and, if appropriate, secure and maintain appropriate employment. Such service may include any of the following: counseling services, including psychological, psychotherapeutic, and related services; housing incidental to the purpose of this section (including appropriate accommodations to and modification of any space to serve individuals with disabilities; appropriate job placement services; transportation; attendant care; physical rehabilitation; therapeutic treatment; needed prostheses and other appliances and devices; health maintenance; recreational services; services for children of preschool age including physical therapy, development of language and communication skills and child development services; and appropriate preventive services to decrease the needs of individuals assisted under the program for similar services in the future.

If/when an individual is in an institution at the time of referral or enters an institution after they have applied for services, their presence in an institution may affect their eligibility for services. A person's eligibility for ILRS services is based in part on the expectation that the individual will be present and able to participate in services. When a person is in an institution, the counselor may conclude that the person will not be available to take part in a rehabilitation program. The presence of an individual in an institution affects that person's ability to meet the reasonable expectation that ILRS may significantly assist the individual to improve his/her ability to function independently in family or community or to engage or continue in employment and maintain independent functioning. One of the main concerns as an ILRS counselor is the projected length of the person's stay in the institution. For example, if a person is very ill and must enter a hospital for a lengthy stay, is it reasonable to expect they can benefit from services. Examples of institutions in which residents may spend a long period of time are group

home placements, human development centers, prisons, nursing homes, and psychiatric hospitals.

## **ILRS CASE STATUS CLASSIFICATIONS**

- 70 Referral/Applicant Status
- 71 Closure from Referral/Applicant Status
- 72 Active Status
- 73 Closure from Active Status (Services Not Completed)
- 74 Closure from Active Status (Services Completed)

## **ELIGIBILITY**

Eligibility requirements will be applied without regard to sex, race, age, creed, color, national origin, or type of disability of the individual applying for services. No group of individuals will be excluded or found ineligible solely on the basis of type of disability. A person who meets basic eligibility requirements cannot be determined ineligible because of their age.

Residence requirements are the same as for VR services.

## **RESPONSIBILITY FOR DETERMINING ELIGIBILITY**

ARS has the sole responsibility for determining the eligibility of individuals for ILR services. This responsibility remains within the Agency and will not be delegated to any other Agency or individual. The Commissioner has delegated the primary duty for this determination to the rehabilitation counselor. The counselor is required to establish documentary evidence to support the decision and must execute a Certificate of Eligibility for ILR Services (RS-600-B-1). In every case, the Certificate of Eligibility for ILR Services must be completed prior to authorization of case service funds except for diagnosis.

## **BASIC ELIGIBILITY REQUIREMENTS FOR ILR SERVICES**

The counselor is required to show the following conditions exist for each individual determined eligible for ILR services:

- 1) The individual has a significant physical or mental disability with resulting functional limitations in activities.
- 2) These significant limitations constitute a substantial impediment to function independently in family or community or to engage or continue in employment.
- 3) There is a reasonable expectation that ILR services may significantly assist the individual to improve his/her ability to function independently in family or community or to engage or continue in employment and maintain independent functioning.

The following paragraphs define the basic criteria:

**Significant Physical or Mental Impairment** means a physical or mental condition that seriously limits one or more functional capacities (mobility, communication, self-care, self direction, interpersonal skills, work tolerance or work skills) in terms of ability to function independently in family or community or to engage or continue in employment.

**Substantial Impediment to Function Independently** means an individual's ability to live an independent life is significantly restricted, there is a loss of independence, or an individual needs special help to be independent and that services provided will reduce or correct the resulting functional limitations of the disability, overcome the obstacles to independence and/or will significantly assist the individual to improve his/her ability to function independently in family or community or to engage or continue in employment and maintain independent functioning. Consideration should be given to such factors as medical diagnosis, age, education, appearance, personality, attitude, interest, resources, environment, expressed desires, work history, and work opportunities.

## **ECONOMIC NEED AND COMPARABLE BENEFITS**

Services are based on financial need and comparable benefits will be utilized. Services are intended to be comprehensive and one-time services to enable individuals to live and function independently in the home, family, or community and to maintain employment.

In all cases, comparable benefits must be considered. If assistive technology is needed, referral to the Assistive Technology AT @ Work program is required for consideration of comparable benefits. (Refer to Appendix B-20).

## **CERTIFICATE OF ELIGIBILITY**

The counselor is required to include a formal statement of certification indicating eligibility for ILR services in the record of services for each individual. This Certificate of Eligibility statement assures the individual has met the requirements. As a minimum, the certificate shall contain the individual's name, date of eligibility and a narrative statement explaining how the counselor arrived at the basic conditions of eligibility. It must be dated and signed by the counselor. The certificate must be completed simultaneously with, an individual's acceptance for services.

## **CERTIFICATE OF INELIGIBILITY**

When it has been determined that an individual is ineligible for ILR services, the counselor is required to initiate a Certificate of Ineligibility to close the record of services. Ineligibility certification will be made only after full participation with the individual or, as appropriate, parent, guardian or representative after an opportunity for consultation. This certificate will be dated and signed by the counselor and the

individual, their parent/guardian or their representative, then placed in the record of services. In such cases, the counselor will notify the individual in writing of the action taken. When appropriate, referral will be made to other agencies and facilities. The individual may appeal the ineligibility determination. ARS will provide the individual with information on the means by which the an appeal can occur, including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program.

The basic reasons for ineligible determinations are:

- 1) The diagnostic evaluation fails to establish a significant disability.
- 2) There is no functional limitation to independent living.
- 3) There is no potential for independent living because the prognosis is unfavorable, services were refused or unavailable, the individual is uncooperative, institutionalized, dies, or cannot be located.
- 4) The counselor should be sure the individual understands the purpose of the program and the services that are available.

## **ILRS INDIVIDUALIZED PLAN**

The counselor must complete a plan for services.

The components that the ILRS plan must contain:

- 1) A specific Independent Living Services goal consistent with informed choice,
- 2) Criteria for evaluation of progress toward the ILRS goal,
- 3) Specific ILRS services,
- 4) Projected timelines for initiation and duration of services,
- 5) Entity to provide services and methods for procurement,
- 6) Responsibilities of the individual.

The services, service providers, and all activities selected by the individual must be necessary to meet the ILRS goal.

The individual or representative must sign and date the ILRS plan. the individual or representative must be given a copy of the ILRS individualized plan.

The ARS counselor is the approving authority; therefore, the counselor's signature indicates approval of the ILRS individualized plan.

## **PROCEDURES – ILRS INDIVIDUALIZED PLAN**

- The ARS counselor will inform the individual of the options available for development of an Individualized Living Rehabilitation Services Plan on Form RS600-A.
- The ARS counselor will inform the individual of the required components of the ILRS Plan.
- Complete RS600-A. (See Forms Appendix E)
- Key data for status 72.
- Document the counseling provided at ILRS Plan development in the case narrative. (See Forms Appendix E)

## **TERMINATION OF SERVICES UNDER AN IPE**

When it has been determined that an individual cannot meet the projected goals, the counselor is required to initiate an Amendment to the IPE. The reasons for initiating an IPE amendment are:

- 1) The individual does not follow through with the planned program or is uncooperative or
- 2) The individual dies, becomes institutionalized, leaves the state, or becomes too ill to continue the program.

The decision to close the case should be made only with the full participation of the individual, or, as appropriate, the parents, guardian, or other representative, unless the individual is no longer in the State, or his/her whereabouts are unknown. The individual or representative's participation in the decision shall be recorded in the IPE. The rationale will be recorded on an Amendment to the IPE (600-C) certifying that the provision of ILR services has demonstrated that the individual is not capable of functioning more independently in family or community or engaging or continuing in employment. The date of annual review will also be recorded on the Amendment.

## **RE-OPENING A CASE**

A person with a significant disability may re-apply for ILR services at any time after 30 days of closure. In such a situation, the counselor must process the case in a manner similar to an individual applying for the first time. Every effort should be made to review and arrive at a decision on the basis of the present rather than previous conditions.

## **REVIEW OF INELIGIBILITY DECISION**

When a record of services is closed as ineligible, because there is no reasonable expectation ILR services will significantly improve the individual's ability to function independently, an annual review will take place no later than twelve (12) months from the date of ineligibility determination. This review will be conducted so the individual,

their parent, guardian or representative is given full opportunity for consultation in the reconsideration of the decision of ineligibility.

## **SERVICES**

- 1) Counseling services including psychological and psychotherapy, counseling, advocacy services and related services;
- 2) Housing incidental to the provision of any independent living rehabilitation service, including appropriate accommodations to and modifications of any space utilized to serve individuals with significant disabilities;
- 3) Physical and mental restoration services including the services identified in the definition of comprehensive services for independent living;
- 4) Transportation;
- 5) Interpreter services for individuals who are deaf, including tactile interpretation to individuals who are deaf/blind;
- 6) Services to family members of an individual with a significant disability, if necessary, for improving the individual's ability to live and function more independently, or the individual's ability to engage or continue in employment;
- 7) Vocational and other training services including personal and vocational adjustment, when necessary, for improving the ability of an individual with significant disabilities to live and function more independently, or engage or continue in employment;
- 8) Referral services;
- 9) Telecommunications, sensory and other technological aids and devices;
- 10) Services for children of preschool age including physical therapy, development of language and communication skills, and child development services;
- 11) Any other vocational rehabilitation services available under the State Plan for VR services under Title I of the Act, which are appropriate to the independent living rehabilitation needs of an individual with significant disabilities.

## **MOTOR VEHICLE MODIFICATION POLICY**

Administrative exception must be obtained to provide vehicle modification or van lifts for ILRS cases. **For an exception refer to Appendix G.**

**NOTE: If an Administrative Exception is granted the following procedures are to be used:**

## **MODIFICATION FOR MOTOR VEHICLES**

### **Case Service Code for Status 72 - 1398**

Purchase and installation of special equipment and/or vehicle modification may be provided to enable the individual to drive their vehicle or an immediate family member or a designated attendant to provide the individual transportation if:

- 1) The individual or vehicle operator has a current operator license, proof that insurance will cover equipment and proof of vehicle ownership.
- 2) Equipment is purchased from an approved vendor.
- 3) Equipment purchase and/or vehicle modification is made to enable an individual to participate in an approved full-time VR training program or employment. Needed equipment must be established as a criterion for evaluation of progress toward the employment outcome or covered in an IPE amendment.
- 4) A vehicle more than five (5) years old and/or a vehicle with more than 50,000 miles has been determined mechanically sound. This requirement does not apply to vehicles less than five (5) years old or with less than 50,000 miles.
- 5) An Assistive Technology evaluation from the AT @ Work program has been completed upon a counselor's request. The evaluation must include an equipment description or specification.
- 6) The individual has been instructed in safe operation and/or use of equipment by the vendor.
- 7) A threshold of \$5,000 has been established for van modifications, including lift.  
**For an exception refer to Appendix G.**

The counselor will follow the State Purchasing guidelines.

ARS will purchase **one** van lift and/or van modification per individual regardless of the times a case is reopened. ARS retains title to special equipment until the case is closed. It is the individual and/or family's responsibility to repair the lift and other adaptive equipment after warranty expiration. Driver's training is available at ACTI or ARS may purchase driver training from an approved instructor or Agency.

## **PROCEDURES—MODIFICATION FOR MOTOR VEHICLES**

- Documentation of the action to be taken will be made in the case narrative.
- Complete referral procedures to the Assistive Technology Program AT @ Work program for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Secure an Assistive Technology Program AT @ Work evaluation/assessment recommendation.
- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- The counselor will follow the State Purchasing guidelines. (See VI. Services Table of Contents)
- Refer to ARS Vendor List or secure W-9 from new vendor.

- Key data for appropriate Status. (Refer to the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.

**NOTE: THIS SERVICE CANNOT BE PLANNED ON THE IPE OR AMENDMENT UNTIL THE ASSISTIVE TECHNOLOGY EVALUATION HAS BEEN PERFORMED.**

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## VIII. CLOSURE

### CASES CLOSED FROM STATUS 00

Status 00 cases will be dropped automatically by the Case Management System after 180 days if the case is not advanced to Status 02.

### CLOSED NOT REHABILITATED BEFORE/DURING EVALUATION (Status 08)

ARS will not close the case record of a referral or applicant prior to making an eligibility determination unless the applicant declines to participate, or is unavailable to complete an assessment for determining eligibility and priority for services. ARS will make a reasonable number of attempts to contact the applicant (at least one in writing) or the applicant's representative to encourage the applicant's participation. 34 C.F.R. § 361.44

### PROCEDURES – CLOSED NOT REHABILITATED BEFORE/DURING EVALUATION

- Complete Certificate of Ineligibility. (RS-4C) (See Forms Appendix E)
- Key data for Status 08.

**Note: An Annual Review is required on a case that has been closed as incapable of achieving an employment outcome due to the severity of disability. This review need not be conducted in situations, in which the individual has refused, no longer resides in the state, the individual's whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal. 34 C.F.R. § 361.43(e)**

### CLOSED NOT REHABILITATED DURING/ AFTER EVALUATION (Status 08)

An individual's record of services is closed from application or Trial Work Experience/Extended Evaluation when the VR eligibility conditions are not met or intervening reasons prevent eligibility determination. The ineligibility determination must be made based on clear and convincing evidence that the individual cannot benefit from services in terms of an employment outcome due to severity of disability. The counselor must include a formal certification statement indicating ineligibility for VR services in the individual's record of services.

A Certificate of Ineligibility will be dated and signed by the counselor. Ineligibility determination will be made only after full participation and an opportunity for consultation with the individual or, if appropriate, the individual's representative. In such cases, the counselor will notify the applicant in writing of the action taken, or by other appropriate modes of communication consistent with the informed choice of the individual, including the reasons for the ineligibility determination. When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Investment Act.

The individual may appeal the ineligibility determination. The counselor will provide the individual with information on the means by which an appeal can occur, including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program. 34 C.F.R. § 361.41

## **PROCEDURES – CLOSED NOT REHABILITATED DURING/AFTER EVALUATION**

- Cancel or pay any outstanding encumbrance.
- Complete Certificate of Ineligibility if closed Status 08 from Status 02. (See Forms Appendix E)
- Complete RS600-C if closed Status 08 from Status 06. (See Forms Appendix E)
- When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Investment Act.
- Key data for Status 08 Closure.

**Note: An Annual Review is required on a case that has been closed as incapable of achieving an employment outcome due to the severity of disability. This review need not be conducted in situations, in which the individual has refused it, no longer resides in the state, or the individual's whereabouts are unknown, or the individual's medical condition is rapidly progressive or terminal. 34 C.F.R. § 361.43(e)**

## **CLOSED REHABILITATED (Status 26)**

An individual's record of service will be closed as successfully rehabilitated when the individual has achieved an employment objective consistent with informed choice, substantiality of services has been documented in the case notes, and the following requirements have been met:

- 1) The individual has achieved the employment outcome described in the IPE.
- 2) The employment outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
- 3) The employment outcome is in the most integrated setting possible, consistent with the individual's informed choice.
- 4) The individual has maintained the employment outcome for a period of at least 90 days.
- 5) The individual and the VR counselor consider the employment outcome to be satisfactory.
- 6) The individual is informed through appropriate modes of communication of the availability of post-employment services. 34 C.F.R. § 361.56

**Additional information is required and must be included in the closure document:**

- 1) Name and address of the employer
- 2) Type of work performed. (Occupation)
- 3) Gross weekly earning and hours worked per week
- 4) Medical insurance coverage at closure
- 5) Public assistance at closure
- 6) The individual is compensated at or above minimum wage.
- 7) The 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.
- 8) How did the services provided contribute substantially to the individual's achievement of the employment outcome consistent with informed choice.

**Note: An individual will not be closed "Rehabilitated" more than once in any fiscal year.**

## **PROCEDURES – CLOSED REHABILITATED – STATUS 26**

- Pay or cancel any outstanding encumbrance.
- The counselor must demonstrate through documentation in a summary case note that substantial services provided under the individual's IPE contributed to the achievement of the employment outcome.
- If there is a need for an IPE goal change, an amendment must be completed 90 days prior to closure.
- Case must be in Status 22 for 90 days.
- If the counselor has information concerning employment of the individual, but cannot obtain the individual's signature that is required on the closure amendment, the counselor may close the case by using the method described in the next bullet.
- A minimum of three written attempts (2 letters and one registered letter) must be made to contact the individual is required. (See forms section)
- The receipt verification (card) signed by the client must be placed in the case file. (If the card is not signed by the client, the case cannot be closed "26.")
- Complete the RS600-C. (See Forms Appendix E)
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- If the individual received services at HSRC, a copy of the RS600-C will be sent to the Center Counselor.
- Key data for Status 26.
- The individual will complete the Consumer Satisfaction Survey form. This form can be given to the individual, mailed or accessed online.

## **CLOSED NOT REHABILITATED (STATUS 28)**

Cases closed not rehabilitated in Status 28 can only be closed from Statuses 18 – 24. An individual's record of services will be closed as not rehabilitated when it is determined that suitable employment cannot be achieved or that employment resulted without benefit derived from VR services. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program.

### **PROCEDURES – CLOSED NOT REHABILITATED – (STATUS 28)**

- Pay or cancel any outstanding encumbrance.
- The counselor must document in the case notes the reason for closure.
- Complete the RS600-C. (See Forms Appendix E)
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- If appropriate, the individual will be referred to other agencies, programs, WIA One Stop Partners.
- Key data for Status 28.
- The individual will complete the Consumer Satisfaction Survey form. This form can be given to the individual, mailed or accessed online.

## **CLOSED NOT REHABILITATED (STATUS 30)**

Cases closed not rehabilitated in Status 30 can only be closed from Status 10 or 12. An individual's record of services will be closed as not rehabilitated when it is determined that the vocational objective is not feasible, the counselor and individual cannot agree on a rehabilitation plan, progress toward rehabilitation cannot be made for one reason or another, the individual has moved to another state, or is no longer available for services. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program.

### **PROCEDURES – CLOSED NOT REHABILITATED – (STATUS 30)**

- Pay or cancel any outstanding encumbrance.
- The counselor must document in the case notes the reason for closure.
- Complete the RS600-C. (See Forms Appendix E)
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- The individual will be referred to other agencies, programs, or WIA One Stop Partners.
- Key data for Status 30.

## **POST-EMPLOYMENT – (STATUS 32)**

Status 32 is used when the need for post-employment services has been identified. Post-employment services may be provided after the individual has been closed as Rehabilitated (26) and needs services to maintain employment. The case must be in active status for post-employment (32) before any services may be provided. Cases can only be placed in Status 32 after being closed in Status 26.

The counselor and individual must agree on the services planned to maintain the individual in employment. The purpose of this status is to avoid the necessity of reopening a case in order to provide a minor service that can be provided quickly, expeditiously, at a minimum cost and with little counselor effort.

For example, these may include minor repair to prosthesis or a small amount of retraining in the use of prosthesis, weekly or biweekly counseling and guidance or a spinal cord injured individual who suffers from an acute kidney infection and needs immediate medical treatment.

If the counselor is aware of the need for Post-Employment services at the time of the 26 Closure, all planned and anticipated services should be documented and must be included on the closure (amendment) document (RS600-C). If a need for post-employment services is determined several weeks after the 26 Closure, an amendment (RS600-C) must be completed.

**Post-employment services are expected to be a minor, one-time service and not provided in excess of 18 months. 34 C.F.R. §361.5(b)(42)**

## **PROCEDURES – POST-EMPLOYMENT (STATUS 32)**

- The counselor must document in the case notes the need for Post-Employment.
- **If Post-Employment services are identified at the time of 26 Closure, the counselor can complete the RS600-C to document all planned or anticipated services on the closure amendment. (See Forms Appendix E) Close the case in Status 26 in the case management system and immediately reopen the case in the case management system in Status 32 by keying in the Social Security Number.**
- If Post-Employment services are identified after the 26 Closure, the counselor must complete an RS600-C to document all planned services. (See Forms Appendix E) Reopen the case directly into Status 32 by keying in the Social Security Number. The original RS600-C will be placed in the case file and a copy of the RS 600-C will be given to the individual.
- A case narrative entry must document progress.

## **CLOSED FROM POST-EMPLOYMENT (STATUS 34)**

Decisions to terminate post-employment services should be made in consultation with the individual and documented in the amended IPE (RS600-C). The counselor will work with the individual to achieve a satisfactory level where post-employment support is no longer necessary. It also requires the counselor's professional judgment as to the individual's employment stability.

In making these decisions, the following factors should be considered:

- 1) satisfactory resolution of the problem requiring post-employment services;
- 2) the individual's attainment of sufficient independence to function without continuing post-employment services, or a counselor's professional judgment to discontinue services;
- 3) employment appears secure as determined by suitable work performance, job satisfaction, and acceptance in the employment setting with respect to employee benefits, and opportunities for job development and advancement;
- 4) employment continues at a suitable level in relation to the individual's potential and the locality and labor market, or potential can be realized by the individual's initiative.

## **PROCEDURES – CLOSED FROM POST-EMPLOYMENT (STATUS 34)**

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case notes the reason for closure and result of post-employment services.
- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key data for Status 34.

## **CLOSED FROM POST-EMPLOYMENT TO BE REOPENED (STATUS 36)**

The counselor will close an individual's case in Status 36 when the counselor determines to reopen the individual's record of services (place in 02) to provide necessary VR services.

## **PROCEDURES – CLOSED FROM POST-EMPLOYMENT TO BE REOPENED (STATUS 36)**

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case notes the reason for closure.
- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key data for Status 36.
- Initiate a new Application (RS-4) and follow procedures for a new referral.

## **CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION (STATUS 38)**

This status is used to identify individuals eligible for VR who will not advance to Status 12 and whose names are being removed from the Service Delayed/Order of Selection list (Status 04).

### **PROCEDURES CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION**

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case notes the reason for closure.
- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key data for Status 38.

## **CLOSED FROM POST-EMPLOYMENT (STATUS 39)**

An individual will be closed from post-employment when the individual cannot maintain employment.

### **PROCEDURES – CLOSED FROM POST-EMPLOYMENT (STATUS 39)**

- Pay or cancel any outstanding encumbrances.
- The counselor must document in the case narrative the reason for closure.
- Complete RS600-C.
- The original RS600-C will be placed in the case file and a copy of the RS600-C will be given to the individual.
- Key data for Status 39.

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## **IX. CASELOAD MANAGEMENT**

### **CASELOAD MANAGEMENT**

The counselor accounts for case movement by using statuses. The counselor must make the initial entry from the Client Referral and Survey Information Document (RS-4). Thereafter, the counselor must update the case management system each time there is a status change.

### **CASE STATUS CLASSIFICATIONS**

#### Referral Status

00 Referral

#### Application Status

02 Applicant

#### Trial Work Experience/Extended Evaluation Status

06 Evaluation Status

#### Closures from Applicant (02)

08 Closed before, during, or after Evaluation

#### Closures from Trial Work Experience or Extended Evaluation (06)

08 Closed after Evaluation

### **ACTIVE STATUSES**

#### Pre-Service Statuses

04 Service Delayed/Order of Selection

10 Certificate of Eligibility Completed

12 IPE Completed

#### Service Statuses

18 Receiving Service Status

    Counseling and Guidance

    Physical Restoration

20 Ready for Employment

22 In Employment

24 Service Interrupted

### **CLOSURES FROM ACTIVE STATUS**

26 Closed Rehabilitated (After 90 days in Status 22)

28 Closed Not Rehabilitated AFTER IPE initiated (Status 18 through 24)

30 Closed Not Rehabilitated BEFORE IPE initiated (Status 10 through 12)

32 Post-Employment

38 Closed from Service Delayed /Order of Selection (closed from 04)

## **CLOSURES FROM POST-EMPLOYMENT SERVICES**

34 Employment Maintained  
36 Placed back in O2  
39 Other

RSA designed the VR Caseload Status System to aid the tracking of individuals as they progress through the service system. Because RSA uses a closed-case reporting system, only those status codes specifying the point in the VR process where the counselor closed an individual's case would apply (closure codes 08, 26, 28, 30 and 38).

### **STATUS 00 – REFERRAL**

Status 00 represents an individual who has been referred to VR with minimum information provided to the counselor. The individual has not made a request for services, but the counselor must place the individual in Status 00 if sufficient demographic information is available. Sufficient demographic information is name, SSN, address, and referral source.

### **STATUS 02 – APPLICANT**

Status 02 represents an individual's entrance into the VR process. When an individual signs a document requesting VR services, the counselor must place the individual into Status 02. At that point, the individual is considered an applicant after completing an Agency application form RS-4. However, the counselor may place an individual into Status 02 if the individual requests services with a signed letter and minimum basic referral information.

The counselor must place every case in Status 02 before authorizing diagnostic service(s). While the individual is in Status 02, the counselor investigates and secures sufficient information to determine eligibility for VR services or a decision to use Trial Work Experience or Extended Evaluation services. An individual can only remain in Status 02 for 60 days unless the counselor and applicant agree to a specific extension of time.

### **STATUS 04 – SERVICE DELAYED/ORDER OF SELECTION**

The counselor moves an applicant into Status 04 when the Preliminary Assessment justifies writing a Certificate of Eligibility. However, the individual cannot receive services because the individual does not meet the Order of Selection priorities. The individual's name is placed on a waiting list for services until such time as the Agency has sufficient funds available to provide services. Placement of the individual's name on the waiting list for services indicates there will be a delay in the initiation of services for which the individual is otherwise entitled to receive.

An individual leaving this status will be moved to Status 12 to signify that services will be provided without further delay or will be closed status 38 at end of fiscal year.

## **STATUS 06 – TRIAL WORK EXPERIENCE/EXTENDED EVALUATION**

When the individual's eligibility for VR services cannot be readily certified, the counselor moves the individual into Status 06. The counselor may provide services to the individual to determine there is clear and convincing evidence that the individual can benefit from the provision of vocational rehabilitation services in terms of an employment outcome or there is clear and convincing evidence that the individual is incapable of benefiting from vocational rehabilitation services due to the severity of disability.

The case management system will only allow 18 months in Status 06.

## **STATUS 08 – CLOSED FROM EVALUATION**

Status 08 identifies all individuals not accepted for VR services whether closed from applicant Status (02) or Trial Work Experience or Extended Evaluation Status (06).

## **STATUS 10 – CERTIFICATION OF ELIGIBILITY**

The counselor moves an applicant into Status 10 when the Preliminary Assessment justifies writing a Certificate of Eligibility.

## **STATUS 12 – INDIVIDUALIZED PLAN FOR EMPLOYMENT**

After the counselor completes the comprehensive assessment and the counselor and individual or representative agree on an IPE, the individual is moved into Status 12.

## **STATUS 18–RECEIVING SERVICE STATUS**

Status 18 is used when the individual begins receiving services.

## **COUNSELING AND GUIDANCE**

The counselor moves an individual in status 18 after completing an IPE, which outlines counseling and guidance services are necessary to prepare the individual for employment.

The service is necessary to prepare the individual for employment, or a breakdown has occurred in the progress of the case after other services have been initiated and the counselor has determined that substantial counseling and guidance are essential to successful rehabilitation.

## **PHYSICAL AND/OR MENTAL RESTORATION**

The counselor moves an individual into Status 18 when the individual receives physical and/or mental restoration services as the primary service. Restoration services include medical, surgical, psychiatric, or therapeutic treatment, the fitting of prosthetic appliances, hospitalization, convalescent care or nursing services.

## **STATUS 20 – READY FOR EMPLOYMENT**

Status 20 is used when VR services have prepared the individual for gainful employment and the individual is ready to begin placement activities or the individual has been placed but has not yet begun employment.

## **STATUS 22 – EMPLOYED**

Status 22 is used when the individual begins employment. To ensure adequacy of employment in accordance with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice, the individual must remain employed in Status 22 for a minimum of 90 days before the counselor can close the individual's case as achieving an employment outcome. (Status 26)

## **STATUS 24 – SERVICES INTERRUPTED**

Status 24 is used when VR services are interrupted while in Status 18, 20, or 22. The individual will remain in Status 24 until the individual is able to return to one of the above-mentioned statuses or the individual's case is closed in Status 28.

## **STATUS 26 – CLOSED REHABILITATED**

Status 26 is used when the individual has achieved a suitable employment outcome described in the individual's IPE and has been maintained for a minimum of 90 days in Status 22. An individual will not be closed in Status 26 more than once in any Federal fiscal year.

## **STATUS 28 – CLOSED NOT REHABILITATED AFTER IPE INITIATED**

Status 28 is used to close an individual's case from Statuses 18 through 24 when it has been determined the individual does not meet the criteria for Status 26 closure.

## **STATUS 30 – CLOSED NOT REHABILITATED BEFORE IPE INITIATED**

Status 30 is used to close a case from either Status 10 or 12.

## **STATUS 32 – POST-EMPLOYMENT SERVICE**

Status 32 is used when the need for post-employment services has been identified and planned to maintain the individual in employment. The purpose of this status is to avoid the necessity of reopening a case in order to provide a relatively minor service.

Post-employment services are expected to be of a one-time nature and not provided in excess of 18 months. Cases in Status 32 cannot be transferred.

## **STATUS 34 – CLOSED FROM POST-EMPLOYMENT**

Status 34 is used to close an individual's case when the individual maintains employment through the completion of planned services provided in Status 32.

## **STATUS 36 – CLOSED FROM POST-EMPLOYMENT TO BE REOPENED**

Status 36 is used to close an individual's case from post-employment when the counselor determines the need to reopen the individual's case to provide necessary VR services. The case will be reopened in Status 02.

## **STATUS 38 –CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION**

Status 38 is used to identify individuals eligible for VR who will not advance to the Statuses (12 to 24) and whose names are being removed from the Service Delayed/Order of Selection list (Status 04).

## **STATUS 39 – CLOSED FROM POST-EMPLOYMENT/OTHER REASONS**

Status 39 is used to close an individual for any other reason for termination from post-employment services.

**TRANSFER OF CASES – Cases Transferred will retain their status and the date of the transfer.**

## **CASES TRANSFERRED OUT**

## **PROCEDURES – CASES TRANSFERRED OUT**

- A transfer will be made when an individual on a counselor's caseload either permanently moves or request another counselor's within or out of that counselor's district.

- The transferring counselor will discuss the case with the receiving counselor as well as notifying the District Manager. Both counselors should be in agreement before the case is transferred.
- Status 22 cases will be transferred ONLY if the counselor believes this would be in the individual's best interest.
- Transfers will not be made during the same month the case is accepted and/or the IPE is completed and/or services are initiated.
- Key data in case management system.
- Document in case narrative under "TRANSFER OUT", reason for transfer.

## **CASES TRANSFERRED IN**

### **PROCEDURES– CASES TRANSFERRED IN**

- After the case has been transferred in the case management system, the receiving counselor will meet with the individual.
- Document in case narrative under "TRANSFER IN", reason for transfer,

## **CASES TRANSFERRED IN FROM OTHER STATE REHABILITATION AGENCIES**

Cases cannot be transferred from other State Rehabilitation Agencies. Individuals moving from another state and requesting services from ARS will be treated the same as a new referral.

## **OPENING CLOSED CASES**

If an individual, whose case has been previously closed, requests services the counselor will follow the same procedures for new applicants (02).

Counselors **cannot** reopen cases in the same month in which they were closed.

**Exception:** When necessary to reopen a case in the same month in which it was closed, the counselor will submit a memorandum to the Chief of Field Services through the District Manager requesting the closure to be voided. The Chief of Field Services will notify the Counselor through the District Manager that the closure has been voided so the necessary services can be provided.

## **ANNUAL REVIEW OF CLOSED CASES – INELIGIBLE**

Refer to Closure VIII.

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## **XII. REFUNDS/CONTRIBUTIONS**

### **CURRENT YEAR REFUNDS**

The vendor should make the refund check payable to the Arkansas Rehabilitation Services. The check should carry the name of the individual. The refund and memorandum giving full information about the refund will be sent to the Chief of Field Services. A cancellation for the refunded amount will be keyed in the case management system. The amount will automatically be added into the counselor's allotment.

### **PRIOR YEAR REFUNDS**

The vendor should make the check payable to Arkansas Rehabilitation Services. The check should carry the name of the individual. All refunds will be sent to the Chief of Field Services or his/her designee. The refund and a memorandum giving full information about the refund will be sent to the Chief of Field Services or his/her designee. All prior year refunds are placed into the Arkansas Kidney Disease Commission allotment as required by state law. Prior year refunds do not require cancellations.

### **INDIVIDUAL'S CONTRIBUTION**

Individual contributions are to be paid to the vendor. If an individual contributes to ARS toward the cost of any services or goods, an ARS authorization will be written for the remaining amount. The contribution amount will be recorded in the IPE (RS-600 A).

### XIII. PRIOR APPROVAL

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## **XIII. PRIOR APPROVAL**

### **PRIOR APPROVAL POLICY**

Prior approval is defined as "the rehabilitation program and other record of services materials are reviewed and approved by a District Manager or his/her designee before the services planned for are initiated." The District Manager or his/her designee will review all cases requiring prior approval. When the case is approved, the District Manager or his/her designee stamps or writes "Approved", dates and initials the upper right hand corner on all copies of the IPE and the authorization/billing form.

The State Office, a District Manager, or a counselor may request prior approval on a particular case, on types of cases, or on all cases.

### **PRIOR APPROVAL - NEW COUNSELORS**

A District Manager's or his/her designee prior approval is required on all cases during a new counselor's 12-month probationary period. Approval will be indicated on all:

- 1) Authorizations for diagnostic services exceeding \$200.00
- 2) Authorizations for other services
- 3) Certificate of Eligibility
- 4) Order of Selection
- 5) IPE and any Amendments
- 6) 08 closures from Status 02 and Status 06
- 7) 26 and 32 closures
- 8) 28 closures
- 9) 30 closures
- 10) 38 closures

### **PRIOR APPROVAL - STATE OFFICE**

The State Office, a District Manager, or a counselor may request prior approval on a particular case, on types of cases, or on all cases. The District Manager, after a detailed study of the case, will prepare a memorandum justifying the recommendation for an administrative review and approval. This, with the record of services, will be submitted to the Chief of Field Services or his/her designee.

**APPENDIX B  
SPECIAL PROGRAMS**

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## TICKET TO WORK

Clients that receive Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) as a disabled adult are eligible for the Ticket. A minor child of a disabled worker or a disabled adult child is not eligible for Ticket.

- 1. Each client that receives SSI or SSDI is offered referral for Benefits Counseling\*.**
  - a. The Benefits Counseling Referral form is generated when the case is coded SSI or SSDI.
  - b. Benefits counseling is voluntary, the client can refuse referral.
  - c. Acceptance or refusal of Benefits Counseling is documented in the case narrative.
- 2. The Ticket becomes active with ARS when the IPE is completed and the case enters status 12.**
  - a. Each month a list of SSI/SSDI clients that enter status 12 is forwarded to Maximus by the Central Office.
  - b. The client then enters a "Ticket in use" status and Ticket protection.
  - c. The Ticket protects the client from Social Security continuing Medical Disability Review.
  - d. The Ticket allows ARS to collect reimbursement for services when the client works 9 months with wages over Substantial Gainful Activity (SGA).
  - e. Each month a list of SSI/SSDI cases that are closed is forwarded to Maximus.
  - f. This terminates Ticket protection.
- 3. When the case of a client with SSI/SSDI is closed, the client is offered a Referral to a private Employment Network (EN).**
  - a. The Ticket protection is extended.
  - b. The private EN can provide follow-along services to the client to support employment outcomes.

### **\*Benefits Counseling**

1. Each SSI or SSDI client is offered Benefits Counseling.
2. Benefits Counseling is available statewide by Project AWIN.
3. Project AWIN also provides assistance with PASS Accounts and Individual Work Related Expenses.
4. Referrals are made electronically with the Benefits Counseling Referral form.
5. The referral is forwarded to the appropriate Benefits Counselor for your area.
6. The Benefits counselor will send a return email to the VR Counselor.

## **REHABILITATION INITIAL DIAGNOSIS AND ASSESSMENT FOR CLIENTS (RIDAC)**

Rehabilitation Initial Diagnosis and Assessment for Clients (RIDAC) is a support unit for the Field Program. Its goal is to provide diagnostic services to counselors working with individuals during the initial stages of case development and planning. Services are provided at the RIDAC Office, local field offices, or a setting arranged by the counselors and/or District Managers. Services include general medical examinations, mental health assessments, psychological and vocational evaluations, educational assessments, ability assessments, conditions determinations, case consultation, and technical assistance. To expedite the evaluation process, the counselor should make every effort to secure existing information. To the extent that existing data does not describe the current functioning of the individual, is insufficient, or inappropriate to make an eligibility determination, additional assessment may be requested. 34 C.F.R. § 361.42

To insure competent, consistent professional quality, RIDAC diagnostic evaluation services are completed by individuals who are Arkansas licensed physicians, psychologists, or psychological examiners. If RIDAC were to expand evaluation service, employed individuals will be licensed to perform the type of service provided by the appropriate Arkansas Licensing Board.

### **PROCEDURES – RIDAC REFERRAL**

- Complete the RIDAC Service Authorization. It is very important the referring counselor indicate any assessment problems or questions to be addressed. In addition, necessary accommodations related to mobility, vision, hearing, etc. should be identified. During the course of the evaluation RIDAC staff will address identified problems or questions. If other evaluation concerns are discovered, they will be evaluated to determine if the identified concern could have an impact on the success of the rehabilitation program. If a general medical examination is requested, complete the top portion of the general medical form and attach it to the RIDAC Service Authorization.
- When individuals have not reached the age of majority or have been determined incompetent, an informed consent for the RIDAC assessment is signed by the appropriate parent/guardian, with a copy attached to the RIDAC Service Authorization Form. Referring rehabilitation counselors are to insure that all individuals referred to RIDAC assessment consent to the evaluation process.
- When existing medical, psychological, employment, history, or disability information is available, a consultation with the appropriate RIDAC staff can be obtained to review the existing data. The RIDAC staff person will complete a written report or consultation form.

- Contact the individual responsible for scheduling in the local office to obtain an appointment. Once the appointment has been obtained, the RIDAC Service Authorization and, if appropriate, the general medical form should be given to the individual responsible for scheduling RIDAC appointments in the local office. When available, existing psychological testing records, mental health reports, medical records, etc., shall be made available for review by the RIDAC evaluation team.
- The referring counselor is responsible for notifying the individual of the RIDAC appointment and providing directions to the evaluation site as well as other pertinent information. If the individual fails to report as scheduled, the RIDAC Service Authorization will be returned to the referring counselor documenting the individual's failure to report. To reschedule, follow procedures as outlined above.

The RIDAC program has a goal of returning evaluations completed within 10 work days or less from the time the individual is seen. However, when specialized evaluations are completed that require individualized evaluation, for instance neuropsychological limitations, the report time will likely be extended. RIDAC assessment forms will be maintained for a period of three months. Original evaluation reports shall be forwarded to the client file maintained by the referring field counselor. However, electronic records of the report will be transferred to the secured RIDAC folder and later transferred for permanence to be maintained in a secured location.

## SMALL BUSINESS ENTERPRISE PROGRAM

A self-employment situation is sometimes the best rehabilitation program that can be developed with an eligible individual. Assistance with the purchase of occupational tools, equipment and initial stocks may enable an individual to reach a self-employment outcome rather than working for a wage or salary in a competitive situation. A threshold of \$5000 has been established. **For exception refer to Appendix G.**

### PROCEDURES – SMALL BUSINESS ENTERPRISE PROGRAM

Eligibility is determined and the case is placed in Status 10.

- Counselor will consult with the District Manager(DM) as soon as a case is determined to need Small Business Enterprise services.
- The Small Business Enterprise (SBE) Consultant is used to facilitate a SBE case and will be given a copy of the RS-4 and a memo summarizing the case, including medical and psychological information.
- The SBE Consultant will provide technical information concerning the development of the small business plan, information about contacting the Small Business Administration and how to access information and training in the local area, and the availability of other resources.
- The consultant will prepare a small business assessment of the project, which will be presented to the counselor and district manager.
- If the counselor and client agree, the Small Business Plan will be presented to the District Manager for approval.
- The DM must approve the SBE plan before services can be authorized.
- The DM will review all Small Business Programs and may require an onsite inspection.
- The DM must approve expenses beyond the threshold of \$5,000. **For exception refer to Appendix G.**
- The counselor will develop the IPE with the individual.
- The counselor will follow all agency guidelines, purchasing policy, and procedures.
- The counselor is responsible for the supervision of the case and provision of services.
- The counselor must assure all local ordinances and regulations are followed.

## **Learning & Evaluation Center**

The Learning and Evaluation Center (LEC) provides direct service to ARS clients through individual psychological/neuropsychological evaluations, after referral from the Counselor and also generally after a RIDAC screening evaluation. LEC evaluations generally require one to two days, are conducted by licensed psychology professionals, followed by a detailed written report and individual feedback session involving the counselor, the consumer, and other family members if indicated. All evaluations are conducted in Little Rock with feedback sessions typically conducted at an ARS office near the consumer's home.

The purpose of the evaluation is to assist in the diagnosis of disabilities that may be affecting the consumer's educational progress, to identify strengths that may be used to mitigate disabilities, and to suggest accommodations when those may be helpful. Evaluations may also be focused on identifying strengths and weaknesses in areas more related to abilities to perform in the workplace, when a RIDAC screening evaluation has not been able to answer those questions. Neuropsychological evaluations for consumers who may have suffered from some form of traumatic brain injury are conducted to help determine the consumer's recovery process and readiness for job training, job placement, or further education.

The LEC also offers the services of an educator with considerable experience in deafness providing sign language classes and related training to agency staff, other professionals, and the public at large. In addition LEC provides college preparatory activities and training to individuals preciously evaluated by the LEC.

## **CLIENT ASSISTANCE PROGRAM**

The Client Assistance Program (CAP) is operated by an agency designated by the Governor and is independent of any agency that provides treatment, services, or rehabilitation to individuals under the Rehabilitation Act.

The purpose of the Client Assistance Program is to:

- 1) Provide an information and referral service to rehabilitation clients and applicants.
- 2) Assist clients and applicants in relationships with projects, programs, and facilities providing VR services.
- 3) Assist, upon request from the client or applicant, in pursuing legal, administrative, and other remedies available to ensure the protection of their rights under the Rehabilitation Act.

CAP can advise the ARS of identified problems, problem areas in the delivery of VR services to persons with disabilities and suggest methods and means of improving the delivery of services.

## INCREASING CAPABILITIES ACCESS NETWORK

Increasing Capabilities Access Network (ICAN) is Arkansas's statewide assistive technology program. ICAN is federally mandated to provide training, device loans, demonstrations and donations in the area of assistive technology to persons with disabilities – all ages, all disabilities, family members, caregivers, therapist, educators, employers, professionals and other interested parties. Assistive technology (AT) is any kind of device or tool that helps people learn, work, communicate and live more independently. AT can be very simple and inexpensive, like a modified knife and fork, or it can be very sophisticated and costly, like a computerized speech device.

### **SERVICES:**

**Loan:** A wide range of AT devices are available for loan to try-out before buying, use while another is being repaired or borrow for use in a temporary time of need.

**Donation:** Used AT in good condition can be donated to ICAN. These donations are repaired and sterilized then made available at no cost to individuals and agencies. Equipment, such as wheelchairs, standers and walkers require a doctor's prescription.

**Demonstration:** If you are considering what type of device might work best for you, one of your clients, family member or friend ICAN offers AT device demonstrations to assist in making an informed decision.

**Equipment Exchange:** The public can list and find used devices for sale, trade or donation through our website.

**Training Opportunities/Exhibits:** ICAN works with therapist, vendors and professionals to develop AT trainings and/or exhibits in areas such as workplace accessibility, computer access, low vision, hearing impairment, switch access and learning software.

ICAN is a statewide resource for information in all areas of assistive technology, such as funding resources, accessibility at work, school and/or home, and much more. Visitors to our technology center can see numerous devices in simulated office, school and home situations as well as hands-on experiences.

**For more information visit our website ([www.ar-ican.org](http://www.ar-ican.org)) or contact us at:**

### **ICAN**

Phone: 501-666-8868

Fax: 501-666-5319

Toll Free/TTY: 800-828-2799

## **Assistive Technology Program AT @ Work**

### **REFERRAL AND ASSESSMENT PROCESS**

The AT @ Work program (Assistive Technology at Work) is designed to assist the ARS consumer and the referring Counselor in selecting and obtaining the appropriate assistive technology. The program is a collaborative effort involving Little Rock based staff as well as ACTI therapy staff. Services offered include evaluation/assessment, assistive technology device training, device modification/adaptation, and technical assistance as it relates to work, school, home, and transportation. ARS Counselors are required to determine the need for assistive technology at time of application, plan development, and placement.

The following process is recommended in those situations when the Counselor identifies the potential need for assistive technology:

- 1) Counselor determines need for an assistive technology assessment or consultation.
- 2) Counselor completes the AT @ Work Referral Form in full and forwards to the AT @ Work Program Manager via e-mail or fax.
- 3) Program Manager receives Referral Form, reviews and assigns to the appropriate AT @ Work evaluator. (If referral requests a wheelchair or orthotic/prosthetic assessment referral is forwarded to the physical therapy department at ACTI. The physical therapist will contact the referring Counselor to discuss the need for the consumer referred to visit the ACTI.)
- 4) Evaluator reviews the referral. Prior to scheduling the assessment, the Evaluator contacts the referring Counselor to ascertain the Counselor's perception of the individual's specific needs and requests other information.
- 5) Evaluator and Counselor will discuss the availability of IL or VR funds and determine the need to proceed with the evaluation.
- 6) Evaluator and Counselor will determine responsibility of scheduling the assessment in a timely manner based on the availability of the consumer, Counselor and evaluator.
- 7) Evaluator will complete a functional assessment addressing the referred individual's specific need of assistive technology based on the Counselor's request.
- 8) Evaluator will complete a report summarizing findings with recommendations for any needed technology prioritized.
- 9) Evaluator and Counselor will determine responsibility for procurement of recommended and agreed upon assistive technology. The Evaluator will provide vendor information, along with the quoted cost of the technology.
- 10) Evaluator will determine training needs regarding recommended technology prior to purchase.
- 11) Evaluator and Counselor will jointly agree as to responsibility for follow-up services including final approval of modifications/adaptations.
- 12) The Counselor will be responsible for processing payment of authorized and purchased technology.

**The counselor will also be responsible for obtaining the consumer's signature on the retention of title for necessary equipment.**

## **TELECOMMUNICATIONS ACCESS PROGRAM (TAP)**

The Telecommunications Access Program (TAP) was established by Act 501 in 1995 and amended by Act 530 of 2001. It is a statewide equipment distribution loan program for Arkansans with disabilities or impairments to receive equipment necessary to be able to communicate on the telephone. Any individual who has a disability that impairs their ability to effectively access the telecommunication network may apply for the program. Eligibility is based on Arkansas residency, personal telecommunication service, certification of disability by an approved certifier, and income eligibility. Approved individuals may be eligible for up to two adaptive equipment systems to provide access to telecommunication service.

Interested individuals must complete the TAP application form and submit any additional information the program deems necessary to determine an applicant's eligibility. This information is also used to determine the adaptive equipment which best meets each eligible individual's needs. Individuals determined eligible must sign an agreement to follow TAP rules.

All information is maintained confidential and TAP follows the ARS appeals process. Additional information and application forms may be obtained from TAP, by calling (501) 686-9693 V/TTY or 1-800-981-4463 V/TTY.

# ARKANSAS TRANSITION PROGRAM

## TRANSITION SERVICES

The term 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 post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adults services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interest, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation. 34 CFR §361.22(a)(2) provides that, if the student is determined eligible for VR services, the student's IPE should be developed as early as possible during the transition process but no later than when the student exits the school setting.

## PROCEDURES FOR TRANSITION SERVICES

### **Age 14 or before:**

Arkansas Rehabilitation Services will provide informational services and brochures regarding ARS services to any student, parent or guardian, special education teacher or other school official.

### **Age 16 or before:**

The ARS counselor will meet with the special education teachers on a yearly basis to discuss potential referrals for ARS services. A meeting will be scheduled to discuss students in the 11<sup>th</sup> grade to determine recommendations for referral to ARS before the end of the junior year.

### **Before Graduation:**

The ARS counselor will receive referral from the special education teacher no later than October of the senior year. All referrals will be accepted using the Arkansas Transition Referral Form 410. In addition to the referral form, the teacher will submit copies of school records, psychological evaluations and the ARS Informed Consent signed by the parent or guardian (if the referral is under the age of 18). The school will submit any additional information that is pertinent and useful in assisting the ARS counselor to determine eligibility and assist the student and the counselor in identifying, selecting and pursuing appropriate career objectives.

The ARS counselor will complete an application at the earliest date possible upon receipt of the transition referral form and supporting documents. The ARS counselor

must determine eligibility for services and ensure the development and approval of the Individualized Plan for Employment (IPE) by the time the student leaves the school setting. 34 CFR §361.22 and 361.45

If the ARS counselor is unable to complete the vocational assessment to determine eligibility within 60 days of application, (due to missed appointments) the counselor must notify the special education teacher or other official as soon as possible to enable the special education teacher to resume the IEP planning process.

The ARS counselor will follow established procedures for referral, application, eligibility determination and IPE development consistent with informed choice.

## **RESPONSE LETTERS FOR TRANSITION REFERRALS**

- 1) ARS Transition Information Packet
- 2) Rehabilitation Services

In order to have a reasonably predictable statewide response to Transition Referrals and to make the process as easy as possible, it is suggested that each office adopt the following format for use as cover letters for the **ARS Transition Information Packet** (Template Sample Letter 1) and for **Rehabilitation Services** (Template Sample Letter 2).

The complete packet should include:

- 1) A cover letter (Sample Letter 1)
- 2) One copy of the ARS Procedure on Referrals for Students in Transition
- 3) One copy of the ARS "TRANSITIONS" Information on Vocational Rehabilitation Programs sheet
- 4) ARS Order of Selection Information for Transition Services sheet
- 5) An ARS Agency Brochure and Handbook
- 6) Other requested information, i.e. ACTI, ODHI, etc.
- 7) A Counselor's Business Card

## SAMPLE LETTER 1

Date

Student Name

Address

City, State, Zip Code

Dear Student's name:

Thank you for asking about vocational rehabilitation services. Throughout Arkansas, we help eligible persons, become employed and independent in their daily lives.

Agency customers may be offered a wide variety of services that can prepare them for employment. To help you understand more about what vocational rehabilitation services means, we are sending data explaining many rehabilitation services and programs in Arkansas. Please talk with your parents and teachers about your plans. We want you to be familiar with vocational rehabilitation services so you can make better decisions about the next few years.

Once again, thank you for contacting our agency. I hope the enclosed data will be helpful to you. We look forward to possibly working with you later, as you prepare for adult life.

Sincerely,

Counselor

## Order of Selection Information for Transition Services

### CATEGORIES:

- 1) Individuals with the Most Significant Disabilities
- 2) Individuals with Significant Disabilities
- 3) Individuals with Non-Significant Disabilities

**WHAT IS ORDER OF SELECTION?** If ARS is unable to provide rehabilitation services to all eligible individuals, the agency will operate under an order of selection. Individuals with the most significant disabilities have first priority when it comes to services that require the expenditure of money

**WHAT ARE SOME OF THESE SERVICES?** Counseling, guidance, career exploration, physical restoration, college of vocational training, supported employment, job placement, and follow up services.

**WHAT IS A SIGNIFICANT DISABILITY?** One that seriously limits a person's ability to move, communicate, take care of themselves or relate well with other people. Must impact employability.

**WHY HAVE THIS POLICY?** When ARS doesn't have enough money to serve all eligible people with disabilities who apply, the law says we have to give first priority to people with the most significant disabilities.

**WHO DECIDES IF I'M SIGNIFICANTLY DISABLED?** The ARS Counselor makes this decision.

**WILL I AUTOMATICALLY QUALIFY FOR PAID-FOR SERVICES IF MY DISABILITY IS LISTED UNDER THE DEFINITION OF SIGNIFICANTLY DISABLED?** No Significance of disability is only one factor used to determine eligibility for paid-for services. All applicants must be evaluated and must meet several criteria before eligibility is determined.

**WHAT IF I DON'T HAVE A SIGNIFICANT DISABILITY, YET STILL WANT PAID-FOR SERVICES?** Contact your local ARS office, talk to a counselor and complete all paperwork. This way eligibility will already be determined if money does become available.

**WHAT IF I DISAGREE WITH THE DECISION?** You may appeal the decision.

## SAMPLE LETTER 2

Date

Student Name

Address

City, State, Zip Code

Dear Student's Name:

We recently received a Transition Referral Form from the Individual Education Plan (IEP) Team at your High School showing that you may be interested in learning about how vocational rehabilitation services might be helpful to you.

The purpose of Arkansas Rehabilitation Services is to assist persons who are eligible for our services to become employed and independent in their daily lives. Eligible persons may be offered a wide variety of services that can prepare them for employment.

In order to find out more about how vocational rehabilitation services can personally help you, call me at (\_\_\_\_\_) within the next two weeks. I will be happy to set up a personal appointment so we can discuss your future and how Arkansas Rehabilitation Services may be able to help you.

Sincerely,

Counselor

## **DISABILITY MANAGEMENT PROGRAM**

ARS' Disability Management Program is intended to achieve a win-win situation that addresses the reciprocal, economic, and humanistic needs of the true stakeholders in disability management—employers and employees.

Common interests that can be achieved through an effective program include important outcomes such as preventing and reducing the risks of injury and illness, mitigating the damages associated with injury and illness, retaining productivity, effectively using human resources and health care services, improving financial security, avoiding adversarial relationships, and achieving the goals of disability legislation.

ARS' Disability Management Program focuses on workplace prevention and remediation strategies that seek to prevent disability from occurring or, lacking that, to intervene early following the onset of disability, using coordinated, cost-conscious, quality rehabilitation services that reflect an organizational commitment that encourages return to work for employees with disabilities.

One of the most effective strategies utilized within disability management is the implementation of an early Return-to-Work Program. A Return-to-Work Program is an employer-sponsored program designed to assist an employee who is recovering from injury or illness in the individual's return to work as soon as it is safe and medically feasible. By utilizing transitional employment an employee whose condition is stable enough to endure some work activity can return to the work place and perform those work tasks the individual is capable of completing. An employee is assigned specific work tasks the individual can perform taking into account physical and/or emotional restriction. Accommodations that can be offered during the transitional work period include reduced work hours, modified work tasks, or entirely different jobs. The objective of a Return-to-Work Program is to provide a safe and gradual return of the employee to full, regular employment. Upon request, ARS disability management staff will assist an employer in the development of Return-to-Work Program policy and procedures, program implementation, and follow-up.

Referrals to the ARS Disability Management/Return-to-Work Program should be directed to the Program Administrator. Referral information should include the following:

- The name/phone number/address of the referral (employer and/or employee)
- Employer contact person (if available), and the Employee's disability (if indicated)

# **ARKANSAS KIDNEY DISEASE COMMISSION**

## **HISTORY AND LEGISLATIVE AUTHORITY**

The Arkansas Kidney Disease Commission (AKDC) was established by the General Assembly of the State of Arkansas through Act 450 of 1971 to establish a program for the care and treatment of persons with chronic renal disease. The legislation charged the AKDC to “provide financial assistance for persons suffering from chronic renal disease who require life-saving care and treatment to the extent as determined by the Commission.” The ten-member, Governor appointed, AKDC Board provides general over-site to the program with the ARS Commissioner serving on the Board as Secretary/Chief Disbursing Officer.

## **SERVICES AND PROGRAMS**

Services available to individuals determined eligible for the AKDC are dependent on treatment status as well as eligibility for benefits related to other programs such as Medicare, Medicaid, Veterans, or private health insurance. The program has an annual limit of funding provided per client with that limit subject to change based on the availability of funds. The AKDC may provide financial assistance to eligible individuals for payment of prescription drugs, pre-transplant dental services, transportation services, and in certain instances, medical services. In addition, the AKDC is dedicated to providing support to educational activities related to preventative measures and healthy living with End Stage Renal Disease (ESRD).

## **PRESCRIPTION DRUGS**

The AKDC may pay for a limited number of ESRD related and post-kidney transplant prescriptions. With certain medications prior-approval is required. There are patient co-payments for all allowable medications. Program clients are required to utilize available drug benefits before requesting the AKDC to provide prescription coverage as the program is identified as a payer of last resort.

## **DENTAL SERVICES**

The AKDC may assist with payment of infectious free dental care for program clients awaiting kidney transplantation. Payments for services rendered will require prior approval of such treatments and follow the established AKDC dental fee schedule. As the AKDC is a payer of last resort, clients with dental coverage are required to utilize the benefit. The program can assist with co-payment.

## **MEDICAL SERVICES**

The AKDC may assist in paying for some ESRD related medical treatment costs during the Medicare three-month waiting period or when other coverage does not exist. Documentation of lack of coverage and prior approval is required. The availability of this service is dependent on funding.

## **TRANSPORTATION SERVICES**

The AKDC may assist with some transportation costs specifically associated with ESRD treatment. The intent of this service is to provide assistance with travel to/from dialysis treatments. Requests for other ESRD related treatment, including doctor's office visits, will be reviewed on a case-by-case basis. The availability of this service is dependent on funding and requires prior approval. Reimbursement for the service will be based on a mileage per-diem rate established by the AKDC board.

## **PATIENT EDUCATION**

The AKDC is dedicated to educating program clients and the public at large in improving health behavior of patients with ESRD as well as preventative education to sustain healthy kidneys. The purpose of this service is to maintain and hopefully improve the health of program clients and also if not prevent then slow down the loss of kidney function. This is met through conveying the importance of patient compliance when taking medication, nutritional needs, life-style changes, as well as, resources that are provided for the success of preventing ESRD or at least surviving the disease should it occur.

## SUPPORTED HOUSING OFFICE

The Supported Housing Office (SHO) augments ARS' mission of providing opportunities for Arkansans with disabilities to lead productive and independent lives by focusing on a wide range of affordable housing issues. Supported Housing is defined as 'normal' housing such as an apartment, a single-family or multi-family home available for rent or purchase, coupled with individualized support services to maximize independent living.

The SHO assists Arkansans with disabilities to navigate the maze of local, state, and federal affordable housing programs, to identify solutions for the issue at hand. Common housing problems run the gamut from requests for shelters for homeless persons with disabilities, to sources of rental assistance, information on home repair and modification programs, foreclosure issues, and home-ownership opportunities. In addition, the Office provides targeted research, predevelopment consultations, and technical assistance on universal design and affordable housing development to the non-profit and the private sectors.

The SHO also staffs the *Arkansas Governor's Task Force on Supported Housing* (GTFSH) which is charged with increasing the supply of affordable, universal design housing for persons with disabilities as mandated by the U.S. Supreme Court in the *Olmstead Decision*. The centerpiece of the GTFSH Plan is the *Arkansas Universal Design Project* (AUDP) which produced single and multi-family universal design housing standards that are currently being implemented by Arkansas Development Finance Authority (ADFA), the State Housing Agency. Currently ADFA is leader in the production of single and multi-family universal design housing throughout the State. More information on the AUDP Standards and related research is available on-line at [www.studioaid.org](http://www.studioaid.org).

Arkansans experiencing housing problems are encouraged to contact Jeanette Davies via e-mail at [jeanette.davies@arkansas.gov](mailto:jeanette.davies@arkansas.gov) or by phone at 501.701.6378.

**APPENDIX C**  
**FACILITY PROGRAMS**

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# **ARKANSAS CAREER TRAINING INSTITUTE (ACTI)**

## **MISSION**

To assist individuals with disabilities to become employed through the provision of comprehensive rehabilitation services.

## **SELECTION OF CLIENTS**

Residents of Arkansas who make inquiry to ACTI will be reported to a Field Counselor. The Field Counselor will give these reported cases first priority for investigation, as well as all others reported for ACTI services by other sources. This investigation must be sufficient to determine whether the reported case is eligible or ineligible for services.

ACTI will provide services to individuals with disabilities whom it is believed can benefit from ACTI Services directed towards rehabilitation goals.

## **ADMISSION GUIDELINES**

Applications for admission to ACTI will be reviewed in accordance with these guidelines. The responsibility for the administration of these guidelines rests with the ACTI Admissions Coordinator in consultation with various other staff representing the service delivery units of the facility.

## **GENERAL REFERRAL CONSIDERATIONS**

Each request for admission will be evaluated using the following criteria:

- 1) The reported needs of the individual.
- 2) The stability of the disabling condition and prognosis.
- 3) Capability of existing staff and facilities to meet the individual's service needs.
- 4) The ability of the individual to adapt to a group living experience.
- 5) Reasonable assurance that enrollment will not be harmful to the individual nor to other students.
- 6) Medically Stable.
- 7) No pending legal issues.
- 8) Individual will commit to an employment outcome.

## **BEHAVIOR CONSIDERATIONS FOR GROUP LIVING**

Given the wide variety of disabilities served at ACTI, it is essential to create and maintain an effective and productive rehabilitation environment in which needs of persons with significant disabilities may be addressed.

Therefore, admission of any individual having the following anti-social patterns of behavior as judged to be disruptive to the good order of the student body will be rejected:

- 1) Physically aggressive behavior toward peers or authority
- 2) Serious and provocative verbally abusive behavior.
- 3) Willful destruction of property.
- 4) Overt sexual behavior.

## GUIDELINES FOR SPECIFIC DISABILITIES

These guidelines relate to specific disabling conditions and/or individual's problems meriting careful consideration by all ARS staff, both in the field and at the ACTI, in the process of selecting individuals for ACTI services. Each of these areas must have reasonable assurance that enrollment will result in employment:

- 1) **Severe Brain Damage and Neurologically Impaired** -The individual must be medically stable and able to participate in a minimum of three (3) hours treatment per day. The individual must be free from behaviors that adversely affect others. This includes such behavior as physical aggression and other uncontrollable behaviors. Must have a Rancho Los Amigos score of VI or above.
- 2) Individuals who may require one-on-one medical care will be evaluated for admission on a case- by -case basis.
- 3) **Epilepsy** - Persons with seizures who are candidates for vocational programs must be stabilized on medication and possess a level of seizure control consistent with participation in a six hour per day learning environment. Persons interested in vocational programs such as Auto Technology, Auto Collision, Construction Technology, Outdoor Power Equipment Technology and Welding that require the use of dangerous equipment must be seizure free for one year.
- 4) **Psychiatric Disabilities** - Psychological and psychiatric services at ACTI are not equipped to provide primary mental health care. The psychiatric and psychological services available are designed to support and maintain those individuals who enter an ACTI program. For admission, individuals must meet the following criteria:
  - A. A current psychological or psychiatric assessment and report of mental disability and prognosis. There must be full disclosure of mental and/or psychiatric illness. (Completed within the last 6 months.)
  - B. The report of clear documented series of primary psychiatric or psychological treatment.
  - C. Stabilized on medication or otherwise determined stable by attending psychiatrist/psychologist. The reasonable assurance that enrollment will not be harmful to client or others.
- 5) **Intellectual Disabilities** - ACTI does not provide close 24-hour supervision, nor are students confined to the facility environment. Students requiring close supervision and monitoring are not candidates for ACTI services. For admission, individuals must meet the following criteria:
  - A. Have demonstrated a capacity to function independently and appropriately in-group living situations.
  - B. Follow a prescribed schedule.
  - C. Appropriately respond to direction.

D. Manage free time, both within a structured environment and in the community.

6) **Alcoholism, Drug Dependence, Abuse or Addiction** - ACTI is not a primary treatment program for alcoholism, drug dependence, abuse or addiction. Its mission is to continue the vocational rehabilitation of these individuals after the primary condition is well controlled. For admission, individuals must meet the following criteria:

- A. A medical diagnosis of the condition is present and on record.
- B. The individual has successfully participated in a primary treatment program and/or the individual has not engaged in alcohol or drug abuse for a period of six (6) months and has a good, medically documented prognosis.
- C. Participate in NA/AA Programs as recommended by ARS/ACTI Staff and submit to drug screens.

## **ARKANSAS CAREER TRAINING INSTITUTE DRUG POLICY**

Students enrolling at Arkansas Career Training Institute (ACTI) must sign the Arkansas Rehabilitation Services Substance Free Policy with a Field Counselor. All students enrolled at Arkansas Career Training Institute will be tested for prohibited substances during the first week of enrollment. If a student tests positive for drugs, the student will be suspended for 45 calendar days. The student will be required to provide ACTI with a clean drug screen and sign a behavioral agreement prior to their return. The student will be retested within 30 days of their return to ACTI. If the student tests positive for drugs at that time, the student will be discharged from ACTI.

Readmission is subject to the criteria outlined in the ACTI Alcoholism, Drug Dependence, Abuse, or Addiction policy. The student must demonstrate 1) successful participation in a primary treatment program and/or 2) the individual has not engaged in alcohol or drug abuse for a period of six months and has a good, medically documented prognosis and 3) participate in NA/AA programs as recommended by ARS/ACTI staff and 4) submit to drug screens (ARS Policy Procedure Manual, Appendix C.)

ACTI students are subject to random drug testing.

## **ADMISSION PROCEDURES FOR REHABILITATION CONSUMERS**

Everyone, regardless of sponsorship, must be scheduled for admission by request from an ARS Field Counselor. The Admissions Coordinator makes this schedule after review. A VR consumer can be admitted to HSRCH (Hot Springs Rehabilitation Center Hospital) for a short-term admission by a direct hospital transfer, and/or admitted for any ACTI service, per request from ARS Field Counselor.

To schedule a client for admission to ACTI, the Field Counselor will provide the Admissions Coordinator the following information.

## **ACTI REQUEST FOR SERVICES FORM (SEE APPENDIX E)**

This referral document will be submitted for entry into ACTI for an evaluation not to exceed 60 calendar days in EE (Status 06) or VR services (Status 10 - 22). The Request for Services form will interpret the Field Counselor's impressions and opinions of the individual's abilities, personality, background, social and behavior assets and limitations, giving particular attention to describing the rehabilitation problem. The Field Counselor will identify any specific problem areas, including the need for special diet and medication with copies of the physician's prescriptions. The Request for Services form is the primary means for the Field Counselor to provide substantial and meaningful knowledge to ACTI personnel and should also include such information as the consumer's choice of limb maker, program identification for SSI/SSDI cases and any current insurance information (Medicare, Medicaid, private) that may provide funding for services. For referral of alcoholics, a statement should be included that the individual has been dry for a 6-month period and/or has successfully completed treatment in a recognized treatment facility. A similar statement is required for individuals with a known history of substance abuse. If the individual has previously been an ACTI student, include the name(s) used at each enrollment if known.

A completed copy of the Survey Interview/Application, the general medical reports provided by other agencies or facilities that substantially cover content of the General Medical Form may be accepted in lieu of the Agency General Medical Form, Specialists' Reports, and the ACTI Medical Supplement Form (PHS-2) will be submitted. In addition, available case narratives, ARS-75, test results, profile sheets and school records will be provided the Admissions Coordinator. A copy of the Test Record Form (complete form) of the Wechsler Adult Intelligence Scale (WAIS) results will be included if these tests have been administered. A copy of RIDAC completed within the last 6 months is required for admissions.

### **For Status 06 referrals**

A completed IPE for EE Services (RS-600-A) will be submitted prior to the individual's admission for EE services. The RS-600-A will serve as the authorizing document in lieu of an authorization for services to be provided by ACTI. Services provided include those planned at entry as well as those that normally might be anticipated at a later date, i.e. brace repairs, new braces, wheelchairs, etc.

### **For Status 12 and above referrals**

A completed IPE for VR Services (RS-600-A) will be submitted prior to the individual's admission for VR services. The RS-600-A will serve as the authorizing document in lieu of the authorization for services to be provided by ACTI. Services to be provided are to include those planned at entry as well as those, which normally might be anticipated at a later date, i.e. brace repairs, new braces, wheelchairs, etc.

## **CHECKLIST FOR CASES SUBMITTED TO ACTI ADMISSIONS COORDINATOR**

The following documents must be completed with necessary signature before the Admissions Coordinator can review a case:

- 1) RS-344 Request for ACTI Service
- 2) RS-3 General Medical Examination Record, if appropriate
- 3) RS-4 Client Referral and Survey Information
- 4) PHS-3 Living at ACTI
- 5) PHS-2 Medical Supplement (those cases with limited mobility and/or limited activities of daily living capabilities)
- 6) RS-600-A IPE, plus Amendments for VR services other than EE
- 7) Specialists Reports (medical, psychological, psychiatric)
- 8) Case Narratives
- 9) Test Results (including WAIS profile sheet results and RIDAC.)
- 10) School Records
- 11) Background and Social Information
- 12) Medication taken to include prescriptions (if applicable)\*
- 13) Consumer's preference of limb maker (limb cases only)
- 14) ARS-75 Case Information Report
- 15) Immunization Record Must be forwarded to Admissions with referral materials
- 16) Social Security Card (copy)
- 17) Insurance Cards
- 18) University of Rhode Island Change assessment and ACTI screening questionnaire.

Student will bring a 1-week supply of medications to ACTI.

## **SHORT-TERM ADMISSION FOR HSRCH MEDICAL SERVICES**

Short-term admissions (normally from one to ten working days) for initial wheelchair prescription, revision, repair, adjustment, replacement of prosthetic or orthotic appliances, neuropsychological evaluations and driver rehabilitation assessments/physical functional abilities assessment can be accomplished by submitting the following forms and information:

- 1) RS-344 Request for ACTI Services
- 2) Current ARS-75
- 3) PHS-2 Medical Supplement
- 4) RS-600 IPE or Amendment in Status 06 or above status 12.
- 5) All medical information substantiating need for requested service including doctor's prescriptions
- 6) The purpose of this assessment is to assure employment outcome.

If incidental expenses, clothing, transportation, and/or meals other than the noon meal for non-residents are to be provided, this must be planned for and recorded in the Services Section of IPE and specified on RS 344 Request for ACTI Services.

## **PROSTHETIC/ORTHOTICS AT ACTI**

**Case Service Code for Status 02 - 1198**

**Case Service Code for Status 06 - 1298**

**Case Service Code for Status 18 - 22 - 1398**

**Case Service Code for Status 32 - 1498**

All new or initial wearers and individuals who have had difficulty wearing a limb may attend the HSRCH Amputee Clinic for evaluation. ACTI Admissions Coordinator will schedule the individual for admission to the Amputee Clinic. The individual's Field Counselor will submit the same materials, including recommendations from a physician that the residual limb is ready for fitting; the signed Application for Services; and the completed Request for ACTI Services.

When possible, the vocational objective or tentative objective should be indicated since this type of information is extremely helpful to the clinic team in their total evaluation. Although the amputees' initial evaluation normally lasts five days, the length of time for ACTI services may vary from case to case. The Admissions Coordinator will advise the prosthetist and the counselor when the individual must report to the ACTI. The Field Counselor will notify the individual. The individual should expect to return home when the initial evaluation is completed.

The appropriate prosthetist is required to attend the Clinic for the initial prescription or evaluation of the prosthesis. All replacement prostheses recommended through this clinic will be evaluated as outlined below. The prosthetists may be required to attend other clinics to help resolve prosthetic problems.

The appropriate ACTI Counselor will immediately notify the Field Counselor of the evaluation results. If the Clinic recommends prosthesis, the Field Counselor may provide the limb in accordance with the recommendations. Actual construction of the new prosthesis (upper or lower extremity) should not begin before verbal or written authorization is received from the Field Counselor.

The details of measurement and fitting will be arranged by agreement between the Field Counselor, the individual, and the vendor. If the individual cannot travel to the limb company for the measurement and/or initial fitting, the prosthetist should contact the Field Counselor. A copy of the IPE will be submitted to the Admissions Coordinator prior to the individual's returning to HSRCH for the final fitting.

A prosthesis should be made and returned to HSRCH for initial evaluation within two (2) weeks of initial measurement. The prosthesis will not be delivered to the individual's home unless it is a replacement prosthesis recommended outside the HSRCH Amputee Clinic.

The Field Counselor will notify the ACTI Counselor when the individual is ready to return to ACTI for the first fitting of the prosthesis.

The final fitting will be performed at the HSRCH Amputee Clinic. The individual will remain at HSRCH for training in the use of the limb. The prosthetist will notify the Field Counselor in writing with a copy of the notification to the individual and the Admissions Committee at least one week prior to the time the individual will be ready for final fitting. The individual will re-enter HSRCH the day prior to the scheduled date.

## **DIRECT REFERRAL FROM ACUTE CARE HOSPITALS TO ACTI REHABILITATION HOSPITAL**

The HSRCH accepts direct referrals from acute care hospitals throughout the State. Following is the procedure to accomplish a direct transfer

### **ARKANSAS REHABILITATION SERVICES CLIENTS**

- 1) The Field Counselor or discharge planners at the hospital will contact the ACTI/HSRCH Admissions Coordinator.
- 2) The Admissions Coordinator will acquire the information necessary to complete the pre-admissions screen form.
- 3) Funding resources will be evaluated.
- 4) Pre Admission Information Needs form will be faxed to the discharge planner.
- 5) The remainder of the pre-admissions screen form will be completed by medical personnel and will be reviewed by the doctor for approval of transfer.
- 6) Acute care hospital personnel will be notified of the date and time of planned transfer.
- 7) Patient provides vocational information and goals and agrees to become a client of Rehabilitation Services.
- 8) Individual will commit to an employment outcome.

### **ADMISSIONS CRITERIA**

Persons being considered for direct referral should satisfy the following medical criteria:

- 1) Current feasible rehabilitation goals
- 2) Medically stable without use of ventilator oxygen/IV medications
- 3) Status requires services of at least two of the rehabilitation components
- 4) Freedom from communicable disease which would require total isolation
- 5) Mental and physical capability to participate in an intensive rehabilitation program (minimum of three hours daily)
- 6) Motivation to participate in treatment
- 7) Patient can communicate through spoken, written, gestural/environment cues
- 8) If brain injured and mobile, Ranchos V
- 10) If brain injured and non-mobile, Ranchos IV
- 11) Has not completed acute inpatient rehabilitation in another facility
- 12) Approval by HSRCH physician
- 13) Appropriate for vocational assessment

## **CASE PROCESSING**

Prior to the individual's entry into ACTI in Status 12 or above, the results of the diagnostic study and a supporting IPE are to be provided. Even when this study is completed, the individual may be sent to ACTI for additional diagnostic/evaluation services. Request for evaluation at ACTI will be addressed regardless of rehabilitation status.

Each consumer is assigned to an ACTI Counselor upon arrival. The ACTI Counselor becomes the extension of the Field Counselor in the case management and case processing while the individual remains at ACTI. All communication regarding a student's program is communicated through the ACTI Counselor. The ACTI Counselor is ACTI's liaison with the Field Counselor and service provider. The ACTI Counselor and Field Counselor will negotiate authorizations for necessary services provided outside ACTI. The ACTI Counselor who prepares the authorization and any additional documents such as Amendments to the IPE will be responsible for proper disposition of copies. The ACTI Counselor may authorize any services essential for the completion of the VR program.

All Statements of Account and related documents resulting from these authorizations will be sent to the Central Office after the ACTI Counselor has verified that services have been rendered. The Central Office will notify the ACTI Counselor when payment is made.

## **CLOTHING PRIOR TO ENROLLMENT**

It is essential each individual arrive at ACTI with a 5-day supply of clothes that would be considered appropriate on the job to maintain a clean and neat appearance. A suggested list of minimum clothing has been established and such clothing is to be purchased or otherwise provided prior to arriving at ACTI. In planning with the individual, seasonal changes and the type of training must be considered.

## **CLOTHING AFTER ENROLLMENT**

Requests for normal personal clothing after enrollment will be directed to the Field Counselor. The Field Counselor, after investigating the family resources, will determine what clothing ARS will provide and advise the ACTI Counselor. The ACTI Counselor will write the necessary Amendments and authorizations to provide the clothing. Designation of funds and preparation of authorization will be determined by the Field Counselor and ACTI Counselor.

## **TRANSPORTATION TO ACTI**

When ARS provides transportation, planning should include the need for a round-trip. The Field Counselor should remind clients of the date to report to ACTI approximately two weeks prior to the scheduled reporting date. Recommended time to arrive at ACTI

is on Sunday between 8:00 a.m. and 4:00 p.m. unless otherwise specified in the admissions letter. This allows the student an opportunity to begin the orientation program on a timely basis. The difference, if any, between the estimated date for ACTI enrollment listed in Section I of RS-600-A under Objectives and the actual date given by the Admissions Coordinator should be explained to the individual to prevent individuals from arriving on the wrong date. If any changes are necessary, ACTI should be notified. The Field Counselor should instruct the client to report to the Reception Office at ACTI immediately upon arrival.

## **TRANSPORTATION WHILE ENROLLED**

The ACTI Counselor will write the amendment for transportation provided by an outside vendor if needed. Authorizations will not be written when such transportation is provided with ACTI vehicles and personnel. ACTI Counselor will authorize transportation only when the individual has no resources and only at times when ACTI is initiating individual's leaving such as Christmas closing, time of discharge, or when client has an extreme emergency situation that necessitates leaving. The ACTI Counselor will not provide transportation for home visits or other non-emergency conditions.

## **INCREASED PER DIEM COSTS**

Authorizations and Amendments will not be written to provide for increased per diem costs due to the client's receiving short stay hospital or evaluation services. The ACTI Counselor will inform the Field Counselor of such changes in the original planning.

## **MEDICAL TREATMENT OUTSIDE OF ACTI**

The ACTI Counselor, upon recommendation by the ACTI physician, will authorize emergency medical treatment and non-emergency medical diagnosis. If the ACTI Counselor has current information that indicates medical services are necessary and recommended by a physician outside ACTI, the Field Counselor must be notified by telephone followed by a written memorandum explaining the situation. The Field Counselor will determine whether or not the services are to be provided and complete the Amendment and authorization or request they be completed by the ACTI Counselor if the individual is expected to return to ACTI following the needed medical treatment.

**Exception:** When there is evidence either from the individual or the ACTI Counselor, the family or individual can purchase or make a substantial contribution to the purchase of the necessary prosthesis, appliance, etc., and/or treatment. The ACTI Counselor will submit the recommendation to the Field Counselor. The Field Counselor, after further investigation, may write the amendments and authorizations to the vendor, or request the ACTI Counselor complete them.

In the event outside medical treatment is needed due to actions purposely or deliberately caused by the student (example: breaking a window in anger) the student may be responsible for all medical expenses resulting from the injury.

## **INCIDENTAL EXPENSES**

This service will not be authorized unless the ACTI and Field Counselor agree the service is needed. It is to be used for minor emergency needs only.

## **UTILIZING ABILITIES UNLIMITED**

Effective July 1, 2006, ACTI no longer refers students directly to Abilities Unlimited in Hot Springs. All authorizations to Abilities Unlimited for students enrolled in the ACTI must be issued by the Field Counselor.

## **FINANCIAL PARTICIPATION**

The Field Counselor, in accordance with ARS Policy and Procedure Manual, will determine financial participation. Refer to Appendix I. Fees for the ACTI Fees and Training Hours.

## **LEAVE POLICY FOR ACTI STUDENTS**

Students enrolled in ACTI are expected to remain until services outlined in the rehabilitation program are completed or otherwise terminated. However, leave may be granted to students when the ACTI Counselor and/or Field Counselor deem it necessary. Leave may be granted to a student because of illness, personal or family problems, or the need to return home to plan with the Field Counselor after evaluation services have been completed.

Students on leave will be discharged at the end of 30 days unless an extension of leave time has been requested and agreed upon by the Field and ACTI Counselor, and approved by ACTI Counseling Supervisor. After a student has been discharged, an application must be submitted to the Admissions Coordinator before consideration for re-enrollment.

## **NON-RESIDENTS AT ACTI**

ACTI is a residential facility. Exceptions may be for non-resident enrollment under certain conditions and upon specific request by the Field Counselor. These conditions are:

- 1) Students residing in Garland County and immediate area may be admitted for services as a non-resident student of the Field Counselor.
- 2) ACTI has no family facility or living quarters for students with family or dependents. In the event two students become married to each other; they will be required to become non-residents as soon as arrangements can be made.

Non-residents are authorized to eat a noon meal in the ACTI's cafeteria on Monday through Friday as part of the usual ACTI services. After analyzing the individual's financial needs, the Field Counselor may request the individual be provided additional

meals per day on maintenance services. The request for additional meals per day must be specified and authorized in the IPE and requested on the RS-344. These guidelines should be reviewed with and understood by students prior to admission.

Non-resident students will be provided normal/routine health care services from 7:30 a.m. to 4:30 p.m. Monday through Friday. Non-resident students will be required to arrange for their own emergency care other than these specified hours, unless special arrangements are made on an individual basis with appropriate ACTI staff.

## COMMUNITY REHABILITATION PROGRAMS

Community Rehabilitation Programs (CRP's) are one resource available to Arkansas Rehabilitation Services (ARS) as it develops services to meet identified and anticipated individual's needs. Planning for the Agency's use of CRP's is integrated with the Agency's general planning about how to use its financial resources and must be coordinated with Vocational Rehabilitation case service planning .

### GOAL OF THE COMMUNITY PROGRAM DEVELOPMENT SECTION

The goal of the ARS Community Program Development Section is to identify the individual service needs which can most appropriately be met through the purchase of services from non-profit CRP's. Once these needs are defined the Community Program Development Section, in coordination with the ARS General Agency, contracts with CRP's. The ARS Community Program Development Section requires annual comprehensive certification (Arkansas Standards for Community Rehabilitation Program Certification.) which establishes benchmark standards and guidelines that must be followed by all contracting parties to assure the timely provision of quality rehabilitative services to eligible consumers. ARS works with CRP's to develop new initiatives and to update their facility to assure ARS consumers are moving towards competitive employment outcome

In keeping with the provisions of the Arkansas Standards for Community Rehabilitation Program Certification, the Community Program Development Section completes numerous on-site visits to assure on-going program compliance with established certification standards. The primary goal of ARS Community Program Development Section in contracting with CRP's is to secure time-bound, community based; vocationally oriented services leading to competitive employment within integrated work environments. The Community Program Development Section negotiates, and approves annual Purchased Services Contracts between ARS and CRP's. The Community Program Development Section staff authorizes monthly compensation payments to CRP's, provides continuous fiscal and programmatic oversight of contract guidelines, and provides technical assistance as indicated to contracting CRP's.

ARS Field will have a vocational rehabilitation counselor liaison to each funded CRP to assure communication is convenient and to assure the CRP and ARS are mutually in agreement to the service provisions seeking competitive employment.

The following definitions apply to consumer services in community rehabilitation programs:

**Community Rehabilitation Program (CRP)** - a work-oriented habilitation or rehabilitation program with a controlled working environment and individual vocational goals, which utilizes planned goal-directed work experience and related services for assisting an individual with a disability to progress toward independent living and a productive vocational status.

**Assessment** - an investigative goal-directed process towards identifying and measuring the clients work related behaviors in order to determine the need for placement or additional rehabilitation services.

**Work Adjustment** - a system of goal-directed services or groups of services directed toward enhancement of the client's job seeking and job-keeping skills that facilitate movement toward a satisfactory vocational placement.

**Extended Services** - training provided over an extended period of time for individuals who appear employable and are in need of continued adjustment services. Individualized plans utilize social casework and adjustment services which are goal-directed and which maximize the individual's vocational, educational, personal, and social functioning.

**Competitive Employment** - refers to work in the competitive labor market that is performed full or part time in an integrated setting, and for which an individual is compensated at or above the minimum wage, or at a higher prevailing wage for the same or similar work in the local community performed by individuals who are not disabled.

**Sheltered Employment** – refers to the long-term employment of an individual with a disability within a CRP. This individual is non-agency sponsored, and is considered to be an employee of the CRP and cannot be closed vocationally as a Status 26 closure, unless the majority of their employment time is in an integrated setting. Sheltered employees in CRP's are typically paid at less than minimum wage depending on their productivity, and in accordance with special Department of Labor, Wage and Hour Division guidelines.

**Supported Employment** - means paid work in a variety of integrated settings, particularly regular work sites, especially designed for individuals with significant disabilities, irrespective of age or vocational potential (a) for whom competitive employment at or above the minimum wage has not traditionally occurred, and (b) who, because of their disability, need intensive ongoing post-employment support.

Specifically, significantly disabled employees in a supported employment setting must:

- 1) Be engaged in employment paid at or above minimum wage;
- 2) Need and be provided continuous high intensity, or periodic ongoing, support services in order to maintain employment including support and assistance provided to employers; and
- 3) Be provided opportunities during the workday to integrate with non-disabled individuals other than those providing direct support services to the employee.

Some types of supported employment are:

**Job Coach** - The trained job coach develops the job in industry, matches the individual to the job, trains the individual on the job until performance criteria are met and provides follow-up support to the individual as long as necessary.

**Enclave** - A group of significantly disabled persons (eight or less) perform work within a company. Work performed is the same amount and types as other employees are guaranteed. Pay is commensurate.

**Mobile Work Crew** - A small group (five or less) and a supervisor work in regular industry. Typically, service occupations lend themselves to the crew approach.

**Entrepreneur** - Establishes a small business, which employs both persons with significant disabilities and persons without disabilities.

**Bench Work** - Specific to electronics assembly. Small, single purpose, not-for-profit corporation provides employment and related services for up to 15 individuals.

## **ADMISSION PROCEDURES**

Prior to admission, the following information will be submitted:

- 1) A VR Field Counselor's cover letter authorizing up to a ten (10) day CRP Assessment which contains:
  - A. The questions to be addressed during assessment;
  - B. The VR Field Counselor's impression of the client's aptitudes, interests, attitudes, and suggestions as to work tryout areas;
  - C. A comprehensive summary of medical, psychological, social, educational, and vocational assessment/evaluation results and an interpretation of how these results may influence CRP services; and
  - D. A statement informing the CRP personnel that if more complete information is needed, it is available for review from the file in the local rehabilitation office.
- 2) Copies of medical/psychological reports, which verify consumer's disability in accordance with the Department of Labor, Fair Labor Standards Act.
- 3) Copy of Client Referral and Survey Information Form (RS-4).

If the CRP accepts the individual into their program for the 10-day assessment, an Admission Cover Letter Voucher (RS-347) will be sent to the Community Program Development Section.

The CRP case manager is required to complete an assessment plan to facilitate the client's orientation into the program and to specify how the questions formulated by the VR Field Counselor will be answered. The CRP case manager will provide the VR Field Counselor a written report of the findings of the initial assessment. The report will contain the answers to the questions addressed and the case manager's recommendations concerning further services needed by the individual. If Work Adjustment is recommended, the CRP case manager will submit a written work adjustment plan for the VR Field Counselor's review/approval. It will be necessary for the VR Field Counselor to maintain contact with the CRP staff in order to provide input and to be assured the authorized services are being provided.

## **WORK ADJUSTMENT**

After assessment is completed a client may enter Work Adjustment and the VR Field Counselor reviews/approves a work adjustment plan which contains the following:

- 1) Documentation showing the individual was involved in plan development;
- 2) A clearly stated justification for recommending this phase of services, along with a listing of appropriate goals and objectives to be attained. Goals/objectives will be stated in terms of competitive employment, supported employment, or other training, i.e., vocational technical school, ACTI training, on-the-job training, or any other specific vocational skills training.
- 3) Program goals stated in terms of how the overall goal will be achieved (these are stated behaviorally and define what the individual will be doing when the goal is reached);
- 4) Measurable objectives leading toward achievement of each program goal;
- 5) Target dates for completion of all goals and objectives;
- 6) Name of the CRP case manager who has the responsibility to coordinate the rehabilitative process, make reports, and amend the plan when necessary.

The VR Field Counselor will authorize up to 60 days of attendance for Work Adjustment by completing the Authorization for Adjustment Services (RS-315). Copies of the RS-315 will be maintained in the individual's file and a copy sent to the Community Program Development Section.

Consumers may exit the Work Adjustment Program prior to completing the 60 days if the client achieves his/her rehabilitation goal. If an individual drops out of the Work Adjustment Program, he/she may be readmitted as long as they have eligible days remaining in the Work Adjustment Program. If the individual is officially discharged by the CRP, the individual may be readmitted by the VR Field Counselor completing a new RS-315. Five or more hours of services (excluding transportation) constitutes one unit of full day services and three to five hours of service (excluding transportation) constitutes one unit of partial day service.

The VR Field Counselor may participate in scheduled staffing and will receive reports showing the plan is being implemented with reasonable progress being made toward achieving the overall goal, the program goals, and objectives. A written report will be completed by the CRP. When Extended Services are recommended, the report will contain an estimate of the number of months needed to complete an extended services program for the individual.

## **EXTENDED SERVICES**

The Extended Services Program is designed to meet the needs of persons with significant disabilities who would benefit from an extended Work Adjustment Program. The Field VR may authorize up to 9 calendar months of attendance for Extended Services by completing the RS-315. Movement into the Extended Services Program can be initiated only when the 60-day Work Adjustment Program has been fully utilized.

Individuals may exit the Extended Services Program prior to completing the 9-month period if the individual has achieved a rehabilitation goal. If a consumer drops out of the Program, the consumer may be readmitted as long as there are months remaining on the consumer's Extended Services Program. If the CRP officially discharges an individual, the individual may be readmitted by the VR Field Counselor completing a new RS-315. A consumer may enter Extended Services when the VR Field Counselor reviews/approves an Extended Services plan containing the following:

Documentation showing the client was involved in plan development;

- 1) A clearly stated justification for recommending this phase of services, along with a listing of appropriate goals and objectives to be attained. Goals/objectives will be stated in terms of competitive employment, ACTI training, on-the-job training, or any other specific vocational skills training.
- 2) Program goals stated in terms of how the overall goal will be achieved (these are stated behaviorally and define what the individual will be doing when the goal is reached);
- 3) Measurable objectives leading toward achievement of each program goal;
- 4) Target dates for completion of all goals and objectives;
- 5) Name of the CRP case manager who has the responsibility to coordinate the rehabilitative process, make reports, and amend the plan when necessary.

Five or more hours of service (excluding transportation) constitutes one unit of full day service and three to five hours of client service (excluding transportation) constitutes one unit of partial day service.

The VR Field Counselor may participate in scheduled staffing and will obtain reports showing the plan is being implemented with reasonable progress being made toward achieving the overall goal, program goals, and objectives. A written report will be obtained from the CRP when the consumer completes this phase of training.

## **CLOSURE INFORMATION**

When an individual exits a CRP, a Discharge Report (RS-348) will be completed and sent to the Community Program Development Section. The CRP should retain one copy for its record and send a copy to the VR Field Counselor.

## **WAGE AND HOUR REGULATIONS IN CRP'S**

Most ARS clients in a CRP must be covered by a Department of Labor (DOL), Wage and Hour Certificate. The CRP DOL Wage and Hour Certificate will cover an individual during enrollment in the CRP and will authorize the CRP to reimburse the individual at a rate below the current minimum wage if appropriate. Clients in CRP's will be paid on a piecework rate commensurate with the prevailing rate for the same type work being performed.

The Department of Labor Wage and Hour Certificate is required by the ARS Community Program Development Section as part of the Certification process.

**Exception: If a CRP agrees to have ARS client's paid minimum wage or above the will be exempt from DOL Certification.**

## **CERTIFICATION POLICY**

Certification of a CRP's program of Assessment, Work Adjustment, and Extended Services is necessary to purchase services for eligible individual.

Certification is contingent upon:

- 1) Confirmation by the ARS District Manager of the need for a CRP (New CRP's only) within the community;
- 2) The capability of the CRP to provide the established services.
- 3) The Community Program Development Section recommends certification to the ARS Commissioner after investigation reveals compliance with the following prerequisites:
  - A. There is an organization with responsibility for providing building, equipment, staff, and leadership directed toward fulfilling the stated function of the CRP;
  - B. There is a written description of the program of services to be offered;
  - C. There is staff qualified to provide the services offered.
  - D. Sufficient workstations are identified and there is evidence that work will be available in sufficient quantity and type to meet program needs.
  - E. An annual budget is projected for the CRP's operation and approved by the parent organization, which sets forth estimated costs, and how these costs will be met.
  - F. There is an accessible physical plant of sufficient size and of adequate construction to meet program needs.

The Community Program Development Section will continually monitor each program through site surveys to determine its capability to provide authorized services. If it is noted that any of the six principles governing certification are not met, the Community Program Development Section will recommend corrective action to be taken. The program will be given a period of 30 to 60 days from the date of notification of recommendation to correct the deficiency. At the end of the specified time, if correction is not made, suspension of certification will occur. The certificate may be reinstated when the Community Program Development Section has documentation, which assures the program's capability to provide the authorized services has been restored.

## **PROCESSING STATEMENTS OF ACCOUNT**

(See Appendix I. Fees for daily per diem amounts.)

At the end of each month, the CRP will direct to the appropriate VR Field Counselor a Statement of Account. This statement will list the consumers, program, number of days each was in the program, and the amount charged to each. The per diem charged to each consumer reflects the cost of the provision of service for the month. The VR Field Counselor will review the statement. If the Statement of Account contains errors or lists unauthorized services, it will be returned to the CRP for correction.

The CRP is responsible to submit required information electronically from the Community Billing database to the ARS Community Program Development Section.

The VR Field Counselor will process all signed Statements of Account, including the Extended Services Statements, and forward a copy of the Statement of Accounts, the authorization forms, and required documents for payment to the Community Program Development Section. The Community Program Development Section will confirm the electronic data has been verified, consolidate the Statements of Account and attached necessary documents for payment processing to the appropriate ARS Finance staff.

## **Arkansas Rehabilitation Services (ARS) Community Program Development Section (CPDS) and Community Rehabilitation Program (CRP) Review Process and Resolution Protocol**

### **CRP Review Procedures**

Arkansas Rehabilitation Services (ARS) CPDS will provide programmatic and fiscal oversight to the CRP through scheduled visits by ARS Facility Specialists. Site visits are completed quarterly. Two of these visits are onsite, which includes the Annual Certification Review. The other visit may be via contacting the CRP as a follow up visit. The CPDS staff communicates on a regular basis with the CRP staff.

ARS has counselor liaisons assigned to their local CRP's. The ARS counselor liaison is to assure communication on a monthly basis at the local level for the establishment of good working relationships. In addition, the counselor liaison may request periodic conferences with ARS staff, CPDS staff, and the CRP staff to discuss Certification/Contract issues and scheduled programmatic/fiscal reviews.

The CPDS staff recertifies CRP's annually as per the Arkansas Rehabilitation Services Standards for Community Rehabilitation Program Certification. Before this process begins, CPDS staff will contact the counselor liaison to assure the local office supports recertification of the CRP and to provide technical assistance as needed.

### **Resolution Protocol**

This resolution protocol is established to allow for communication by either ARS Field Staff or CRP staff, who may have an issue causing a barrier to services in assisting individuals with disabilities to receive vocationally oriented services toward quality, competitive employment outcomes in integrated settings

**STEP ONE:** ARS field services staff or the CRP staff discusses the issue(s) with the ARS counselor liaison. The ARS counselor liaison will contact the CSPD Facility Specialist for technical assistance.

**STEP TWO:** The ARS counselor liaison will discuss the issue with the ARS District Manager. The ARS District Manager contacts the CPDS Director for technical assistance or if a resolution is not reached.

**STEP THREE:** The CPDS Director will communicate with both parties to seek a resolution, which may require a meeting to develop a corrective action plan with time frames.

**STEP FOUR:** If the issue cannot be resolved by the above steps, the ARS CPDS with approval from the ARS Chief of Field Services may recommend termination of the CRP's certification to the ARS Commissioner.

**STEP FIVE:** ARS Commissioner will review documents provided by memo from the ARS Chief of Field Services and the CPDS Director reflecting what process has taken place to seek a resolution. The final decision determined by the ARS Commissioner will be provided to the CRP within thirty (30) days from the date the ARS Chief of Field Services provides a memo requesting this review. A decision made through the ARS Commissioner shall be the ARS final decision.

**STEP SIX:** If dissatisfied with the ARS final decision, the CRP has the right to a hearing as set out in the Arkansas Administrative Procedure Act, §25-15-208 to 213 Administrative Adjudication.

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# CHECKLIST = TECHNICAL ASPECTS OF THE CASE

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Client Name

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Social Security Number

## APPLICATION

- Informed consent form (if under 18 years old)
- Completed RS-4 Application dated and signed by the individual.
- Signed Substance Abuse Policy Acknowledgment Form.
- Voter Declaration Statement signed and dated.
- Copy of completed Release of Information Form, if needed.
- Intake Narrative (complete with referral information, education, work history, counselor or rehabilitation assistant observations, plan of action, documentation that Client Handbook was provided to the applicant, and statement that demonstrates informed choice at application.
- RIDAC Authorization and Medical Form completed, if needed.

## ELIGIBILITY/ACTIVE

- Presumptive eligibility (SSDI/SSI) verification, if applicable.
- Supporting documents for eligibility such as RIDAC General Medical Reports, Psychological or Mental Health reports, reports from the individual's doctors, psychologist, psychiatrist, counselors, treatment program, SSA, or other specialist reports, if needed.
- Case narrative covering the rehabilitation problem, scope of services including functional limitations.
- A Certificate of Eligibility signed and dated.
- Completed assessment for Order of Selection.
- Notification letter to individual
- Case Narratives which include Eligibility, Order of Selection, Informed Choice, acceptance/counseling documentation.
- Completed Financial Resources Form RS-16 signed and dated.
- Completed IPE dated and signed by the counselor and individual detailing estimated cost, comparable benefits and vendors to be used. The IPE must be completed (and dated) simultaneously or after the C of E.
- Student Financial Aid documented, if applicable.
- Documentation of training progress and grades, if training case.
- Signed Annual Review Amendment.

## CLOSURE

- Case Narratives
- Documentation of employment.
- Signed 600-C with Informed Choice Statement.
- Letter to individual informing of ARS' plans to close case and information about post-employment services.
- Three (3) written attempts to contact (2 letters and then 1 registered letter).
- Registered Letter signature card.
- Client Satisfaction Survey.

---

Counselor Signature

Date

## **CHECKLIST INSTRUCTIONS**

The checklist is a tool for the counselor to use in assuring that all required forms and documentation have been completed. The counselor will check each item as they are completed. The checklist will be filed on the right side of the case folder on the top of the case narrative..

Form completion is self-explanatory.

**STATE OF ARKANSAS VOTER'S  
AGENCY-BASED DECLARATION STATEMENT**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**

- YES, I want to apply to register to vote.
- NO, I do not want to apply to register to vote.

**If you do not check either box, you will be considered to have decided not to register to vote at this time.**

**Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.**

**If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.**

**If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State at the State Capitol, Little Rock, AR 72201-1094 or call 1-800-482-1127 (TDD 1-800-262-4704).**

**If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes.**

**If you do register to vote, the office at which you submit a voter registration application will remain confidential and will be used only for voter registration purposes.**

**Comments:**

**Signature** \_\_\_\_\_

# ARKANSAS VOTER REGISTRATION APPLICATION

Check all that apply: <input type="checkbox"/> This is a new registration. <input type="checkbox"/> This is a name change. <input type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change.		Office Use Only		Assigned ID	
<b>1</b>	Mr. Mrs. Miss Ms.	Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name
<b>2</b>	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)		Apt. or Lot #	City/Town	County
<b>3</b>	Address Where You Receive Mail If Different From Above		Apt. or Lot #	City/Town	County
<b>4</b>	Date of Birth _____ / _____ / _____ Month Day Year		<b>5</b>	Home & Work Phone Numbers (Optional) (H) _____ (W) _____	
<b>6</b>	Party Affiliation (Optional)				
<b>7</b>	ID Number - Check the applicable box and provide the appropriate number. <input type="checkbox"/> Driver's license number <input type="checkbox"/> If you do not have a driver's license provide the last 4 digits of social security number <input type="checkbox"/> I have neither a driver's license nor social security number.			<b>8</b>	Have you ever voted in a federal election in this State? <input type="checkbox"/> Yes <input type="checkbox"/> No  The information I have provided is true to the best of my knowledge. If I have provided false information, I may be subject to a fine of up to \$10,000 and/or imprisonment of up to 10 years under state and federal laws.
<b>9</b>	(A) Are you a citizen of the United States of America and an Arkansas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (B) Will you be eighteen (18) years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No (D) Have you ever pleaded guilty or nolo contendere to, or found guilty of a felony without your sentence having been discharged or pardoned? <input type="checkbox"/> Yes <input type="checkbox"/> No (E) Do you claim the right to vote in another county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked <b>No</b> in response to either questions A or B, do not complete this form. If you checked <b>Yes</b> in response to one or more of questions C, D or E, do not complete this form.			Signature of elector - Please sign full name or put mark.    Date: _____ / _____ / _____ Month Day Year If applicant is <b>unable to sign his/her name</b> , provide name, address and phone number of the person providing assistance: Name: _____ Address: _____ City: _____ State: _____ Phone#: _____	

**Please complete the sections below if: MAIL REGISTRANTS: PLEASE SEE SECTION D.**

- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

Agency Code (For Official Use Only)

<b>A</b>	Mr. Mrs. Miss Ms.	Previous Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name(s)
----------	----------------------------	--------------------	----------------------------	------------	----------------

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

<b>B</b>	Previous House Number and Street Name	Apt. or Lot #	City or Town	County	State	Zip Code
----------	---------------------------------------	---------------	--------------	--------	-------	----------

**If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live.**

<b>C</b>	<ul style="list-style-type: none"> <li>• Write in the names of the crossroads (or streets) nearest where you live.</li> <li>• Draw an "X" to show where you live.</li> <li>• Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.</li> </ul>
Example	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">Route #2</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">                     • Grocery Store Woodchuck Road                 </div> <div style="margin-left: 20px;">NORTH ↑</div> </div> <div style="margin-top: 10px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 5px;">• Public School</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-left: 10px;"> <span style="font-size: 2em; font-weight: bold;">X</span> </div> </div> </div>

**IDENTIFICATION REQUIREMENTS**

**IMPORTANT:** If you are a first time registrant submitting this application by mail, a copy of a current and valid photo ID or a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address **MUST** be submitted with this application in order to avoid additional ID requirements upon voting for the first time.

Secretary of State  
ATTN: Voter Registration  
P. O. Box 8111  
Little Rock, Arkansas 72203-8111

First  
Class  
Postage  
Required

From:

-----  
-----  
-----

### Deadline Information

To qualify to vote in the next election, you must apply to register to vote 30 days before the election. If you mail this form, it must be postmarked by that date. You may also present it to a voter registration agency representative by that date. If you miss the deadline you will not be registered in time to vote in that election.

If you are qualified and the information on your form is complete, you will be notified of your voting precinct by your local County Clerk.

### To Mail

Fold form on middle perforation, remove plastic strip, seal at bottom, stamp and mail.

Questions?  
Call your local County Clerk  
or  
Secretary of State's Office Voter Services  
1-800-482-1127  
TDD 1-800-262-4704

Contact your County Clerk if you have not received confirmation of this application within two weeks.



# Arkansas Secretary of State

**Elections**

## Division

Voter Registration Site Monthly Reporting Form

Voter Services

Voter Registration

P.O. Box 8111

1-501-682-1686

Little Rock, Arkansas 72203-8111

1-800-247-3312

**Remember to put your AGENCY CODE on all Voter Registration Applications**

Please send completed APPLICATIONS to Secretary of State **DAILY**. Retain all Declination Forms for 24 months. Send original of this form to the Secretary of State.

**You must retain the yellow copy for your records for 24 Months.**

Agency: \_\_\_\_\_ Agency Code: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

ZIP Code

County

Agency Contact

Telephone Number

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
DATE								
Number of VR Applications								
Number of Declinations								

WEEK 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
DATE								
Number of VR Applications								
Number of Declinations								

WEEK 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
DATE								
Number of VR Applications								
Number of Declinations								

WEEK 4	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
DATES								
Number of VR Applications								
Number of Declinations								

WEEK 5	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
DATES								
Number of VR Applications								
Number of Declinations								

New Application for Service Agency Grand Total	
--	--

Number of VR Applications Grand Total	
---------------------------------------	--

Declinations Grant Total	
--------------------------	--

# **VOTER REGISTRATION (3 FORMS) INSTRUCTIONS**

## **AGENCY BASED VOTER DECLARATION STATEMENT**

## **VOTER REGISTRATION APPLICATION**

## **VOTER REGISTRATION MONTHLY REPORTING FORM**

State regulations require that ARS offer voter registration onsite to individuals who may not be currently registered to vote.

The counselor will complete the Agency-based Declaration Statement and have the individual sign.

If the individual desires to register to vote, the counselor will assist the individual in completing the Arkansas Voter Registration Application and will mail the completed form to the Secretary of State Office that the same day.

A designated person in each office will keep a record of all applications, declinations, and report to the secretary of state office monthly.



## **INFORMED CONSENT INSTRUCTIONS (RS-375)**

This form is to be completed if the individual applying for services is less than 18 years of age.

1. Self-explanatory
2. A copy must be placed in the case folder.

# CONFLICT OF INTEREST DISCLOSURE FORM

## INTERNAL MEMORANDUM

TO: District Manager

FROM:

DATE:

SUBJECT: **Disclosure of Possible Conflict of Interest  
RSOP Policy: II-3**

This is to inform you I am aware \_\_\_\_\_ is a(n)  
(applicant/recipient/vendor) of services from our agency. \_\_\_\_\_  
is my (indicate if a relative, business or personal relationship.) I am required to notify  
you of this matter. Please advise how the services will be provided and/or monitored

District Managers Plan of Monitoring and Review:

Employee Signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

# CONFLICT OF INTEREST DISCLOSURE FORM INSTRUCTIONS

Form completion is self-explanatory.

# CLIENT REFERRAL AND SURVEY INFORMATION (RS-4)

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## ARKANSAS REHABILITATION SERVICES CLIENT REFERRAL AND SURVEY INFORMATION

### 1. REFERRAL INFORMATION

SOCIAL SECURITY NUMBER		COUNS. CODE	AGENCY CODE	CLIENT NAME LAST, FIRST, MI			STATUS	EFFECTIVE DATE YR/MO/DAY	CURRENT CODE SSDI SSI	
STREET ADDRESS BOX ROUTE				CITY	STATE	ZIP CODE	CLIENT PHONE NO. AREA CODE /PHONE NUMBER		PHONE TYPE	
FED SPEC. PROGRAM CODE	COMP. BENEFITS	D.O.B. YR/MO/DAY	GENDER MALE FEMALE		RACE/ETHNICITY					
			<input type="checkbox"/>	<input type="checkbox"/>	WHITE <input type="checkbox"/>	BLACK/AFRICAN AMERICAN <input type="checkbox"/>	AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/>			
					ASIAN <input type="checkbox"/>	NATIVE HAWAII/OTHER ISLAND <input type="checkbox"/>	HISPANIC/LATIN <input type="checkbox"/>			
				PRIMARY RACE/ETHNICITY						
				WHAT IS YOUR PREFERRED RACE/ETHNICITY?						
REFERRAL SOURCE			REFERRAL SOURCE CODE	MEDICAL INSURANCE COVERAGE AT APPLICATION						
				MEDICAID <input type="checkbox"/>	MEDICARE <input type="checkbox"/>	WORKERS' COMPENSATION <input type="checkbox"/>				
				PRIVATE THRU OWN EMPLOYMENT <input type="checkbox"/>	PRIVATE THRU OTHER MEANS <input type="checkbox"/>					
DIRECTIONS (IF APPLICABLE):										

### 2. DISABILITY FACTORS

PRIMARY DISABILITY		DIS. CODE	AGE AT ONSET	CAUSE:
LAST TREATMENT/EXAMINATION				
N/A <input type="checkbox"/>	DATE	BY WHOM:		LOCATION:
SECONDARY DISABILITY		DIS. CODE	AGE AT ONSET	CAUSE:
LAST TREATMENT/EXAMINATION				
N/A <input type="checkbox"/>	DATE	BY WHOM:		LOCATION:
PROSTHESIS USED				
NO <input type="checkbox"/>	KIND	DATE FITTED	CONDITION	MANUFACTURER

PRIMARY PHYSICIANS	

### 3. SOCIAL FACTORS

MARITAL STATUS			
<input type="checkbox"/> Married		<input type="checkbox"/> Separated	
<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed	
<input type="checkbox"/> Never Married		<input type="checkbox"/> Not Available	
HOUSEHOLD MEMBERS - NAME	DATE OF BIRTH	RELATIONSHIP	EMPLOYMENT

E-11

LIVING ARRANGEMENT AT APPLICATION	CODE:	
FAMILY MONTHLY INCOME	Total Amount:	
PRIMARY SOURCE SUPPORT AT APPLICATION	CODE:	

**PUBLIC ASSISTANCE AT APPLICATION**

SSDI CODE	SSDI AMOUNT	SSI CODE	SSI AMOUNT	TANF CODE	TANF AMOUNT	OTHER CODE	OTHER AMOUNT	GA CODE	VET DIS. CODE	WC CODE	TOTAL AMOUNT

PERSON(S) THROUGH WHOM CLIENT MAY ALWAYS BE CONTACTED

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP

**4. EDUCATIONAL FACTORS**

HIGHEST GRADE COMPLETED IN HIGH SCHOOL	YEAR	NAME AND LOCATION OF INSTITUTION	IEP
			<input type="checkbox"/>
OTHER TRAINING OR COURSE	YEAR	NAME AND LOCATION OF INSTITUTION	

**5. VOCATIONAL FACTORS**

CURRENTLY EMPLOYED	<input type="checkbox"/> Yes <input type="checkbox"/> No	HOURS PER WEEK:					
PRESENT OR LAST EMPLOYER NAME	TYPE OF WORK PERFORMED		WEEKLY EARNINGS	MONTHS EMPLOYED	DATE LAST EMPLOYED		
EMPLOYMENT INTERRUPTION	IF YES, STATE REASON:						
<input type="checkbox"/> YES <input type="checkbox"/> NO							

PREVIOUS EMPLOYMENT


**6. COMPARABLE BENEFITS**

TYPE	CODE	YES
1. PRIVATE INSURANCE COMPANY:	001	<input type="checkbox"/>
POLICY NUMBER:		
2. MEDICAID	002	<input type="checkbox"/>
3. MEDICARE	004	<input type="checkbox"/>
4. STATE WORKERS COMPENSATION	010	<input type="checkbox"/>
5. PELL GRANT	020	<input type="checkbox"/>
6. VA BENEFITS TYPE: VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	040	<input type="checkbox"/>
7. FEDERAL WORKERS COMPENSATION	200	<input type="checkbox"/>
8. CHILDREN'S MEDICAL SERVICES	400	<input type="checkbox"/>
COMPARABLE BENEFIT CODE TOTAL		

**VII. APPLICATION**

With informed choice, I hereby make application to the Arkansas Rehabilitation Services for the following services. Assessment of vocational rehabilitation needs including diagnostic and related services have been made available to me.

SERVICES	CHOSEN VENDOR

The requested information is voluntary; however, failure to provide information may result in delay or denial of services. The purpose and need for such information is to establish eligibility for vocational rehabilitation services, develop a vocational program for the client, and/or determine need for and/or type of treatment.

I am aware that all programs and services provided by the Arkansas Rehabilitation Services are provided on a non-discriminatory basis without regard to sex, race, age, color, religion, national origin or disability. I understand that with the exception of diagnosis, counseling and guidance, placement and follow-up, other services provided by the Arkansas Rehabilitation Services will be based upon my financial resources and other comparable benefits available to me. I further understand that a representative of the Agency and myself during the development of my Individualized Plan for Employment will determine the services available. If my financial resources or available comparable benefits change, I agree to notify my vocational rehabilitation counselor.

ARS applicants and eligible individuals receiving services may request an exception to a specific service provision policy. The request for an exception should be made directly to the vocational rehabilitation counselor who will forward the request to the District Manager for a decision. If dissatisfied with any decision by ARS with regard to the furnishing or denial of Vocational Rehabilitation Services, the individual may file a request for review of the decision. The client has the right to request a due process hearing before an impartial hearing officer. This request must be filed within ten (10) working days of any contested decision. A due process hearing before an impartial hearing officer will be scheduled within 45 days of documented request. The client has the right to request administrative review or mediation to attempt to resolve the issue within the due process time frame. The qualified impartial mediator or hearing officer is randomly selected by the client from a list provided by ARS. Any request for the review of a decision must be filed in writing with the Commissioner, or designee, Arkansas Rehabilitation Services, P. O. Box 3781, Little Rock, Arkansas 72203, (501) 296-1600.

A Client Assistance Program (CAP) is available to provide assistance in informing and advising all applicants for services of available benefits under the Rehabilitation Act. Upon request, the CAP may assist each individual in his/her relationship with the projects, programs and facilities providing services under the Rehabilitation Act, including assistance in pursuing legal, administrative, or other appropriate remedies to ensure the protection of rights under this Act. Individuals who wish assistance from the Client Assistance Program should contact Disability Rights Center, 1100 North University, Suite 201, Little Rock, Arkansas 72207, telephone number (501) 296-1775 or (800) 482-1174.

I understand all data and knowledge concerning any individual case must be treated with the highest degree of confidentiality. Such information that the Agency develops may be released when requested by the client in writing and when it is believed the release of such information will benefit the client. Information that is purchased or otherwise provided from a source other than the Agency will be released only upon a court order. EXCEPTION-MEDICAL INFORMATION. When the client requests, in writing, the release of medical information and the physician who provided the information makes the same request, in writing, such information may be released. The release must refer to a specific medical examination or summary including dates performed and type of medical report to assure that only that information which the physician and client want released, may be released.

I understand and consent that release of demographic information is required for partner agencies in reporting, research, and operations required by the Arkansas Workforce Investment System.

I understand that completion of this application means that I intend to go to work.

\_\_\_\_\_  
CLIENT SIGNATURE

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\_\_\_\_\_  
DATE

## CLIENT REFERRAL AND SURVEY INFORMATION INSTRUCTIONS (RS-4)

The RS-4 is a basic document for obtaining common data on all individuals served by ARS and in many instances, may be the most significant form found in the individual case record. This form must contain the basic information from which vital decisions affecting the rehabilitation program of the individual will be made. This form is intended to be a working document to be used by the counselor and individual in the development of a rehabilitation program. It will be completed during the initial interview with the individual. All items are to be completed. For the most part, the completion of the form is self explanatory, but to insure everyone has a common understanding, the following information should be studied.

All information should reflect the situation at the time of referral.

### 1. REFERRAL INFORMATION

**SOCIAL SECURITY NUMBER:** Record the individual's social security number.

**COUNSELOR:** Record your 3-digit counselor identification number.

**AGENCY CODE:** Enter the Agency Code from the following:

#### Code Definition

10	General Agency
30	ODHI - VR Caseload
32	ODHI - Independent Living, Deaf
80	General Agency - ILRS

**APPLICANT NAME:** Enter applicant's last name, first name and middle initial. Do not use punctuation or symbols.

**STATUS:** Enter Status 02.

**EFFECTIVE DATE:** Record the year, month, and day. This date should be entered in two digits; i.e., January 4, 2002, should be entered as 020104.

**SSDI/SSI STATUS HISTORY:** Enter the appropriate 1-digit code for the SSDI/SSI statuses at referral from the following list of codes:

#### Code Definition

0	Not an Applicant
1	Applicant allowed benefits or currently a beneficiary or recipient
2	Applicant denied benefits
3	Applicant - status of application pending
4	Not known if an applicant
5	Benefits discontinued or terminated

**0 Not an Applicant** - Use Code 0 only for those cases known definitely not to be an applicant for benefits prior to referral. (In the past three years.)

**1 Applicant Allowed Benefits** - Use Code 1 to report the status of all individuals who are receiving benefits.

**2 Applicant Denied Benefits** - Use Code 2 to report all individuals who have filed an application for benefits and have received notice they have been denied. If the applicant has been denied benefits but has requested reconsideration or appealed the decision, record the case as Code 2, Denied, rather than Code 3, Pending, since the denial was the last official decision. Do not use Code 2 if an individual's benefits have been discontinued or terminated (See Code 5 below).

**3 Applicant Status of Application Pending** - Use Code 3 when it is known the individual is an applicant for benefits but the status of the application is pending at the point in time during which this item is being coded. If the applicant has been denied benefits but has requested reconsideration or appealed the decision, record the case as Code 2, Denied, rather than Code 3, Pending, since the denial was the last official decision and the request for reconsideration of the appeal is not considered a new application.

**4 Not Known if an Applicant** - This code has been provided for the use of the counselor in those instances where it is not possible to determine definitely whether or not the person referred is an applicant for benefits. The use of this code must be limited to those instances where the counselor does not receive a referral from Disability Determination Unit and is unable to establish contact with the referred individual. It may not be used for any individual certified for extended evaluation (Status 06) or accepted for active services (Status 10-24).

**5 Benefits Discontinued or Terminated** - Use Code 5 for those individuals who were allowed benefits but have either been discontinued or terminated and who have not subsequently been allowed or denied benefits. If an individual's benefits were discontinued and later resumed, current status would be reported as Code 1. If an individual's benefits were terminated and a subsequent application for benefits is pending, he would be given Code 3, Applicant Status of Application Pending, since the acceptance of the application was the last official decision.

**STREET ADDRESS – BOX OR ROUTE:** Record the address by street and number, or rural route and box number, or whatever is necessary so the individual can be located easily.

**CITY:** Enter the name of the town or city of the individual's mailing address.

**COUNTY CODE:** Enter the 2-digit county code for the county of residence for the applicant. For institutionalized individuals, record the county of legal residence. Refer to Code Section of Manual.

**ZIP CODE:** Enter the zip code.

**TELEPHONE NUMBER:** enter the applicant's telephone number or the number at which the applicant may be reached.

**TELEPHONE TYPE:** Record voice, Video phone or TDD.

**FEDERAL SPECIAL PROGRAM CODE:** Enter the appropriate code from the list of codes below. Add the numbers assigned to each category and enter this sum as the Special Program Code.

**Code Definition**

- 000 None or Not known at this time - The individual is not identified with any of the Federal special program groups.
- 001 Social Security Disability Beneficiary/Trust Fund (SSDI) - The individual is receiving SSDI benefits.
- 002 Veteran--The individual served in the Armed Services in active duty and was discharged or released under conditions other than dishonorable.
- 020 Individuals referred to the Job Placement Specialist.
- 040 Brain Injured - An individual who sustained a traumatic accident resulting in some degree of brain damage that led to the major or secondary disabling condition. The disabling condition may be orthopedic, visual, aural, neurological, perceptual/cognitive, or mental/emotional in nature. **Do not** use this code as a cause for mental retardation.
- 100 Deaf/Blind - An individual who is both deaf and blind regardless of any other disability. For example, a person with a major disabling condition of blindness has a secondary disabling condition of mental retardation. If this individual is also deaf, use Code 100 to signify a deaf/blind person. It is not necessary for either the blindness or deafness to be the major or secondary disabling condition. The presence of both disabilities is sufficient for the individual to be considered deaf/blind.
- 200 Supplemental Security Income (SSI) - the individual is receiving SSI benefits.
- 400 Significantly Disabled - All individuals identified as significantly disabled. Use this code if at any time during the VR process, the individual meets the definition of significant disability. Do not change this designation if the individual's condition improves to the extent that the individual is no longer considered significantly disabled at the time of closure.

**Examples**

- 1) If a case is not in any of the projects mentioned above, the code 000 must be used.
- 2) If the case is receiving SSDI enter 401. 400 is for (Significantly Disabled) + 001(SSDI Recipient) = 401.

**COMPARABLE BENEFITS:** Enter the applicable current comparable benefits 3 – digit code. (Refer to Part 6 on the RS-4 for appropriate code)

**DATE OF BIRTH:** Enter Year, Month and Day

**GENDER:** Check appropriate box.

**RACE - ETHNICITY:** Check appropriate box.

**PREFERRED RACE - ETHNICITY:** Record preferred race/ethnicity.

1. White
2. Black/African American
3. American Indian or Alaskan Native
4. Asian
5. Native Hawaiian/other Pacific Islander
6. Hispanic or Latino

**REFERRAL SOURCE AND CODE** - Record the referral source and enter the 2-digit referral code from the list below. Wherever possible and appropriate, record an agency, organization or institution rather than an individual as the source of referral. For example, if a state employment service employee refers a person to the VR Agency, the proper referral source would be the State Employment Service (Code 53) and not an individual. An effort should be made to ascertain whether the coding for an applicant appearing to be self-referred might more properly be assigned to an agency, organization or institution.

**Educational Institutions (Public and Private)**

- 10 College or university (institution offering higher than secondary education including junior college)
- 12 Vocational School (including business, trade, and other technical)
- 14 Elementary or high school
- 16 School for persons with physical or mental disabilities
- 19 Other educational institution

**Hospitals and Sanatoriums (Public and Private)**

- 20 Mental Hospital
- 22 Other chronic condition or specialized hospital or sanatorium
- 24 General hospital
- 29 Other hospital or clinic (except public health clinic)

**Health Organizations and Agencies**

- 30 Community Rehabilitation Program (except community mental health center)
- 32 Community Mental Health Center
- 34 Children and Family Services
- 38 Other public health department, organization, or agency (including public health nurse or clinic)
- 39 Other private health organization or agency

**Welfare Agencies**

- 40 Public welfare agency (State and local government)
- 44 Private welfare agency (including labor union welfare funds and civic community welfare organization)
- 46 TEA/TANF

**Public Organizations and Agencies (Not Specifically Educational, Health, or Welfare)**

- 50 Social Security Disability Determination Services
- 51 Social Security District Office
- 52 Workers' Compensation Agency (Federal and State)
- 53 State Employment Service
- 54 Selective Service System
- 55 State Vocational Rehabilitation Agency
- 56 Correctional institution, court, or officer (Federal, State, or local)
- 59 Other public organization/agency (including public official not representing above organizations or agencies)

**Private Organizations and Agencies (Not Specifically Educational, Health, or Welfare)**

- 60 Prosthetic/orthotic vendor
- 62 Employer
- 69 Other private organization or agency

**Individuals**

- 70 Self referred person
- 72 Physician not elsewhere classified
- 79 Other individual not elsewhere classified
- 80 One Stop Center

**MEDICAL INSURANCE COVERAGE AT APPLICATION** – Check appropriate box.

**DIRECTIONS TO RESIDENCE**: Record if applicable.

**2. DISABILITY FACTORS**

**PRIMARY DISABILITY**: Record primary disability

**DISABILITY CODES**: Enter the 4 –digit code that best describes the individual’s primary physical or mental impairment that causes or results in a substantial impediment to employment. The number reported is a combination of the impairment code and cause/source code. The first two digits designate the impairment (sensory, physical or mental), and the last two digits indicate the cause or source of the impairment.

If the person is found not to have a disability, this item should be coded 0000.

**CODES FOR IMPAIRMENTS**

00 No impairment

**SENSORY/COMMUNICATIVE IMPAIRMENTS:**

- 01 Blindness
- 02 Other Visual Impairments
- 03 Deafness, Primary Communication Visual
- 04 Deafness, Primary Communication Auditory
- 05 Hearing Loss, Primary Communication Visual
- 06 Hearing Loss, Primary Communication Auditory
- 07 Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)
- 08 Deaf-Blindness
- 09 Communicative Impairments (expressive/receptive)

**PHYSICAL IMPAIRMENTS:**

- 10 Mobility Orthopedic/Neurological Impairments
- 11 Manipulation/Dexterity Orthopedic/Neurological Impairments
- 12 Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments
- 13 Other Orthopedic Impairment (e.g., limited range of motion)
- 14 Respiratory Impairments
- 15 General Physical Debilitation (fatigue, weakness, pain, etc.)
- 16 Other Physical Impairments (not listed above)

**MENTAL IMPAIRMENTS**

- 17 Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)
- 18 Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)
- 19 Other Mental Impairments

**CODES FOR CAUSES or SOURCES OF IMPAIRMENTS**

- 00 Cause unknown
- 01 Accident/Injury (other than TBI or SCI)
- 02 Alcohol Abuse or Dependence
- 03 Amputations
- 04 Anxiety Disorders
- 05 Arthritis and Rheumatism
- 06 Asthma and other Allergies
- 07 Attention-Deficit Hyperactivity Disorder (ADHD)
- 08 Autism
- 09 Blood Disorders
- 10 Cancer
- 11 Cardiac and other Conditions of the Circulatory System
- 12 Cerebral Palsy
- 13 Congenital Condition or Birth Injury
- 14 Cystic Fibrosis
- 15 Depressive and other Mood Disorders
- 16 Diabetes Mellitus
- 17 Digestive

- 18 Drug Abuse or Dependence (other than alcohol)
- 19 Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
- 20 End-Stage Renal Disease and other Genitourinary System Disorders
- 21 Epilepsy
- 22 HIV and AIDS
- 23 Immune Deficiencies excluding HIV/AIDS
- 24 Mental Illness (not listed elsewhere)
- 25 Mental Retardation
- 26 Multiple Sclerosis
- 27 Muscular Dystrophy
- 28 Parkinson's Disease and other Neurological Disorders
- 29 Personality Disorders
- 30 Physical Disorders/Conditions (not listed elsewhere)
- 31 Polio
- 32 Respiratory Disorders other than Cystic Fibrosis or Asthma
- 33 Schizophrenia and other Psychotic Disorders
- 34 Specific Learning Disabilities
- 35 Spinal Cord Injury (SCI)
- 36 Stroke
- 37 Traumatic Brain Injury (TBI)

**AGE AT ONSET:** Record age at onset of disability.

**CAUSE:** Record cause of primary disability.

**LAST TREATMENT OR EXAMINATION:** Record the information requested.

**SECONDARY DISABILITY:** Record secondary disability.

**SECONDARY DISABILITY CODE:** Record the 4-digit disability code.

**AGE AT ONSET:** Record age at onset of disability.

**CAUSE:** Record cause of secondary disability.

**LAST TREATMENT OR EXAMINATION:** Record the information requested.

**PROSTHESIS USED:** Record the information requested.

**PRIMARY PHYSICIAN:** Record the primary physician.

### 3. Social Factors

**MARITAL STATUS:** Check appropriate box

**HOUSEHOLD MEMBERS-NAME:** Record persons living in the household.

Date Of Birth – Relationship - Employment: Record the information as requested.

**LIVING ARRANGEMENT AT APPLICATION:** Indicate the living arrangements of the individual, either temporary or permanent, on the date of application to the State VR Agency. Enter the 2-digit code from the following:

- 01 Private Residence (independent, or with family or other persons)
- 02 Community Residential/Group Home
- 03 Rehabilitation Facility
- 04 Mental Health Facility
- 05 Nursing Home
- 06 Adult Correctional Facility
- 07 Halfway House
- 08 Substance Abuse Treatment Center
- 09 Homeless/Shelter
- 10 Other

**FAMILY MONTHLY INCOME:** Record family monthly income amount.

**PRIMARY SOURCE OF SUPPORT AT APPLICATION:** The individual's primary source of support is simply the individual's largest single source of public support at application although it may account for less than 50 percent of the total support. The general rule is that the support should be attributed to a particular source only when it is related directly to the individual or the individual is directly involved.

A common source of error in coding source of support involves assigning earnings of, or payment to, source to record. For example, a female client who is supported through the current earnings of her husband or by his unemployment insurance checks should be recorded for primary source of support as "family and friends" and not as "current earnings" or "unemployment insurance." In determining the largest single source, combinations of public assistance payments should be considered as one single source in making the determination. For example, a person receives public assistance payments because of his/her disability and additional public assistance as aid to his/her dependent children. The total amount of public assistance, including both Federal and non-Federal, should be considered as one single source. Code 04 will be used only when the public assistance is General Assistance entirely and is the largest single source of support.

Institutionalized clients will be recorded as "Public institution-tax supported" if they are supported in the institution by public institution funds. However, if the person is being maintained in the institution by other financial sources such as the family, or hospitalization insurance, or other funds, the appropriate source of the funds will be recorded

Enter the **1-digit** code from the following list of codes:

**Code Definition**

- 1 Personal Income (earnings, interest, dividends, rent)
- 2 Family and Friends
- 3 Public Support (SSI, SSDI, TANF, etc.)
- 4 All other sources (e.g. private disability insurance and private charities)

**PUBLIC ASSISTANCE AT APPLICATION:** Enter 0 if not receiving. Enter 1 if receiving and enter the monthly amount.

**PERSONS THROUGH WHOM INDIVIDUAL MAY BE CONTACTED:** Record the requested information.

**NAME – ADDRESS - TELEPHONE NUMBER - RELATIONSHIP:** Record the requested information.

**Note:** It is very important this part be thoroughly completed. Ask for persons who will maintain close contact with the applicant and whose residence is permanent or stable.

#### 4. EDUCATIONAL FACTORS

**HIGHEST GRADE COMPLETED IN HIGH SCHOOL – YEAR - NAME AND LOCATION OF INSTITUTION:** Record requested information.

**IEP:** Record yes or no if the individual had an IEP in high school.

**OTHER TRAINING OR COURSE – YEAR - NAME AND LOCATION OF SCHOOL OR INSTITUTION:** Record requested information.

#### 5. VOCATIONAL FACTORS

**CURRENTLY EMPLOYED:** Check appropriate box.

**HOURS PER WEEK - PRESENT OR LAST EMPLOYER NAME - TYPE OF WORK PERFORMED - WEEKLY EARNINGS - MONTHS EMPLOYED - DATE LAST EMPLOYED:** Record requested information.

**EMPLOYMENT INTERRUPTED:** Check appropriate box. If yes, state reason.

**PREVIOUS EMPLOYMENT:** Beginning with most recent employment, list employers, type of work performed, and length of employment.

## 6. COMPARABLE BENEFITS

**COMPARABLE BENEFITS:** Record the requested information and check the appropriate box or boxes.

**COMPARABLE BENEFITS CODE:** To arrive at the comparable benefit code, add the numbers assigned to each of the benefits checked. Record the total comparable benefits code.

**MIGRANT AND SEASONAL FARM WORKERS:** Check appropriate box.

## 7. APPLICATION

List the services and vendors requested by the applicant.

**APPLICANT'S SIGNATURE AND DATE:** Secure the applicant or representative's signature. Record the date of application.

## ARKANSAS REHABILITATION SERVICES CASE NARRATIVE

Last Name:

First:

Middle:

SSN:

Date & Status

Headings

## **CASE NARRATIVE INSTRUCTIONS**

Specific documentation in the case record is required during the rehabilitation process. The case narrative form is used for the documentation. This form is self-explanatory. Examples of the case narrative formats, statuses, and headings for referral and acceptance/plan development are included.

# ARKANSAS REHABILITATION SERVICES AUTHORIZATION FOR RELEASE OF INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

1. I hereby authorize use or disclosure of protected health/vocational information about me as described below.
2. The following individual/institution or organization is authorized to make the disclosure:

\_\_\_\_\_ Address \_\_\_\_\_

3. This information may be disclosed to and used by the following individual or organization:

Attn. Of: **Arkansas Rehabilitation Services**

Counselor \_\_\_\_\_

Address \_\_\_\_\_

- for the purpose of  Establish eligibility for vocational rehabilitation services  
 Develop a vocational program for individual  
 Determine need for/or type of treatment  
 Other (specify) \_\_\_\_\_

The specific type of information to be used or disclosed is as follows:

- |   |  |
|---|--|
| <input type="checkbox"/> History & Physical Examination       | <input type="checkbox"/> Medication List           |
| <input type="checkbox"/> Discharge Summary                    | <input type="checkbox"/> List of Allergies         |
| <input type="checkbox"/> Office                               | <input type="checkbox"/> Immunization Record       |
| <input type="checkbox"/> Laboratory Results                   | <input type="checkbox"/> X-Ray and Imaging Reports |
| <input type="checkbox"/> Consultation Reports regarding _____ |  |
| <input type="checkbox"/> Vocational Records                   |  |
| <input type="checkbox"/> Other _____                          |  |

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. I understand I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the entity that was authorized to release information. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire 12 months following the date signed by me.
6. I understand that authorizing the disclosure of this health information is voluntary. I understand any disclosure of information carries with it the potential for re-disclosure and the information may not be protected by federal confidentiality rules (HIPAA).
8. Health information may be faxed: Yes \_\_\_\_\_ No \_\_\_\_\_ (initial appropriate space)
9. An electronic copy of the authorization will be as valid as the original.

**THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING**

\_\_\_\_\_  
Signature of Individual/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Individual if signed by Representative

\_\_\_\_\_  
Signature of Witness

## **AUTHORIZATION FOR RELEASE OF INFORMATION INSTRUCTIONS (M-6)**

This form is to be used when requesting the release of information or exchange of information from another agency or vendor.

1. Client Name: Self-explanatory.
2. Birth date: Self-explanatory.
3. Authorize: Record hospital, clinic, agency, or school.
4. Name or title of person(s) or organization to whom disclosure is to be made: Self-explanatory.
5. Specific Type of Information to be Disclosed: Check appropriate box (s).
6. The Purpose and Need for Such Disclosure: Check appropriate box (s).
7. Client Signature or Authorized Representative: Manual signature of individual is required. If the individual does not write, the individual will either mark or an authorized representative will sign. If the individual is a minor, parent or guardian signature is required.
8. Witness: If the individual signs the release, only one witness is required.

## RIDAC SERVICE AUTHORIZATION

NAME \_\_\_\_\_ COUNSELOR \_\_\_\_\_  
(Last) (First) (Name) No.  
 SSN \_\_\_\_\_ D.O.B. \_\_\_\_\_ DATE OF RIDAC APPT. \_\_\_\_\_  
 DISABILITY \_\_\_\_\_ DISABILITY CODE \_\_\_\_\_  
 EDUCATIONAL LEVEL \_\_\_\_\_ VOC. INTEREST \_\_\_\_\_

**SERVICE REQUESTED**

**ASSESSMENT PROBLEMS OR QUESTIONS TO BE ADDRESSED**

- GENERAL MEDICAL CONSULTATION/GM \_\_\_\_\_
- MENTAL HEALTH CONSULTATION/MH \_\_\_\_\_
- PSYCHOLOGICAL CONSULTATION/PSY \_\_\_\_\_
- IND. VOC. EVAL. \_\_\_\_\_

**COUNSELOR – PLEASE CHECK ALL THAT APPLY**

- \_\_\_\_\_ Client reported a history of taking medication for significant health or mental health problems.
- \_\_\_\_\_ Client reported a history of Drug \_\_\_\_\_ and Alcohol Abuse \_\_\_\_\_
- \_\_\_\_\_ Client reported a history of Mental Health Problems (with \_\_\_\_\_ without \_\_\_\_\_ assessment/treatment) (records available \_\_\_\_\_ unavailable \_\_\_\_\_)
- \_\_\_\_\_ Client reported a history of Special Ed. (LD  or MR  ) (with \_\_\_\_\_ without \_\_\_\_\_ assessment) (records available \_\_\_\_\_ unavailable \_\_\_\_\_)
- \_\_\_\_\_ Client reported a history of sheltered workshop or supported employment placement
- \_\_\_\_\_ Client unable to Read/Write
- \_\_\_\_\_ Client reported a history of Head Injury
- \_\_\_\_\_ Client reported a history of Legal Problems/Convictions
- \_\_\_\_\_ Client reported a history of Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Problems
- \_\_\_\_\_ Accommodations required \_\_\_\_\_

[Please request clients bring a list of medications currently being (or to be) taken to the RIDAC Evaluation. Also, request clients bring prescription eye wear if required for reading or hearing aids to the evaluation.]

\_\_\_\_\_  
 COUNSELOR SIGNATURE COUNSELOR NO. DATE

## **RIDAC SERVICE AUTHORIZATION FORM INSTRUCTIONS**

This authorization for RIDAC services is to be completed and signed by the counselor prior to scheduling an individual for RIDAC services. The form is self-explanatory. The counselor will identify needed assessment services.

**Arkansas Department of Career Education  
Arkansas Rehabilitation Services  
#26 Corporate Hill  
Little Rock, AR 72205  
(501) 683-0719 or fax (501) 666-5319**

**AT @ Work Referral Form**

**Date:**

**To: Barbara Gullett, E-Mail: Barbara.Gullett@arkansas.gov, Fax 501-666-5319**

**Counselor:**

**Client:**

**Address:**

**Address:**

**City:**  **Zip:**

**City:**  **Zip:**

**Email:**

**Phone:**

**Phone:**

**Cell/Work:**

**Fax:**

**Disability(s):**

**Client is:** ( ) Vocational Rehabilitation      ( ) Independent Living

**Reason for Referral:**

**Note: Referral Form is the only information required. AT @ Work evaluator will contact referring Counselor if additional information is needed.**

# ASSISTIVE TECHNOLOGY @ WORK INSTRUCTIONS

## REFERRAL AND ASSESSMENT PROCESS

The AT @ Work program (Assistive Technology at Work) is designed to assist the ARS consumer and the referring Counselor in selecting and obtaining the appropriate assistive technology. The program is a collaborative effort involving Little Rock based staff as well as ACTI therapy staff. Services offered include evaluation/assessment, assistive technology device training, device modification/adaptation, and technical assistance as it relates to work, school, home, and transportation. ARS Counselors are required to determine the need for assistive technology at the time of application, plan development, and placement.

The following process is recommended in those situations when the Counselor identifies the potential need for assistive technology:

- 1) Counselor determines need for an assistive technology assessment or consultation.
- 2) Counselor completes the AT @ Work Referral Form in full and forwards to the AT @ Work Program Manager via e-mail or fax.
- 3) Program Manager receives Referral Form, reviews and assigns to the appropriate AT @ Work evaluator. (If referral requests a wheelchair or orthotic/prosthetic assessment referral is forwarded to the physical therapy department at ACTI. The physical therapist will contact the referring Counselor to discuss the need for the consumer referred to visit the ACTI.)
- 4) Evaluator reviews the referral. Prior to scheduling the assessment, the Evaluator contacts the referring Counselor to ascertain the Counselor's perception of the individual's specific needs and requests other information.
- 5) Evaluator and Counselor will discuss the availability of IL or VR funds and determine the need to proceed with the evaluation.
- 6) Evaluator and Counselor will determine responsibility of scheduling the assessment in a timely manner based on the availability of the consumer, Counselor and evaluator.
- 7) Evaluator will complete a functional assessment addressing the referred individual's specific need of assistive technology based on the Counselor's request.
- 8) Evaluator will complete a report summarizing findings with recommendations for any needed technology prioritized.
- 9) Evaluator and Counselor will determine responsibility for procurement of recommended and agreed upon assistive technology. The Evaluator will provide vendor information, along with the quoted cost of the technology.
- 10) Evaluator will determine training needs regarding recommended technology prior to purchase.
- 11) Evaluator and Counselor will jointly agree as to responsibility for follow-up services including final approval of modifications/adaptations.
- 12) The Counselor will be responsible for processing payment of authorized and purchased technology.

**The counselor will also be responsible for obtaining the consumer's signature on the retention of title for necessary equipment.**



**ARKANSAS REHABILITATION SERVICES  
GENERAL MEDICAL ASSESSMENT**

**REMARKS:**

**HISTORY AND PHYSICAL**

	<u>PROBLEM INDICATED</u>				<u>DESCRIPTION OF PROBLEM</u>
	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
<b>HEENT</b>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
<b>VISION</b>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
<b>HEARING</b>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
<b>LUNGS</b>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
<b>HEART (BP _____)</b>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
<b>ORTHOPEDIC</b>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
<b>NEUROLOGICAL/MENTAL STATUS</b>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
<b>OTHER</b>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DEFINITION OF FUNCTIONAL CAPACITY AREAS**

**MOBILITY** – Capability of moving efficiently from place to place.

**COMMUNICATION** – Accurate and efficient transmission and/or reception of either verbal or non-verbal information.

**SELF-CARE** – Ability to fulfill basic needs such as those related to health, safety, food preparation and nutrition, grooming, transportation, housing, homemaking, and money management.

**SELF-DIRECTION** – capacity to organize, structure, and manage activities in a manner which best served the objectives of the individual.

**INTERPERSONAL SKILLS** – 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.

**WORK TOLERANCE** – Ability to carry out required physical and cognitive work tasks in an efficient and effective manner over a sustained period of time.

**WORK SKILLS** – Those specific skills required to carry out work functions as well as the capacity for an individual to benefit from training in those work functions.

## **GENERAL MEDICAL EXAMINATION RECORD INSTRUCTIONS**

The counselor will complete and sign the top section of the form.

## **GASTRIC BYPASS STATEMENT OF UNDERSTANDING**

I understand that weight reduction surgery is a complicated medical procedure and there are risks involved. As part of my rehabilitation program, I agree to adhere to the recommendations of the surgeon and any other treating physicians or medical professionals at the time of surgery and during my recovery process. I understand that weight reduction surgery is not a “magic cure” but only an initial step in my effort to lose weight due to morbid obesity. I understand I must commit to a change in my lifestyle in order to lost weight and maintain a weight that does not pose a threat to my health. I agree to adhere to medically recommended diet and exercise programs and understand that if I do not adhere to such programs, I can regain a significant portion of any weight I may have lost as a result of the surgery. I have been informed of the research that indicates 5 years post surgery 70% of individuals who have weight reduction surgery regain 50% of weight initially lost. I have been informed that due to the above-mentioned research it is the practice of Arkansas Rehabilitation Services to pay for the weight reduction surgery one time.

I understand this service is provided to help me to gain or maintain employment.

---

Client Signature

Date

## **GASTRIC BYPASS STATEMENT OF UNDERSTANDING INSTRUCTIONS**

This form is to be completed on all gastric bypass cases and is to be signed by the individual and placed in the record of service.

**GASTRIC BYPASS SURGERY CHECKLIST**  
**Required information for submission to the District Manager**

Client's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

	Yes	No
General Medical Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of morbid obesity at least 5 years	<input type="checkbox"/>	<input type="checkbox"/>
BMI 55 or Greater	<input type="checkbox"/>	<input type="checkbox"/>
Co-Morbid Conditions:		
Uncontrolled Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>
Uncontrolled Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Apnea	<input type="checkbox"/>	<input type="checkbox"/>
Hypoventilation	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Failure	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis (Low Back, Legs, Feet)	<input type="checkbox"/>	<input type="checkbox"/>
Reflux Esophagitis	<input type="checkbox"/>	<input type="checkbox"/>
Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>
Documentation from treating physician of success or failure in a Structured weight loss program for 1 year while under his/her care	<input type="checkbox"/>	<input type="checkbox"/>
Examination by a surgeon proficient in bariatric surgery With recommendation for surgery	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Signed Local Medical Consultant Worksheet	<input type="checkbox"/>	<input type="checkbox"/>
Signed memorandum of understanding by the client	<input type="checkbox"/>	<input type="checkbox"/>
Has realistic expectations	<input type="checkbox"/>	<input type="checkbox"/>
Understands & agrees to long term follow-up	<input type="checkbox"/>	<input type="checkbox"/>
Understands postoperative restrictions	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of eligibility and order of selection criteria	<input type="checkbox"/>	<input type="checkbox"/>
Signed memorandum of understanding by the client	<input type="checkbox"/>	<input type="checkbox"/>
Case narrative documentation of counseling issues	<input type="checkbox"/>	<input type="checkbox"/>
Approval of District Manager	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## **GASTRIC BYPASS CHECKLIST INSTRUCTIONS**

Form completion is self-explanatory.

## ARKANSAS REHABILITATION SERVICES MEDICAL CONSULTANT WORK SHEET

Client \_\_\_\_\_ Date \_\_\_\_\_

Vocational Objective \_\_\_\_\_

		Yes	No	Recommendation	Date of Re-evaluation
I.	<b>Diagnosis</b>				
A.	Is general physical examination adequate?				
B.	Do signs suggest further study?				
	1. Are further tests indicated?				
	a. Laboratory tests				
	b. X-ray				
	2. Is specialist consultation indicated?				
	3. Is hospitalization for diagnosis indicated?				
	4. Is specialist's report conclusive?				
II.	<b>Prognosis</b>				
A.	Is disability "static?"				
B.	Can major disability be removed or substantially reduced by treatment in a reasonable length of time?				
III.	<b>Rehabilitation Plan</b>				
A.	Is treatment plan satisfactory?				
B.	Is training plan satisfactory From a physical standpoint?				
C.	Is placement plan satisfactory From a physical standpoint?				

Comments: (If more space is needed for comments, please continue using back of this sheet if necessary.)

\_\_\_\_\_  
M.D.  
Medical Consultant

# MEDICAL CONSULTANT WORKSHEET (RS-3G) INSTRUCTIONS

Self-explanatory.

## ARKANSAS REHABILITATION SERVICES CERTIFICATE OF INELIGIBILITY

\_\_\_\_\_  
CLIENT NAME

\_\_\_\_\_  
CASE NUMBER

The diagnostic study has been completed, and based on the information I have and to the best of my knowledge and judgment, it does not appear that you are eligible for vocational rehabilitation services. If you are dissatisfied with this decision, you may file a request for an administrative review of this action to be made by a member or members of the supervisory staff of the agency. If dissatisfied with the findings of this review, you will be given an opportunity for a fair hearing. Applicants may be afforded an annual review to determine if any changes have occurred, which may result in a decision of eligibility.

THE REASON(S) FOR THIS DECISION IS:

DESCRIBE CLIENT INVOLVEMENT:

DATE FOR ANNUAL REVIEW IS \_\_\_\_\_

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COUNSELOR SIGNATURE

\_\_\_\_\_  
NUM

\_\_\_\_\_  
DATE

## **CERTIFICATE OF INELIGIBILITY INSTRUCTIONS (RS-4C)**

1. The Certificate of Ineligibility, RS-4c, will be completed when the case is closed "08" from Status 02.
2. The Certificate of Ineligibility generated by the case management system after Status 08 is keyed.
3. The Certificate of Ineligibility form is displayed with the individual's name, Social Security Number, and counselor's name.
4. In the space provided, explain the reason the individual is ineligible for services.
5. Describe in the space provided the client's participation in the decision reached.
6. Record the date scheduled for the annual review for all individuals closed from Status 02 found ineligible because the individual indicates the severity of disability prevents participation in a rehabilitation program.
7. The individual should manually sign and record the date of signature
8. The counselor signs, record counselor number, and date of signature.
9. When an individual is closed in Status "08" from Status 02, a Certificate is completed in duplicate and the original is provided the applicant and a copy is placed in the local office file.



## **CERTIFICATE OF ELIGIBILITY INSTRUCTIONS (RS-600-B-1)**

1. The Certificate of Eligibility is generated by the case management system after Status 10 is keyed.
2. The Certificate of Eligibility form is displayed with the individual's name, Social Security Number, and counselor's name.
3. The physical or mental impairment, the limitations, and the date of certification are to be keyed.
4. Check appropriate box for Trial Work Experience, Extended Evaluation, or VR services.
5. The Certificate of Eligibility for Trial Work Experience, EE, or VR services is not valid if not signed by the counselor and the Date of Certification entered.
6. The Certificate of Eligibility must be printed and placed in the case folder.

## ARKANSAS REHABILITATION SERVICES CERTIFICATE OF ELIGIBILITY ILRS

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

- I. THE INDIVIDUAL HAS A PHYSICAL OR MENTAL IMPAIRMENT WITH RESULTING FUNCTIONAL LIMITATIONS IN ACTIVITIES.
  
- II. THE LIMITATIONS FROM THE IMPAIRMENT CONSTITUTES A SUBSTANTIAL IMPEDIMENT TO INDEPENDENT LIVING.
  
- III. THERE IS A REASONABLE EXPECTATION THAT INDEPENDENT LIVING SERVICES MAY SIGNIFICANTLY ASSIST THE INDIVIDUAL TO IMPROVE HIS/HER ABILITY TO FUNCTION INDEPENDENTLY IN FAMILY OR COMMUNITY INDEPENDENT FUNCTIONING.

INDEPENDENT LIVING SERVICES:

\_\_\_\_\_  
COUNSELOR SIGNATURE

\_\_\_\_\_  
NO.

\_\_\_\_\_  
DATE

THE REASONS FOR ARRIVING AT THE ABOVE CONCLUSIONS ARE:

## **CERTIFICATE OF ILRS ELIGIBILITY INSTRUCTIONS (RS-600-B-1)**

1. The Certificate of Eligibility for ILRS is generated by the case management system after Status 72 is keyed.
2. The Certificate of Eligibility form for ILRS is displayed with the individual's name, Social Security Number, and counselor's name.
3. The Certificate of Eligibility is not valid if not signed by the counselor and the Date of Certification entered.
4. The Certificate of Eligibility must be printed and placed in the case folder.
5. The physical or mental impairment, the limitations, and the date of certification are to be keyed.

## ARKANSAS REHABILITATION SERVICES

### ASSESSMENT FOR DETERMINING PRIORITY CATEGORY FOR SERVICES

NAME: \_\_\_\_\_ SSN \_\_\_\_\_  
           (LAST)                  (FIRST)          (MI)

1. This individual has one or more impairments that are considered significant:  
    Yes                   No
  
2. As a result of these impairments, the individual is significantly limited from maintaining or achieving employment due to chronic loss in the following capacity areas (as described and defined):

#### MOBILITY

- Regularly requires any of the following to get around in the community:  
     Modifications, adaptive technology, accommodations, and assistance from others
- Range of travel is severely limited
- Unable to use upper and/or lower extremities
- Unable to control and coordinate fine and/or gross motor movements such as button buttons, wind watch, etc.

#### SELF DIRECTION

- Requires supervision on a frequent or ongoing basis to begin and carry through with goals and plans, perform job tasks, monitor own behavior or make decisions
- Highly distractible/short attention span/severe difficulty concentrating on work
- Difficulty shifting focus from one task to the next
- Unable to work independently
- Unable to provide informed consent for life issues without assistance of a court appointed legal representative or guardian
- Unaware of consequences of behavior

#### SELF CARE

- Requires assistance on the job for personal needs
- Places self and/or others at risk due to poor decision-making/reasoning, or judgment
- Requires extra attention or monitoring to prevent accident or injury
- Unable to perform normal activities of daily living without assistance such as hygiene, cooking, shopping and money management

#### INTERPERSONAL SKILLS

- Has not acquired cultural or age appropriate social skills, which will impede employer/co-worker interaction
- Work history includes recent negative references, firings, multiple short-term jobs or other evidence of work adjustment problems
- Social isolation, withdrawal, or rejection by co-workers
- Frequent conflict with co-workers or supervisors
- Has significant difficulty interpreting and responding to behavior and communication of others

**ASSESSMENT FOR DETERMINING PRIORITY CATEGORY FOR SERVICES (continued)**

**COMMUNICATION**

- Unable to participate in conversation without accommodation or assistive technology (Video/visual, language board, interpreter, TTY, written aids, real-time captioning, etc.)
- Unable to understand telephone conversation even with amplification, including tactile or visually enhanced sign systems
- Expressive and receptive primary mode of communication is unintelligible to non-family members or general public
- Below the 5<sup>th</sup> grade level in reading or written expression
- Unable to access printed/visual information without assistive technology and/or accommodation

**WORK TOLERANCE**

- Requires frequent or extended periods of time from work due to necessary treatments or medical problems.
- Unable to climb a flight of stairs or walk 100 yards on level surface without pause
- Unable to lift 20 pounds (occasionally) or carry more than 10 pounds (frequently)
- Requires modification, adaptive technology and/or accommodations not typically required for others in terms of capacity or endurance (i.e. extra work periods, shorter workday or week, adjustments in starting and quitting times)
- Unable to sit/stand for more than two hours
- Unable to perform tasks at a competitive work pace

**WORK SKILLS**

- Unable to obtain or maintain employment usually available to persons of equivalent age and education
- Have few general skills, which could be readily used in a job, existing in the economy and/or job specific skills are largely unusable due to disability or other factors.
- Can only learn tasks that are routine or repetitive
- Requires accommodation or rehabilitation technology to participate in training to develop work skills
- Requires more training and supervision than other trainees to obtain/maintain job skills

**Are multiple services over an extended period of time expected:**       Yes       No

**Category**

**This individual meets the criteria for Priority for Services:**       I     II     III     IV

Status 10

Status 04

(Please check appropriate box)

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Counselor #

\_\_\_\_\_  
Date of Signature

## **ORDER OF SELECTION – PRIORITY CATEGORY INSTRUCTIONS**

1. The counselor will record the individual's name, Social Security Number, and check Yes or No for question #1.
2. The counselor will complete the Assessment for Determining Priority Category for Services. Utilizing the information below, the counselor will determine the Priority Category.
3. The counselor will check Yes or No if multiple services over an extended period of time are necessary.
4. The counselor will select the placement of Priority for Services by checking Category I, II, or III.
5. If the placement category is I or II, the counselor will check Status 10.
6. If the placement category is III the individual will be given the option of being placed on a waiting list for services (Status 04) or closed Status 30. If the individual chooses placement on the waiting list, the counselor will check Status 04.
7. The counselor will sign and date the form.

### **ORDER OF SELECTION**

Under the Vocational Rehabilitation Act (Title IV of the Workforce Investment Act of 1998) certain state Vocational Rehabilitation agencies are required to have an order of selection. An order of selection requires that a priority be given to individuals with the most significant disabilities in the provision of vocational rehabilitation services. The order of selection is required in the event that the state is unable to provide the full range of vocational rehabilitation services to all eligible individuals or, in the event that vocational rehabilitation services cannot be provided to all eligible individuals in the State who apply for the services. ARS has determined that there are insufficient funds to provide services to all eligible individuals within the State.

The ARS Order of Selection assures the highest priority in service provision is reserved for eligible individuals with the most significant disabilities. Services and expenditures are closely monitored to enable the ARS Commissioner to close or open priority categories as deemed appropriate. This will assure services are continued for cases determined eligible and receiving services under an Individualized Plan for Employment. Adequate funds will be reserved to provide diagnostic services for all applicants to determine eligibility and category placement.

## **DESCRIPTION OF PRIORITY SELECTION**

The Order of Selection priority categories, justification for each, outcome and service goals are listed below:

ARS will provide services based on an Order of Selection on a statewide basis. The ARS Order of Selection assures clients in Priority I and II will have first priority for the provision of services. If funds become available, individuals in Priority III may receive services.

Rehabilitation clients who have an Individualized Plan for Employment (IPE) for vocational rehabilitation (VR) services or extended evaluation (EE) services in place prior to the implementation of the Order of Selection policy will receive services as recorded in their IPE.

### **Priority Category I - Most Significantly Disabled**

An eligible individual with a most significant disability is defined as one who has a significant physical or mental impairment which:

- 1) Seriously limits at least three functional capabilities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;
- 2) Whose vocational rehabilitation can be expected to require multiple VR services\* over an extended period of time\*\*; and
- 3) Who has one or more physical or mental disabilities as defined below\*\*\*.

### **Priority Category II - Significantly Disabled**

An eligible individual with a significant disability is defined as one who has a significant physical or mental impairment which:

- 1) Seriously limits two functional capacity area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;
- 2) Whose vocational rehabilitation can be expected to require multiple VR services\* over an extended period of time\*\*; and
- 3) Who has one or more physical or mental disabilities as defined below\*\*\*:

### **Priority Category III – Non-Significantly Disabled**

An eligible individual with a non-significant disability is defined as one who has a significant physical or mental impairment which:

- 1) Seriously limits one functional capacity area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;
- 2) Whose vocational rehabilitation can be expected to require multiple VR services\* over an extended period of time\*\*; and
- 3) Who has one or more physical or mental disabilities as defined below\*\*\*:

Definitions:

\* Two (2) or more major VR services, i.e. counseling, guidance, assistive technology, physical or mental restoration, training, and placement.

\*\* 90 days or more from the date services are initiated.

\*\*\* 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 vocational rehabilitation needs to cause comparable substantial functional limitation.

**PRIORITY OF CATEGORIES TO RECEIVE VR SERVICES UNDER THE ORDER OF SELECTION**

ARS will provide services based on an Order of Selection on a statewide basis. The ARS Order of Selection assures clients in Priority I and II will have first priority for the provision of services. If funds become available, individuals in Priority III may receive services. Rehabilitation clients who have an Individualized Plan for Employment (IPE) for vocational rehabilitation (VR) services or extended evaluation (EE) services in place prior to the implementation of the Order of Selection policy will receive services as recorded in their IPE.

Dear

When you applied for Rehabilitation Services, I explained Order of Selection. This means that people who are most significantly disabled will receive priority for paid-for services. Based upon medical information obtained and a review of your rehabilitation potential, you are eligible and are being placed in:

- Category I (Most Significantly Disabled)
- Category II (Significantly Disabled)
- Category III (Non- Significantly Disabled)

If you are listed in Category I or II, contact me immediately to plan your Rehabilitation Program

If you are listed in Category III, you must choose to (check one):

- Assistance with referral to other workforce investment programs/benefits
- Be placed on a deferred services list until more funds are available
- Request that your case be closed

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

You should contact me immediately of your decision or if you do not understand this letter.

If you are not satisfied with your category placement, you may request an administrative review. Your request must be in writing within 30 days of the date of this letter to:

\_\_\_\_\_, District Manager  
Arkansas Rehabilitation Services

Sincerely,

Rehabilitation Counselor

## **ORDER OF SELECTION NOTIFICATION LETTER INSTRUCTIONS**

1. The counselor will check the appropriate category.
2. The form will be mailed to the client and a copy placed in the file.

**ARKANSAS REHABILITATION SERVICES  
FINANCIAL RESOURCES**

Name of Client \_\_\_\_\_  
(Last) (First) (MI)

Date \_\_\_\_\_ Total Number In Household \_\_\_\_\_

**I. CAPITAL ASSETS**

**Amount**

1. Liquid Assets (Exempt single \$6,000; person with dependents \$12,000)	\$
2. Other	\$
<b>3. TOTAL</b>	<b>\$</b>

**II. MONTHLY INCOME**

**Amount**

4. Salary (Continuing - Client Only)	\$
5. Retirement/Pension (Client Only)	\$
6. VA Disability (Client Only)	\$
7. SSDI (Client Only)	\$
8. SSI (Client Only)	\$
9. Annuities (Client Only)	\$
10. Private Insurance (Client Only)	\$
11. TANF (Client Only)	\$
12. Other (Include Family Income)	\$
<b>13. TOTAL (Lines 4 -12)</b>	<b>\$</b>

**III. NORMAL LIVING REQUIREMENTS**

(Do not complete for SSI/SSDI Recipients)

**Amount**

14. Family Group (See NLR Chart).	\$
15. Special Conditions	\$
16. Special Conditions	\$
<b>17. TOTAL (Lines 14-16)</b>	<b>\$</b>

**IV. CLIENT'S AVAILABLE RESOURCES**

(Do not complete for SSI/SSDI Recipients)

**Amount**

18. Monthly Income Available (Line 17 minus Line 13, if a negative amount enter 0.)	\$
19. Income Available (Line 18 times number of months)	\$
20. Capital Assets (Line 3)	\$
<b>21. TOTAL (Lines 19 &amp; 20)</b>	<b>\$</b>

**V. COMPARABLE BENEFITS**

Yes No **Amount\*\***

22. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	\$
23. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	\$
24. Pell Grant	<input type="checkbox"/>	<input type="checkbox"/>	\$
25. Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
26. VA (Educ/Trng. Only)	<input type="checkbox"/>	<input type="checkbox"/>	\$
27. Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
28. Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>29. TOTAL (Lines 22 - 28)</b>			<b>\$</b>

Comments:

I hereby certify that all information in Sections I through V is true to the best of my knowledge. I also grant permission for the Arkansas Rehabilitation Services to investigate the accuracy of this report. If my financial condition changes, I agree to notify the Counselor.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Counselor Signature**

\*\*Estimate if exact amount is not available.

## FINANCIAL RESOURCES INSTRUCTIONS (RS -16)

A properly executed RS-16 must be included in the case record of each individual prior to the provision of any services based on financial need. **Individuals receiving SSI/SSDI are exempt from financial need assessment, but the form should be completed to assess comparable benefits.** The RS-16 is used to document financial resources and comparable benefits of the individual. (The RS-600-A and RS-600-C are used to summarize and compute the amount of supplementation necessary.) Instructions for completion of the RS-16 are to be followed to assure compliance with State policies and regulations.

If the individual is 23 years of age or under and unmarried, the parent(s) assets must be verified with a copy of the parent(s) income tax forms. If the parent(s) do not support the individual, the individual must provide documentation of non-support.

**Exception:** If the client's family states the client will not be claimed on next year's income tax, the client will no longer be considered a dependent. The client will be required to verify their source(s) of income to cover their expenses.

- Record the individual's name, date, and the total number in household.

### CAPITAL ASSETS

**1. Liquid Assets:** Liquid assets of the individual and spouse will be interpreted as meaning cash and those instruments that can readily be turned into cash. (Example - money on hand, savings, bonds, securities, and other negotiable papers.) Deduct the first \$6,000 for persons (without dependent children), or \$12,000 for persons with dependent children and enter the remainder of liquid assets on the blank line. If none, enter 0. If the individual is 23 years of age or under and unmarried, the parent(s) assets must be included. A copy of the parent(s) income tax forms must be provided for this purpose. If the parent(s) do not support the individual, the individual must provide documentation of non-support.

**2. Other:** Enter any other capital assets.

**3. Total:** Enter the sum of the amounts in Lines 1-2. If none, enter 0.

### MONTHLY INCOME

Reported income must be verified. (See manual Section V)

If the individual or parent(s) reports zero income or did not file income tax forms, the individual must sign a written statement of verification. If the individual is 23 years of age or under and unmarried, the parent(s) income must be included. A copy of the parent(s) income tax forms must be provided for this purpose. If the parent(s) do not support the individual, the individual must provide documentation of non-support.

**4. Net Salary:** Deduct 25% of the gross income from the most recent paycheck computed on a monthly basis for a regular full-time employee.

Deduct 25% of the adjusted gross income computed on a monthly basis if the information is obtained from income tax returns or the PELL grant summary.

For farmers, teachers, or part-time employees, the amount entered will be the monthly average for the past 12 months. If income has ceased at the time of application or will not be continuing, enter 0 in the amount column.

**5. Retirement/Pension:** Enter the amount.

**6. VA Disability (Client Only):** Enter the amount.

**7. SSDI (Client Only):** Enter the amount.

**8. SSI (Client Only):** Enter the amount.

**9. Annuities (Client Only):** Enter the amount.

**10. Private Insurance (Client Only):** Enter the amount.

**11. TANF (Client Only):** Enter the amount.

**12. Other (Client Only)** Enter the source and the amount of any other income such as contributions, rent, board, etc. received. Enter the family income from parent(s) or spouse. If the individual is 23 years of age or under and unmarried, parent(s) income must be included.

**13. Total (Lines 4 – 12)** Enter the sum of amounts in Lines 4-12. If none, enter 0.

**NORMAL LIVING REQUIREMENTS (NLR)  
DO NOT COMPLETE FOR SSI/SSDI RECIPIENTS.**

**14. Family Group:** Enter from the Normal Living Requirements Table the amount in accordance with the household group and any modification. NLR includes shelter, food, clothing, general health maintenance, utilities, and basic standard living requirements.

<b>Number of Persons</b>	<b>Monthly Amount</b>
1	\$3,200.00
2	\$3,600.00
3	\$4,000.00
(\$400.00 for each additional family member)	

**15 & 16. Special Conditions:** Special Circumstances (conditions) of other expenditures/debts that impose unusual burdens on the client or family's income can be added to the normal living requirement. (Example: medication or medical payments for client or other family members, child support, education expenses, etc.) List and identify each special condition.

**17. Total:** Enter the sum of Lines 14 through 16.

### **CLIENT'S AVAILABLE RESOURCES - DO NOT COMPLETE FOR SSI/SSDI RECIPIENTS.**

Each individual is expected to use all resources available for the rehabilitation program.

**18. Monthly Income Available** Line 17 minus Line 13. (If line 17 is greater than line 13 enter 0.)

**19. Income Available (Line 18 times Number of Months):** This amount represents continuing income available to the client. In all instances, any amount exceeding the NLR will be entered and used.

**20. Capital Assets:** Enter the amount from Line 3. If none, enter 0.

**21. Total:** Enter the sum of Lines 19 and 20.

### **COMPARABLE BENEFITS - ESTIMATE IF EXACT AMOUNT IS NOT AVAILABLE.**

The essential purpose of providing the Comparable Benefits Section is to establish a way to document that a search for comparable benefits has been made. It should also be a tool in helping deal with financial planning. This list will provide a checklist of some of the well-known financial resources counselors will use as comparable benefits. The counselor must advise the individual where to go and who to call for each source of comparable benefits and monitor the search.

**22. Medicaid:** Check yes or no and enter the amount. If "no", enter 0.

**23. Medicare:** Check yes or no and enter the amount. If "no", enter 0.

**24. Pell Grant:** Check yes or no and enter the amount of grant as determined by the Financial Aid Administrator in the institution. If "no", enter 0.

**25. Insurance:** Check yes or no and enter the amount of insurance benefits available as determined by client statement or review of policy. The name of the company and policy number will be entered, if known. If "no", enter 0.

**26. Veteran's Administration (Educ/Trng Only):** Check yes or no. Enter the amount. If "no", enter 0.

**27. Workers' Compensation:** Check yes or no. Enter the amount. If "no", enter 0.

**28. Other:** Specify any other comparable benefits. Enter the amount. If none, enter 0.

**29. Total:** Enter the sum of Lines 22 through 28. If none, enter 0.

**Comments:** Additional information or explanation may be included in this section.

**Individual and Counselor Signature:** The individual and counselor will manually sign in the appropriate space.



## INDIVIDUAL UNDERSTANDINGS, RESPONSIBILITIES, RIGHTS, REMEDIES, AND INFORMED CHOICE

An individual is eligible for Rehabilitation Services when it is determined the individual has a physical or mental disability which constitutes or results in a substantial impediment to employment; can benefit from Vocational Rehabilitation in terms of an employment outcome; and requires Vocational Rehabilitation Services to prepare for, secure, retain, or regain employment.

A period of trial work experiences may be required when an individual has a physical or mental disability that constitutes or results in a substantial impediment to employment, but it cannot be determined if he/she can benefit from Vocational Rehabilitation Services in terms of an employment outcome.

For each person who is eligible for vocational rehabilitation services or for trial work experiences, an Individualized Plan for Employment (IPE) will be developed by the individual, or the individual's representative if appropriate, with or without assistance from a qualified Vocational Rehabilitation Counselor or technical assistance if required. It will include the specific employment outcome chosen by the individual, consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, in an integrated setting to the maximum extent appropriate. It will also include a description of the specific Vocational Rehabilitation services needed to achieve the employment outcome; timelines for achievement of the employment outcome and initiation of services; the vendors and method of procuring services chosen by the individual; criteria to evaluate progress toward achievement of the employment outcome; and terms and conditions of the IPE, including the responsibilities of the Agency and of the individual. If applicable information about projected need for rehabilitation technology, personal care assistance, supported employment, or post-employment services will be included.

There will be periodic evaluations of the progress toward the employment outcome, and a review will be conducted at least every 12 months. In some plans, changes may be necessary to take care of circumstances that cannot be foreseen. Some plans may be ended prior to completion if there is no longer a need for services because of new information or changed conditions, or if it is determined that the individual can no longer benefit from services in terms of an employment outcome.

It is the responsibility of the eligible individual to cooperate in the program and make a reasonable effort to carry out the conditions. This includes, but is not limited to, keeping appointments, attending scheduled activities, attaining acceptable ratings in training and other activities, and carrying out medical and other professional instructions. It is also the responsibility of the individual to report to the Rehabilitation Counselor any changes in financial circumstances or the availability of assistance from other programs to meet, in whole or in part, the cost of services provided under the IPE. Failure to do so may result in suspension of further services.

**If dissatisfied with any decision by ARS with regard to the furnishing or denial of Vocational Rehabilitation Services, the individual may file a request for review of the decision. The individual has the right to request a due process hearing before an impartial hearing officer. This request must be filed within ten (10) working days of any contested decision. A due process hearing before an impartial hearing officer will be scheduled within 45 days of documented request. The individual has the right to request administrative review or mediation to attempt to resolve the issue within the due process time frame. The qualified impartial mediator or hearing officer is randomly selected by the individual from a list provided by ARS. Any request for the review of a decision must be filed in writing with the Commissioner, or designee, Arkansas Rehabilitation Services, P. O. Box 3781, Little Rock, Arkansas 72203.**

A Client Assistance Program (CAP) is available to provide assistance in informing and advising all applicants for services of available benefits under the Rehabilitation Act. Upon request, the CAP may assist each individual in his/her relationship with the projects, programs, and facilities providing services under the Rehabilitation Act, including assistance in pursuing legal, administrative, or other appropriate remedies to ensure the protection of rights under this Act. Individuals who wish assistance from the Client Assistance Program should contact Disability Rights Center, 1100 North University, Suite 201, Little Rock, Arkansas 72207, telephone number (501) 296-1775 or (800) 482-1174.

All services provided by the Arkansas Rehabilitation Services are provided on a non-discriminatory basis without regard to sex, race, age, color, religion, national origin or disability. I understand that with the exception of diagnosis, counseling and guidance, placement and follow-up, other services provided by the Arkansas Rehabilitation Services will be based upon my financial resources and other comparable benefits available to me. I understand that assessment and services are dependent on the availability of funds. If funding is not available, services may not be provided. I understand that if I believe I have been discriminated against, I have the right to file a written complaint with the Commissioner, Arkansas Rehabilitation Services, or designee, P. O. Box 3781, Little Rock, Arkansas 72203, 501-296-1600.

**I UNDERSTAND MY RESPONSIBILITIES AND THE TERMS AND CONDITIONS OF THIS INDIVIDUALIZED PLAN FOR EMPLOYMENT. I HAVE PARTICIPATED IN THE DEVELOPMENT OF THIS INDIVIDUALIZED PLAN FOR EMPLOYMENT AND HAVE REQUESTED THE NECESSARY SERVICES TO MEET MY SPECIFIC EMPLOYMENT OUTCOME/IL GOAL. I HAVE READ OR HAVE HAD EXPLAINED TO ME THE PREPRINTED INFORMATION AND UNDERSTAND AND AGREE TO DO MY BEST TO FULFILL THESE OBLIGATIONS. I HAVE ALSO PARTICIPATED IN AN ASSESSMENT OF THE EXPECTED NEED FOR POST-EMPLOYMENT SERVICES FOLLOWING THE PROVISION OF THE SERVICES LISTED ABOVE. THE PROVISION OF POST-EMPLOYMENT SERVICES MAY NOT EXCEED EIGHTEEN (18) MONTHS.**

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INDIVIDUAL'S SIGNATURE	DATE	COUNSELOR'S SIGNATURE	NUMBER	DATE
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## INDIVIDUALIZED PLAN FOR EMPLOYMENTS (RS-600-A)

1. Enter last name, first name and middle initial. Add individual's Social Security #.
2. Check appropriate box.
3. (A) A vocational goal must be listed as a job classification. (B) Add the six-digit SOC code. (C) Enter appropriate dates. (D) This item should reflect the starting salary for the goal selected. (E) Check appropriate box. (F) Check appropriate box.
4. This section is for describing the criteria that will be used to evaluate the progress toward the achievement of the employment outcome. (intermediate rehabilitation objectives)
5. For services listed, check appropriate box. For services not listed, check appropriate box and write in the needed service. Enter the month and year services to be initiated and completed. Enter the name of the service provider. Method to procure service; check appropriate method.

Explanation:

- Purchased - ARS will pay for the services.
- Provided - ARS will provide the service.
- Arranged - Service will be provided by another source.

**Cost Estimate** - (a) Enter cost of planned services. (b) Enter comparable benefits such as Student Financial Aid. (c) Enter total cost of services column (d) Enter all of comparable benefits column. (e) The difference of services column minus comparable benefits will be entered in "unmet needs." (f) At this point the counselor will negotiate with the individual the amount of individual's contribution, the agency supplementation and enter the amounts. (Cost estimates cannot be for more than one year.)

6. Check appropriate box.
7. Write in date for annual review.
8. Have individual sign and date, then counselor will sign and date and list counselor number.
9. Provide a copy to the individual.

# ARKANSAS REHABILITATION SERVICES INDIVIDUALIZED PLAN FOR EMPLOYMENT AMENDMENTS

1. \_\_\_\_\_  
 (LAST NAME) (FIRST NAME) (MIDDLE) SOCIAL SECURITY NUMBER

2.  VR SERVICES  TRIAL WORK EXPERIENCES/EXTENDED EVALUATION  INDEPENDENT LIVING SERVICES

3. SPECIFIC EMPLOYMENT OUTCOME/IL GOAL: \_\_\_\_\_ SOC CODE \_\_\_\_\_

SERVICE INITIATION DATE: \_\_\_\_\_ PROJECTED COMPLETION DATE: \_\_\_\_\_

ESTIMATED STARTING SALARY: \_\_\_\_\_ IF REQUIRED, IS INDIVIDUAL WILLING TO RELOCATE?  YES  NO

PROJECTED JOB DEMAND:  HIGH  MODERATE  LOW

4. CRITERIA FOR EVALUATION OF PROGRESS TOWARD EMPLOYMENT OUTCOME:  
 INTERMEDIATE OBJECTIVES EVALUATION CRITERION


5. THE INDIVIDUAL OR REPRESENTATIVE THROUGH INFORMED CHOICE HAS SELECTED SERVICES REQUIRED TO ACHIEVE THE EMPLOYMENT OUTCOME/IL GOAL. ESTIMATED DATES FOR SERVICES TO BE INITIATED AND COMPLETED. SERVICE PROVIDERS. METHOD TO PROCURE SERVICES. COST OF SERVICES AND COMPARABLE BENEFITS.

		ESTIMATED DATE TO BE				SERVICE PROVIDER	METHOD TO PROCURE SERVICE			COST ESTIMATE	
Add	Delete	INITIATED		COMPLETED			Arrange	Provide	Purchase	Cost	Comparable
		MO.	YR.	MO.	YR.						
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TOTAL</b>											
<b>UNMET NEEDS</b>											
<b>INDIVIDUAL'S CONTRIBUTION</b>											
<b>TOTAL AGENCY SUPPLEMENTATION</b>											

6. **TERMINATION OF CASE**
- 08 INELIGIBLE FROM 06
  - 26 REHABILITATED
  - 28 INELIGIBLE FROM 14-24
  - 30 INELIGIBLE FROM 10-12
  - 32 POST-EMPLOYMENT
  - 38 SERVICES DELAYED FROM 04
  - 73 IL SERVICES NOT COMPLETE
  - 74 IL SERVICES COMPLETE

7. **A. POST-EMPLOYMENT TERMINATION**
- 34 EMPLOYMENT MAINTAINED
  - 36 PLACED BACK IN 00
  - 39 OTHER

- B. POST-EMPLOYMENT SERVICES PROVIDED**
- DIAGNOSTIC & EVALUATION
  - RESTORATION (PHYSICAL/MENTAL)
  - TRANSPORTATION
  - COUNSELING & GUIDANCE ONLY
  - PLACEMENT
  - MAINTENANCE
  - TRAINING
  - OTHER

8.  ANNUAL REVIEW  PERIODIC REVIEW  TERMINATION  
 CHANGE SPECIFIC EMPLOYMENT OUTCOME
- 

**JUSTIFICATION/DOCUMENTATION:**

## INDIVIDUAL UNDERSTANDINGS, RESPONSIBILITIES, RIGHTS, REMEDIES, AND INFORMED CHOICE

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For each person who is eligible for vocational rehabilitation services or for trial work experiences, an Individualized Plan for Employment (IPE) will be developed by the individual, or the individual's representative if appropriate, with or without assistance from a qualified Vocational Rehabilitation Counselor or technical assistance if required. It will include the specific employment outcome chosen by the individual, consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, in an integrated setting to the maximum extent appropriate. It will also include a description of the specific Vocational Rehabilitation services needed to achieve the employment outcome; timelines for achievement of the employment outcome and initiation of services; the vendors and method of procuring services chosen by the individual; criteria to evaluate progress toward achievement of the employment outcome; and terms and conditions of the IPE, including the responsibilities of the Agency and of the individual. If applicable information about projected need for rehabilitation technology, personal care assistance, supported employment, or post-employment services will be included.

There will be periodic evaluations of the progress toward the employment outcome, and a review will be conducted at least every 12 months. In some plans, changes may be necessary to take care of circumstances that cannot be foreseen. Some plans may be ended prior to completion if there is no longer a need for services because of new information or changed conditions, or if it is determined that the individual can no longer benefit from services in terms of an employment outcome.

It is the responsibility of the eligible individual to cooperate in the program and make a reasonable effort to carry out the conditions. This includes, but is not limited to, keeping appointments, attending scheduled activities, attaining acceptable ratings in training and other activities, and carrying out medical and other professional instructions. It is also the responsibility of the individual to report to the Rehabilitation Counselor any changes in financial circumstances or the availability of assistance from other programs to meet, in whole or in part, the cost of services provided under the IPE. Failure to do so may result in suspension of further services.

**If dissatisfied with any decision by ARS with regard to the furnishing or denial of Vocational Rehabilitation Services, the individual may file a request for review of the decision. The individual has the right to request a due process hearing before an impartial hearing officer. This request must be filed within ten (10) working days of any contested decision. A due process hearing before an impartial hearing officer will be scheduled within 45 days of documented request. The individual has the right to request administrative review or mediation to attempt to resolve the issue within the due process time frame. The qualified impartial mediator or hearing officer is randomly selected by the individual from a list provided by ARS. Any request for the review of a decision must be filed in writing with the Commissioner, or designee, Arkansas Rehabilitation Services, P. O. Box 3781, Little Rock, Arkansas 72203.**

A Client Assistance Program (CAP) is available to provide assistance in informing and advising all applicants for services of available benefits under the Rehabilitation Act. Upon request, the CAP may assist each individual in his/her relationship with the projects, programs, and facilities providing services under the Rehabilitation Act, including assistance in pursuing legal, administrative, or other appropriate remedies to ensure the protection of rights under this Act. Individuals who wish assistance from the Client Assistance Program should contact Disability Rights Center, 1100 North University, Suite 201, Little Rock, Arkansas 72207, telephone number (501) 296-1775 or (800) 482-1174.

All services provided by the Arkansas Rehabilitation Services are provided on a non-discriminatory basis without regard to sex, race, age, color, religion, national origin or disability. I understand that with the exception of diagnosis, counseling and guidance, placement and follow-up, other services provided by the Arkansas Rehabilitation Services will be based upon my financial resources and other comparable benefits available to me. I understand that assessment and services are dependent on the availability of funds. If funding is not available, services may not be provided. I understand that if I believe I have been discriminated against, I have the right to file a written complaint with the Commissioner, Arkansas Rehabilitation Services, or designee, P. O. Box 3781, Little Rock, Arkansas 72203, (501) 296-1600.

**The need for post-employment services has been re-assessed and may be provided after my case has been closed rehabilitated for the purposes of helping me maintain employment. If problems arise which jeopardize my job, I will contact my rehabilitation counselor.**

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INDIVIDUAL'S SIGNATURE

DATE

COUNSELOR'S SIGNATURE

NO.

DATE

## IPE AMENDMENT (RS-600-A) INSTRUCTIONS

The RS600-C is a multipurpose form for use in amending the initial IPE whenever a change in the rehabilitation program is needed and to record the progress of the individual's rehabilitation program annually. A notation should be made in the case narrative to explain the need for an amendment or annual review consistent with informed choice. The justification for the amendment or annual review should be made on the RS600-C. The counselor will complete only the items needed to accomplish the amendment or annual review. An amendment to the IPE may include a vocational objective change, deletion or addition of services, costs of services, termination of the case, extension of an expired IPE, etc, and the required annual review. The counselor and individual must sign and date the RS600-C and the individual must be provided a copy.

The counselor will complete only the appropriate item(s) needed to amend the IPE.

1. Enter last name, first name and middle initial. Add individual's Social Security #.
2. Check appropriate box.
3. If a vocational goal change is required, (A) Record the job classification (B) Add the six-digit SOC code. (C) Enter appropriate dates. (D) This item should reflect the starting salary for the goal selected. (E) Check appropriate box. (F) Check appropriate box.
4. This section is for describing the criteria that will be used to evaluate the progress toward the achievement of the employment outcome. (intermediate rehabilitation objectives)
5. Check the appropriate box to add or delete the service(s) and record the service(s). Enter the month and year services to be initiated and completed. Enter the name of the service provider. Check appropriate method to procure service.

### Explanation:

Purchased – ARS will pay for the services.

Provided – ARS will provide service.

Arranged – Service will be provided by another source.

**Cost Estimate** (a) Enter cost of planned services. (b) Enter comparable benefits such as Pell Grant (c) Enter total cost of services column (d) Enter all of comparable benefits column. (e) The difference of services column minus comparable benefits will be entered in "unmet needs." (f) At this point the counselor will negotiate with the individual the amount of individual's contribution, the agency supplementation and enter the amounts. . (Cost estimates cannot be for more than one year.)

6. Termination of case – Check appropriate box.
7. (A) Post-employment Termination – Check appropriate box. (B) Post-employment Services Provided – Check appropriate box.
8. Justification – Check appropriate box and write justification.
9. Have individual sign and date, then counselor will sign and date and list counselor number.
10. Provide a copy to the individual.



## **RECEIPT/RELEASE FOR OCCUPATIONAL TOOLS AND/OR EQUIPMENT AND TITLE AGREEMENT INSTRUCTIONS (M-33)**

This form will be prepared in duplicate; the original will be placed in the case record and the copy to the individual.

1. In the space provided record the month, day, and year.
2. List in detail, the items purchased for the individual and describe each item, showing serial numbers, if applicable.
3. Signature of Individual: The individual will manually sign showing the same name carried in the case record.
4. Signature of Counselor: The counselor will manually sign and date.

# EMPLOYMENT SERVICES REFERRAL

Referral date \_\_\_\_\_  
Name \_\_\_\_\_ SSN/Case Number \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ New/Reopen \_\_\_\_\_  
Telephone \_\_\_\_\_ Message Phone \_\_\_\_\_  
Referral Counselor \_\_\_\_\_ Field Counselor \_\_\_\_\_ No.. \_\_\_\_\_  
Primary Disability \_\_\_\_\_ Disability Code \_\_\_\_\_  
Vocational Objective \_\_\_\_\_ Code \_\_\_\_\_ Date Available \_\_\_\_\_ Location Preferred \_\_\_\_\_

**The top portion of this form should be completed by the referring counselor.**

Severe?  Yes  No SSI?  Yes  No Amount? \_\_\_\_\_ SSDI?  Yes  No Amount? \_\_\_\_\_

Restrictions \_\_\_\_\_

Level of education complete \_\_\_\_\_ Race \_\_\_\_\_

Veteran?  Yes  No ACTI Client?  Yes  No Date \_\_\_\_\_ Transportation  Yes  No

Unemployed before entry into project?  Yes  No Number of months? \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge and I hereby authorize the release of any information concerning me and/or my disability to prospective employers.  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Employment plans

Employment Services Representative \_\_\_\_\_ Date Interviewed \_\_\_\_\_

Copy to counselor before interview Original copy in the Employment Services Main Office after interview.  
Copy remains in Employment Services Representative file.

# EMPLOYMENT SERVICES REFERRAL FORM INSTRUCTIONS

This form is used for all job placement referrals to the ARS Employment Services Representative.

1. The counselor will complete the top half of the form.
2. The bottom half will be complete by Employment Services Representative.

## **Distribution (Field Office)**

- Copy of the referral form is retained by counselor at referral.
- A copy of the referral form remains in the file of the Employment Services Representative.
- After the clients interview for possible employment, the Employment Services Representative completes the form and a copy of this form is retained in the counselors file.

## **Distribution (ACTI)**

- Copy of the referral form is in the ACTI client file at referral
- A copy of the referral form remains in the file of the Employment Services Representative.
- After the clients interview for possible employment, the Employment Services Representative completes the form and a copy of this form is retained in the ACTI counselors file and the field counselor's file.

# REQUEST FOR ACTI/HSRCH SERVICES

## CLIENT DATA

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ STATUS: \_\_\_\_\_  
Referring Counselor: \_\_\_\_\_ Field Office: \_\_\_\_\_  
Counselor#: \_\_\_\_\_ Program Code: \_\_\_\_\_  
Primary / Secondary Disabilities / Age / Date of Onset of Disability (include Code #s): \_\_\_\_\_  
Describe Status of Disability, If Applicable: \_\_\_\_\_  
Has Client Been Served at ACTI/HSRCH Before? Yes or No \_\_\_\_\_  
If client has medical or private insurance please attach copy of card front and back  
Contribution / Payment Source: \_\_\_\_\_  
Plan for Payment of Comparable Benefits: \_\_\_\_\_

## PLANNING INFORMATION

Explanation of Rehabilitation Problem: \_\_\_\_\_ (Use back of page if needed)  
Work Goal / Job Specific: \_\_\_\_\_  
Please evaluate the needed client service; and check appropriate boxes  
In order of Priority, list services you need us to provide the client

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_

(Use back of page if needed)

### Vocational Services Requested

- Vocational Evaluation  
 Employment Readiness  
 Vocational Training  
 Other Specify (Internship, etc.)  
\_\_\_\_\_

### Medical Services Requested

- Medical Eval. Therapy Screen  
 Clinics; Ortho. Amputee, etc.  
 Wheelchair  
 Gait / Limb Training  
 Limb Maker  
 Immunization Record  
 Other Specify (Neuropsych/ Weight/  
Psychological / Psychiatric)  
\_\_\_\_\_

### Information Attached

- RS-4 / S.S. Card  
 Current Medical Reports  
 Current Specialists Reports  
 Current Psychological Test Results  
 Current Case Narratives  
 Current Prescriptions / Special Diet  
 IPE / Amendment  
 ARS-75  
 Parental Consent / Guardianship  
 Signed Student Conduct Standards  
 RS-16 Financial / Resource  
 RIDAC

### Resident Information

- Resident  
 Non-resident  
 Smoker  
 Non-smoker  
 Wheelchair  
 Other Special Need

Specifically  
\_\_\_\_\_

Counselor Signature  
\_\_\_\_\_

Date \_\_\_\_\_

## REQUEST FOR ACTI/HSRCH SERVICES INSTRUCTIONS (RS-344)

1. **Name:** Individual's last name, first name, and middle initial.
2. **Social Security Number:** Record client's social security number. Verify the number by checking the client's Social Security card.
3. **Status:** Current Rehabilitation status code (numerical).
4. **Referring Counselor:** Record last name only.
5. **Counselor Number:** Record field counselor's number.
6. **Program Code:** Record funding program code number.
7. **Primary and Secondary Disabilities:** List primary and all secondary disabilities with codes for each.
8. **Describe Status of Disability:** Complete if applicable. **Example:** Seizure disorder controlled by medication.
9. **Prior ACTI/HSRCH Services:** Dates of previous admissions and services received if known.
10. **Contribution/Amount/Payment Source:** Include the amount of contribution, frequency of contribution and name and address of the contributor to be billed if other than client.
11. **Plan for Payment of Comparable Benefits:** List all funding sources including name, address, and payment plan. **Example:** Worker's Compensation, Aetna Insurance Company, Medicaid (attach copy of current card with number), etc. and billing address.
12. **Planning Information:**

- **Explanation of Rehabilitation Problem:** This section should adequately identify and describe the rehabilitation problem in reference to the client's functional capacities and limitations and their implications in relation to his/her work potential. The rehabilitation problem is not the diagnosis or disability.

Rehabilitation problems are behaviors or conditions exhibited behavior or for conditions exhibited by individuals and/or presented by their environment which need to be eliminated or improved in order for the individuals to fulfill their vocational potential or maximize their work functioning.

Description of the rehabilitation problem should provide specific information related to the following questions:

1. Why is the individual not working?
  2. What is preventing the individual's obtaining, retaining, or preparing for employment?
  3. What are the specific functional limitations and restrictions imposed by the disability and how do these limitations and restrictions affect vocational functions and activities?
- **Statement of How ACTI Services are Expected to Improve Individual's Employment/Placement Potential:** The statement or information provided in this section should be linked to the explanation of the rehabilitation problem; i.e. what is the expected outcome of ACTI services in reducing, eliminating, or modifying the identified rehabilitation problem(s). Expectations should be stated in terms of improved or modified functional capacities related to the disability, not a change in the disabling condition itself. The expected, or desired, outcomes should be stated for each service requested.
  - **Services Requested:** Place a number in boxes to identify services requested and probable sequence of services.
  - **Information Attached:** Check appropriate box for documents attached to the Request for ACTI/HSRCH Services Form. These documents will be utilized for admissions information and program planning.
  - **Residential Information:** Check appropriate boxes.
  - **Counselor Signature and Date:** Counselor will manually sign and record the date the form is completed.



## **AUTHORIZATION FOR ADJUSTMENT SERVICES INSTRUCTIONS (RS-315)**

The Authorization for Adjustment Services will be completed by the Counselor to authorize an individual to receive up to sixty (60) days of Work Adjustment in a "block funded" CRP and for an individual to receive additional work adjustment in Extended Services under Title XX funding for up to 9 months. The counselor will decide upon the need for the individual to receive services in each instance and complete the RS -315 for either Work Adjustment or Extended Services as appropriate (if extended services, specify number of months).

1. The RS-315 will be prepared in triplicate for either Work Adjustment or Extended Services.
2. In each instance, the original and one copy are submitted to the CRP and one copy will be filed in the record of services.
3. It will be the responsibility of the CRP to forward a copy to the Community Program Development Section.

## ARKANSAS REHABILITATION SERVICES RESPONSIBILITIES OF COLLEGE STUDENTS (M-43)

You have been accepted for assistance in college training by the Arkansas Rehabilitation Services. Continued assistance will depend upon your cooperation and acceptance of the following responsibilities.

A. You will be expected to apply for Student Financial Aid on an annual basis and provide copies of the results to this office.

B. Reports to your counselor:

Name \_\_\_\_\_

Address \_\_\_\_\_

1. Immediately after enrollment and registration, report the following
  - a. Title of each course and number of credit hours for each.
  - b. Address of school, including street address or dormitory and room number.
  - c. Any problems encountered affecting registration or enrollment.
2. The second report is due at the end of the first grading period such as four weeks, six weeks or nine weeks and must include the grade received in each subject.
3. The third report will be due at the end of the semester or term and will include your final grade for each course. This is your report and not the official college report. You will be able to obtain your grades before they are posted in the Registrar's Office and these can be used for your report.

The reports listed above will be required for each semester or term.

C. Other responsibilities:

1. It is required that each full-time student carry a minimum load of 12 semester hours. Enrollment in less than 12 semester hours is permissible only upon special written permission from your counselor prior to enrollment. You will be expected to maintain a "C" average per semester.
2. Any anticipated change in your major field of study or vocational objective must be reported to your counselor.
3. Dropping of any course or dropping out of school must be reported.
4. Any disciplinary action in which you are involved must be reported to your counselor.
5. You must make arrangement for a personal contact with your counselor during the summer months to evaluate your progress.
6. Upon completion of your college work, it is your responsibility to keep in touch with your counselor and notify him/her when you accept employment.

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
No.

\_\_\_\_\_  
Date

## TRAINING PROGRESS REPORT INSTRUCTIONS

This form is to be completed by all individuals participating in a college program. The original is to be filed in the case folder and a copy provided to the individual.

- Self-explanatory
- The counselor and individual will sign and date the form.
- The original is filed in the case folder and a copy provided to the individual.

## LETTER FOR STUDENTS IN TRAINING

Dear \_\_\_\_\_ :

This is a reminder that in order for us to meet Federal and State Guidelines for you to receive assistance from our Agency, you must comply with the following:

1. Apply for the Student Financial Aid on an annual basis and send a copy of the award or denial letter for your file.
2. Final grades from the last semester in school or a copy of your transcript showing your final grades must be forwarded to me for your file.
3. Maintain a 2.0 grade point average per semester while enrolled as a full-time student.
4. Arrange to meet with me once following the Spring Semester and at least one month prior to the Fall Semester to accomplish an annual review.

Failure to comply with these guidelines will result in denial of tuition assistance to you.

Sincerely,

\_\_\_\_\_, Rehabilitation Counselor  
Arkansas Rehabilitation Services

## **LETTER FOR STUDENTS IN TRAINING INSTRUCTIONS**

This letter is to be mailed to the individual during the Spring Semester.

- Self-explanatory
- The content of the letter will remain the same.
- It will be necessary for the counselor to create the letter on local office letterhead.

**ARKANSAS REHABILITATION SERVICES  
MONTHLY TRAINEE LETTER**

(At the end of each month the trainee will write a letter and mail it to the Arkansas Rehabilitation Services office in one of the enclosed envelopes. Statements to be included are: progress in training, difficulties you may be having and any other statements you care to make concerning your preparation for employment.)

---

Date \_\_\_\_\_  
Started Training \_\_\_\_\_  
List Absences: \_\_\_\_\_

Trainee \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Reentered \_\_\_\_\_

(IF YOU NEED MORE SPACE USE THE BACK SIDE OF THIS SHEET.)

# MONTHLY TRAINEE LETTER FORM INSTRUCTIONS

Self- explanatory.



## **TRAINING PROGRESS REPORT INSTRUCTIONS**

This progress report is to be submitted by the officer, or instructor in charge as pre-arranged by the counselor. The counselor and vendor determine time frame.

### ARKANSAS REHABILITATION SERVICES STUDENT HEALTH SURVEY

STUDENT'S SOCIAL SECURITY # \_\_\_\_\_  
STUDENT'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
City Zip Code

COUNTY: \_\_\_\_\_ PHONE: \_\_\_\_\_ HIGH SCHOOL: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

The purpose of this form is to help us locate any student with a physical, mental, and/or other problems that may qualify for assistance with a program of vocational training – college or university, business, trade school, or other types of training, and other rehabilitation services.

Are you excused from Physical Education because of medical reasons? \_\_\_\_\_

If Yes, why? \_\_\_\_\_

Are you in Special Education? \_\_\_\_\_ Do you have a drug or alcohol problem? \_\_\_\_\_

Do you have any of the following problems?

Mental \_\_\_\_\_ Physical/functional \_\_\_\_\_ or emotional \_\_\_\_\_

PLEASE CHECK BELOW ANY OF THE FOLLOWING CONDITIONS OR DISEASES WHICH NOW CAUSE YOU SOME LIMITATION OR DIFFICULTY.

- |  |   |
|--|---|
| <input type="checkbox"/> Deafness (or)             | <input type="checkbox"/> Asthma, severe       |
| <input type="checkbox"/> Severe Hearing Loss       | <input type="checkbox"/> Cancer               |
| <input type="checkbox"/> Speech Problem, severe    | <input type="checkbox"/> Osteomyelitis        |
| <input type="checkbox"/> Mental /Emotional Problem | <input type="checkbox"/> Heart Impairment     |
| <input type="checkbox"/> Learning Problem          | <input type="checkbox"/> Lung Impairment      |
| <input type="checkbox"/> Drug/Alcohol Problem      | <input type="checkbox"/> Arthritis            |
| <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Curved Spine         |
| <input type="checkbox"/> Tuberculosis              | <input type="checkbox"/> Physical Deformities |
| <input type="checkbox"/> Sickle Cell Anemia        | Specify _____                                 |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Amputation           |
| <input type="checkbox"/> Overweight, severe        | Specify _____                                 |
| <input type="checkbox"/> High Blood Pressure       | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Rheumatic Fever           | Specify _____                                 |

PLEASE LIST AND EXPLAIN ANY OTHER CONDITIONS OR PROBLEMS NOT LISTED ABOVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RETURN THIS FORM TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **STUDENT HEALTH SURVEY INSTRUCTIONS**

This form is to be used by the counselor to survey high school students.

# ARKANSAS REHABILITATION SERVICES CLIENT FOLLOW-UP INFORMATION

Date: \_\_\_\_\_

Dear

You have recently been provided services in an effort to help you continue in your employment or to help you return to employment.

I would like for you to fill out the following Employment Questionnaire and return it to me in the enclosed self-addressed envelope.

1. Do you work regularly? \_\_\_\_\_

2. What is your job? \_\_\_\_\_

3. Where are you working? \_\_\_\_\_  
(Name and address of employer)

4. What is your weekly pay? \_\_\_\_\_

5. When did you start working? \_\_\_\_\_

6. Are you a Homemaker? If so, are you now able to perform your homemaking duties? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are you an Unpaid Family worker in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

8. REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Please return as soon as possible

## **CLIENT FOLLOWUP INSTRUCTIONS (M-17)**

This form is used to assist the counselor to secure follow up information from the individual.

## REGISTERED LETTER - CLOSURE OF CASE RECORD OF SERVICES

Dear

This Registered Letter is to inform you that your ARS file is being closed since you are employed. A minimum of three written attempts (2 letters with one registered letter) has been made to contact you about closure of your case. The Code of Federal Regulations (Part 361.34, Section 361.56) states the case record of services of an individual who has achieved an employment outcome may be closed if the following requirements have been met:

- (A) Employment outcome achieved. The individual has achieved the employment outcome that is described in the Individual's Individualized Plan for Employment that is
  - (1) Consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice; and
  - (2) In the most integrated setting possible, consistent with the individual's informed choice.
- (B) Employment outcome maintained. 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 vocational rehabilitation services.
- (C) Satisfactory outcome. At the end of the appropriate period under paragraph (B) of this section, the individual and vocational rehabilitation counselor considers the employment outcome to be satisfactory and agree that the individual is performing well in the employment.
- (D) Post-employment services. The individual is informed of the availability of post-employment services.

If notice to the contrary is not received from you within five working days from the date of the receipt of this letter, I will consider the requirements met and your case will be closed. If you have any questions or concerns, please contact me.

Sincerely,

Counselor  
Arkansas Rehabilitation Services

**REGISTERED LETTER - CLOSURE OF CASE RECORD OF SERVICES  
INSTRUCTIONS**

Letterhead stationery will be used for this letter.

# STATE OF ARKANSAS



## Department of Career Education Arkansas Rehabilitation Services

Counselor No. \_\_\_\_\_

### Consumer Satisfaction

We are always trying to improve our services by listening to our consumers and getting their opinions on how well we are doing. To protect the respondents' identity, an external evaluator will log the responses. Your ratings and those of other consumers will be grouped together so that the sources of the ratings remain strictly confidential.

Given your experiences with Arkansas Rehabilitation Services delivery system, would you please rate them on the following: **Please circle only one number for each aspect.**

Aspects	Low					High				
1. Counselor's efforts to involve you in making decisions about your rehabilitation program	1	2	3	4	5					
2. Counselor's efforts to listen to your ideas and suggestions about the job you would like to have	1	2	3	4	5					
3. Counselor's efforts to involve you in making decisions about the services you need.	1	2	3	4	5					
4. Counselor's efforts to involve you in choosing service providers.	1	2	3	4	5					
5. Your satisfaction with the services you received.	1	2	3	4	5					
6. The speed with which the services got started.	1	2	3	4	5					
7. Your satisfaction with your interaction with the counselor.	1	2	3	4	5					
8. Your satisfaction with your interaction with service providers other than VR.	1	2	3	4	5					
9. Your satisfaction as to how sufficient these services were in helping	1	2	3	4	5					
10. Counselor's / VR efforts to help you find a job.	1	2	3	4	5					
11. Counselor's efforts to keep in touch with you after your case was closed to make sure you did not need more services.	1	2	3	4	5					
12. Counselor's VR ability to help you in general.	1	2	3	4	5					
13. Are you using accommodations or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	1	2	3	4	5					
If yes, rate the counselor's efforts in helping you get these.	1	2	3	4	5					
14. Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If you are working, rate your satisfaction with your job.	1	2	3	4	5					

**Thank you for completing the form. Please fold and tape it to show Arkansas Rehabilitation Services address and drop it in the mail.**

525 West Capitol Avenue ♦ Little Rock, AR 72201 ♦ (501) 296-1600 ♦ TDD (501) 296-1669 ♦ Fax (501) 296-1141  
<http://www.arsinfo.org> ♦ An Equal Opportunity Employer

## **CONSUMER SATISFACTION SURVEY INSTRUCTIONS**

This form is to be mailed to the individual at the time of closure (Status 26 and 28) or accessed online. The original form is postage paid so copies cannot be used.

**APPENDIX H  
ARKANSAS TRANSITION PILOT PROJECT**

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Referral and Assessment Services .....	H-2
Eligibility .....	H-2
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Caseload Management .....	H-3
Development, Maintenance and Destruction of the Case Record.....	H-3
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# ARKANSAS TRANSITION PILOT PROJECT

## TRANSITION SERVICES

The term transition services (as outlined in IDEA) 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 post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interest, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation. 34 CFR §361.22(a)(2) provides that, if the student is determined eligible for Vocational Rehabilitation (VR) services, the student's IPE should be developed as early as possible during the transition process but no later than when the student exits the school setting.

## PURPOSE

Arkansas Transition Pilot Project (ATPP) was established to address an identified gap in VR services for high school youth/young adults with disabilities. ATPP counselors assist youth/young adults who receive 504 accommodations or receive IEP services and are 10<sup>th</sup> grade or at least 16 years of age transition from high school to the career field of their choice. The intent is to connect the activities of high school students, higher education, and rehabilitation services to provide a continuum of year round supports which meet the needs of all eligible youth/young adults with disabilities.

The integrated 8 continuum of services will:

- A. Assure that all eligible youth/young adults as defined by the Individuals with Disabilities Education Act (IDEA), the Rehabilitation Act of 1973 as amended, and the Americans with Disabilities Act, have a clear, direct, and primary voice in their individualized planning processes;
- B. Assure that eligible youth/young adults receive appropriate and necessary supports to help achieve long-range goals;
- C. Coordinate services to eligible youth/young adults to maximize their post-school outcomes and provide for a successful transition to appropriate work-based learning, internships, employment, independent living, and postsecondary education or training;
- D. Formalize referral procedures with appropriate agency (ies) to ensure eligible youth/young adults are provided opportunities for year round services;
- E. Ensure joint appropriate planning for each youth/young adult eligible for Arkansas Rehabilitation Services (ARS).

- F. Ensure coordination of service delivery and follow-up/follow-along with education/employment/social/rehabilitation/habilitation/independent living services continuum as identified in IEPs and IPEs.
- G. Ensure joint training between cooperating agencies for staff development and other activities.
- H. The ATPP will make initial referral to engage the VR Counselor projected to be assigned to their respective schools in the transition process at least one year prior to the anticipated graduation date (beginning after the first year of the project).

## **REFERRAL AND ASSESSMENT SERVICES**

Youth/young adults generally will be referred by school staff in the service area. Youth/young adults must meet eligibility requirements. Parent/guardian must sign consents for inclusion in the program if the youth/young adult is under 18. The school will submit any additional information that is pertinent and useful in assisting the ARS/ATPP counselor to determine eligibility and assist the youth/young adult and the counselor in identifying, selecting and pursuing appropriate career objectives.

### **Referral Procedures:**

Initial referrals will be made within the first two months of each school year. Referrals will then be ongoing as appropriate throughout the school year. The high school will provide an individual list of high school youth/young adults who may qualify for ATPP services to the designated ATPP staff. This list will include youth/young adult's name, grade, age, ID number, school, disability, and recommended supports or accommodations and will be accompanied by a release of information form signed by youth/young adult and parent/guardian if referral is under 18. Each person on the list will be encouraged to make contact with ATPP to explore services, rather than waiting for ATPP personnel to contact them.

## **ELIGIBILITY**

At age 14 or before, ATPP will provide informational services and brochures regarding ARS/ATPP services to any youth/young adult, parent or guardian, special education teacher or other school official who requests or as time allows outreach.

Youth/young adults must:

- Be 10<sup>th</sup> grade or 16 years of age or older
- Have a Section 504 plan which addresses transition service needs or have a current IEP which includes a transition plan
- Have a disability which constitutes a substantial barrier to employment.

Appropriate Releases of Information are required prior to individual services being rendered.

## **CLOSURE**

Transition cases are closed when students are deemed VR eligible and begin receiving services through ARS VR Counselor.

## **CASELOAD MANAGEMENT**

ATPP Counselors may carry up to 125 active cases. Those students who graduate but are not deemed VR eligible will be followed along for 5 years by the ARS Transition Counselor.

## **DEVELOPMENT, MAINTENANCE AND DESTRUCTION OF THE CASE RECORD**

In accordance with Federal and State regulation, ATPP will maintain case record documentation on each applicant or eligible individual. A record of services will be established for each individual placed in 01 status and maintained until transferred to VR or follow along is complete and the designated time when it may be destroyed.

## **MEMORANDUM OF UNDERSTANDING**

A formal Memorandum of Understanding (MOU) is entered into by interested high schools and ATPP prior to services being rendered. MOUs are reviewed annually and updated/revised as needed.

## **FUNCTIONS AND RESPONSIBILITIES**

As outlined in the MOU ATPP/High School agree to cooperate in providing appropriate transition services to youth/young adults with identified disabilities, in order to assure the youth/young adult's entry into suitable employment, postsecondary education or training, and independent living. It is mutually agreed that the following steps and procedures will be utilized to accomplish this goal:

- A. At the beginning of each academic year, ARS Transition Counselor will meet with appropriate school personnel (i.e., counselors, department heads, principals, transition coordinators) to provide an overview of the comprehensive transition services available through this agreement, including eligibility requirements and services offered.
- B. Following the meeting between ARS Transition Counselor and the participating high school, special education teachers will identify youth/young adults, beginning no later than grade 10 or age 16, with identified disabilities for likely referral to the ARS/ATPP or other service providers if appropriate. If the youth/young adult and/or parent/guardian are interested, communication will take place to determine the general appropriateness of each referral, leading to

obtaining a completed release of information form from the school (or other sponsor agency) prior to the referral. Periodic updates will be provided for school personnel and others that have a stake in the youth/young adult's life.

- C. ARS Transition Counselor will provide consultative services in the areas of vocational and career planning, postsecondary education/training support strategies, internship possibilities, and employment preparation to school personnel, as requested, to facilitate preparing youth/young adult for transition to "adult service agencies". Consultation may occur at any time during the youth/young adult's secondary training, as appropriate to the needs of the individual youth/young adult.
- D. ARS Transition Counselor agrees to commit to attend and participate in all appropriate IEP, Transition Team, and Advisory Board meetings.

## **ROLES AND RESPONSIBILITIES OF THE ARS TRANSITION COUNSELOR**

1. Support empowerment and the exercise of informed choice by the youth/young adult with a disability.
  - Convey a high expectation of youth/young adults with disabilities.
  - Inform youth/young adult about the array of available community options.
  - Assist youth/young adults in understanding information and options throughout the decision-making process.
  - Connect youth/young adults with peer mentors.
  - Advocate for youth/young adults' rights.
2. Build partnerships
  - Provide leadership in the transition community to build a shared vision.
  - Assist in the leadership of Local Transition Coordinating Councils (LTCCs) to develop solutions and strategies.
  - Link to consumer groups and peer support. Develop mentoring opportunities.
  - Partner with community rehabilitation providers, training facilities, and institutions of higher education.
  - Involve employers in transition planning activities.
3. Provide technical assistance and consultation services (to groups of youth/young adults, parents, educators, and/or other transition partners). Topics may include:
  - Career exploration;
  - Job readiness training;
  - Soft skill development;
  - Self-advocacy skills;
  - Information about VR legislation, programs, available services, and comparable benefits;
  - Career fairs;

- Transition planning; and
- Disability awareness.

#### 4. Transition Planning

- Establish and maintain a process for receiving referrals of youth/young adults who receive special education and Section 504 services.
- Develop comprehensive assessment.
- Determine eligibility for Transition Services.
- Engage in the on-going development of the Individualized Education Program (IEP).
- Provide vocational counseling and guidance.
- Provide and coordinate VR and other services.
- Coordinate comparable benefits.
- Develop accommodation strategies for employment.
- Provide assistive technology programs and services for employment.
- Provide placement services.

## COMPETENCIES

The role of the VR counselor is instrumental in transition planning for youth/young adults who are eligible for services from the State VR agency. This role can take many forms and must incorporate philosophical and ethical considerations.

According to the Commission on Certified Rehabilitation Counseling Association (CRCC), the scope of practice for the VR counselor includes the following:

Rehabilitation counseling is a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. The counseling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions. The specific techniques and modalities utilized within the rehabilitation counseling process may include, but are not limited to:

- assessment and appraisal;
- diagnosis and treatment planning;
- career (vocational) counseling;
- individual and group counseling treatment interventions focused on facilitating adjustments to the medical and psychosocial impact of disability;
- case management, referral, and service coordination;
- program evaluation and research;
- interventions to remove environmental, employment, and attitudinal barriers;
- consultation services among multiple parties and regulatory;

- job analysis, job development, and job placement services including assistance with employment and job accommodations; and
- the provision of consultation about and access to rehabilitation technology (CRCC, 2003, pp 4-5)

## **SAMPLE IDEAS OF ACTIVITIES**

Transition counselors are able to work outside the box when planning activities for youth/young adults they serve. Possible activities include: relationship building with schools and youth/young adults; community mapping of resources; life skills classes/seminars; individual meetings with youth/young adults; career fairs; establish new mentoring program and/or utilize existing program; public relations for ATPP and ARS in the community; establish volunteer and paid work opportunities using community resources and networking; play an active role in IEPs of eligible youth/young adults.

## APPENDIX I. FEES

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Community Rehabilitation Program per Diem Fees .....	I-1
ACTI Fee Schedule .....	I-2
ACTI Training Hours and Fee Schedule.....	I-4

## ARS PHYSICAL AND MENTAL RESTORATION FEES

ARS Fee Schedule referenced in Section VI. Services is the annual Blue Cross/Blue Medical Coding (CPT) Fee Schedule to determine the agencies cost for Physical/Mental Restoration or related services. This Fee Schedule can be located on the ARS network. ARS counselor are first to determine if Comparable Benefits are available.

**34 § 361.5 (b)(10) Comparable services and benefits** means—(i) Services and benefits that are—

(A) Provided or paid for, in whole or in part, by other Federal, State, or local public agencies, by health insurance, or by employee benefits;

(B) Available to the individual at the time needed to ensure the progress of the individual toward achieving the employment outcome in the individual's individualized plan for employment in accordance with § 361.53; and

(C) Commensurate to the services that the individual would otherwise receive from the designated State vocational rehabilitation agency. (ii) For the purposes of this definition, comparable benefits do not include awards and scholarships based on merit. . (*Authority:* Sections 12(c) and 101(a)(8) of the Act; 29 U.S.C. 709(c) and 721(a)(8))

## SUPPORTED EMPLOYMENT MILESTONE FEE

Supported Employment Milestone (SE-1)	Referral/Job Development – \$1000
Supported Employment Milestone (SE-2)	Job Placement/Match – \$2000
Supported Employment Milestone (SE-3)	Job Stabilization – \$1000
Supported Employment Milestone (SE-4)	Closure – \$2000

## COMMUNITY REHABILITATION PROGRAM PER DIEM FEES

Assessment Services (10 days) - \$45 per day

Work Adjustment Services (60 days) - \$45 per day

Extended Services (up to 9 months) - \$24 per day

# ACTI FEE SCHEDULE

## RESIDENTIAL

Dormitory.....	\$32.00 per diem
Attendant Care Dormitory.....	\$54.00 per diem
Inpatient Hospital .....	\$986.00 per diem
Vocational Attendant Care .....	\$54.00 per diem

## PROGRAM SERVICE AREAS

Adult Basic Education .....	\$4.00 per hour
Drivers Education .....	\$8.00 per hour
Placement .....	N/C
Internships.....	N/C
Employability Services .....	\$8.00 per hour
Vocational Evaluation.....	\$8.00 per hour
Psychological Services.....	\$90.00 per hour
Vocational Training Areas:	
Accounting .....	\$6.00 per hour*
Accounts Clerk .....	\$6.00 per hour*
Auto Collision .....	\$8.00 per hour*
Auto Maintenance Technician .....	\$8.00 per hour*
Auto Parts person.....	\$8.00 per hour*
Auto Technology .....	\$8.00 per hour*
Construction Technology.....	\$6.00 per hour*
CNA.....	\$6.00 per hour*
Cosmetology .....	\$6.00 per hour*
Data Entry .....	\$6.00 per hour*
Environmental Systems (600 hours Laundry and 600 hours Housekeeping) .....	\$6.00 per hour*
Food Service/Cafeteria.....	\$6.00 per hour*
Food Service/Cafeteria/Baking.....	\$6.00 per hour*
Food Service/Cafeteria/Cooking .....	\$6.00 per hour*
Food Service/Cafeteria/Salad Making .....	\$6.00 per hour*
General Office Skills.....	\$6.00 per hour*
Grounds keeping .....	\$8.00 per hour*
Marketing and Sales.....	\$6.00 per hour*
Printing/Advanced Offset Press .....	\$8.00 per hour*
Printing/Bindery/Beginning Offset Press .....	\$8.00 per hour*
Printing/Camera, Stripping & Plate making .....	\$8.00 per hour*
Printing/Electronic Imaging.....	\$8.00 per hour*
Printing/Graphic Communication/Screen Printing .....	\$8.00 per hour*
Secretarial/Word Processing .....	\$6.00 per hour*
Outdoor Power Equipment Technology.....	\$8.00 per hour*
Welding .....	\$5.00 per hour*

## SPECIAL PROGRAM/OTHER HOSPITAL SERVICES

Driver Rehabilitation .....	\$62.00 per hour
Non-resident.....	\$10.00 per diem
Off-campus.....	\$5.00 per diem
Hospital Outpatient.....	Per Blue Cross/Blue Medical Coding (CPT) Fee Schedule

\* Per hour charge based on 7 hours per day, 5 days per week.

## HSRC HOSPITAL FEE SCHEDULE

All Inclusive Inpatient Hospital.....	\$232.00
Inpatient Hospital (per day) .....	\$986.00
Exercise with constant supervision (15 minutes).....	\$40.50
Neuromuscular Re-Education (15 minutes) .....	\$42.10
Prosthesis Gait Training (15 minutes) .....	\$30.38
Massage (15 minutes).....	\$52.65
Home Visit (60 minutes) .....	\$194.14
Back School (60 minutes) .....	\$121.50
Wheelchair Evaluation (60 minutes).....	\$194.14
Cushion Evaluation (60 minutes) .....	\$194.14
Diagnostic Evaluation (60 minutes).....	\$42.10
Speech/Language Therapy Individual (15 minutes) .....	\$36.45
Family Education (15 minutes).....	\$97.20
Swallowing Evaluation (15 minutes).....	\$53.90
Swallowing Therapy (15 minutes) .....	\$31.60
Evaluation I (15 minutes).....	\$35.64
Therapeutic Exercises (15 minutes).....	\$40.50
Prosthetic Training .....	\$31.60
Activities--Daily Living (15 minutes).....	\$24.30

These charges are subject to change based on the allowed reimbursement by the Third Party Payor (i.e. Medicare, Medicaid, etc).

## ACTI FEE AND TRAINING SCHEDULE

<i>TRAINING AREA</i>	<i>HOURS</i>	<i>WEEKS</i>	<i>MONTHS</i>	<i>\$ PER HR</i>	<i>R&amp;B X 960</i>	<i>STUDENT ISSUE</i>	<i>TUITION HRS</i>	<i>TOTAL</i>
Auto Collision Repair	2,400	80	18.48	8	\$17,740.80	\$547.00	\$19,200.00	\$37,487.80
Auto Maintenance Tech	720	24	5.54	8	\$5,318.40		\$5,760.00	\$11,078.40
Auto Partsman	1,080	36	8.31	8	\$7,977.60	32	\$8,640.00	\$16,649.60
CARS	96	2		8	\$480.00		\$768.00	\$1,248.00
Bus. Ed. Accounts Clerk	720	24	5.54	6	\$5,318.40	\$332.00	\$4,320.00	\$9,970.40
Bus. Ed. Medical Office Tech	1,080	36	8.31	6	\$7,977.60	\$256.00	\$6,480.00	\$14,713.60
Bus. Ed. Office Assistant	1,080	36	8.31	6	\$7,977.60	\$268.00	\$6,480.00	\$14,725.60
Bus. Ed Non-Traditional								
Billing & Coding	480	16	3.7	6	\$3,552.00	\$186.00	\$2,880.00	\$6,618.00
Computer Applications	480	16	3.7	6	\$3,552.00	\$166.00	\$2,880.00	\$6,598.00
Medical Transcription	360	12	2.77	6	\$2,659.20	\$143.00	\$2,160.00	\$4,962.20
QuickBooks	360	12	2.77	6	\$2,659.20	\$155.00	\$2,160.00	\$4,974.20
Certified Nursing Assistant	600	20	4.62	6	\$4,435.20	\$161.00	\$3,600.00	\$8,196.20
Construction Technology	1,400	47	10.85	6	\$10,416.00	\$357.00	\$8,400.00	\$19,173.00
Cosmetology	1,500	50	11.55	6	\$11,088.00	\$427.00	\$9,000.00	\$20,515.00
Cosmetology instructor	600	20	4.62	6	\$4,435.20	\$150.00	\$3,600.00	\$8,185.20
Cosmetology Nail Tech	600	20	4.62	6	\$4,435.20	\$310.00	\$3,600.00	\$8,345.20
Environmental Systems Services	1,200	40	9.24	6	\$8,870.40		\$7,200.00	\$16,070.40
Housekeeping	600	20	4.62	6	\$4,435.20		\$3,600.00	\$8,035.20
Laundry	600	20	4.62	6	\$4,435.20		\$3,600.00	\$8,035.20
Food Service Cafeteria	570	19	4.39	6	\$4,214.40		\$3,420.00	\$7,634.40
Food Service Baking	460	15	3.46	6	\$3,321.60		\$2,760.00	\$6,081.60
Food Service Cooking	615	21	4.85	6	\$4,656.00		\$3,690.00	\$8,346.00
Food Service Salad making	150	5	1.15	6	\$1,104.00		\$900.00	\$2,004.00
Gas/Metal/Arc Welding (GMAW)	720	24	5.54	5	\$5,318.40		\$3,600.00	\$8,918.40
Printing/Bindery	960	32	7.39	8	\$7,094.40	\$90.00	\$7,680.00	\$14,864.40
Printing/Offset Press	1,440	48	11.09	8	\$10,646.40	\$90.00	\$11,520.00	\$22,256.40
Printing/Graphic Communications	1,440	48	11.09	8	\$10,646.40	\$70.00	\$11,520.00	\$22,236.40
Printing Screen Printing	600	20	4.62	6	\$7,094.40	\$90.00	\$7,680.00	\$14,864.40
Sales & Marketing	720	24	5.54	6	\$5,318.40	\$75.00	\$4,320.00	\$9,713.40
Grounds keeping	600	20	4.62	8	\$4,435.20		\$4,800.00	\$9,235.20
Outdoor Power Equipment Technology	1,200	40	9.24	8	\$8,870.40	\$752.00	\$9,600.00	\$19,222.40