ARKANSAS REHABILITATION SERVICES
POLICY AND PROCEDURE MANUAL
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I. INTRODUCTION

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I. INTRODUCTION

LEGISLATION

This manual is based on:

- State and Federal statutes
- Federal and State regulations
- State Plan for Vocational Rehabilitation Services

HISTORY AND CURRENT LEGISLATION

Arkansas Code Annotated § 25-30-201, Rehabilitation Act of Arkansas

Arkansas Code Annotated § 20-79-207, Arkansas Rehabilitation Services

Rehabilitation Act Amendments of 1998 - 29 U.S.C. § 701 et. seq.

State Vocational Rehabilitation Services Program – 34 C.F. R. Part 361

Workforce Investment Act of 1998 - 20 U.S.C. § 9201 et. seq.

Individuals with Disabilities Education Act - 20 U.S.C. §1400 et. seq.

Americans with Disabilities Act - 42 U.S.C. §12101 et. seq.

Civil Rights Act of 1964 - 42 U.S.C. § 2000d et. seq.

Arkansas Workforce Investment Act of 1998 - Arkansas Code Annotated § 15-4-2201

Other Federal and State laws

PURPOSE

Arkansas Rehabilitation Services (ARS) receives a federal grant from the Rehabilitation Services Administration (Office of Special Education and Rehabilitation Services, Department of Education) to operate a comprehensive, coordinated, effective, efficient and accountable program designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice, in order to prepare for and engage in gainful employment. 34 C.F.R. § 361.1

PUBLIC ACCESS TO ADMINISTRATIVE POLICY

State Plan - This multi-year plan contains a description of Arkansas Rehabilitation Services (ARS) vocational rehabilitation services program, the policies to carry out the program and other information as requested by Rehabilitation Services Administration. This multi-year plan seeks input from the public and others designated by the Rehabilitation Act. 34 C.F.R. § 361.10 (a.), 34 C.F.R. § 361.10 (d.), 34 C.F.R. § 361.20 (a.) and 34 C.F.R. § 361.21

Rehabilitation Council - The Council partners with ARS on a regular and on-going basis by providing advice on the development, implementation and amendments to the State plan, policies and procedures pertaining to vocational rehabilitation services. The Council is Governor appointed consisting of individuals with disabilities, family members, advocates, vocational rehabilitation counselor, and representatives from parent training center, Client Assistance Program, business industry and labor. The Commissioner serves as a non-voting member. 34 C.F.R. § 361.17

Policy Promulgation Process - Arkansas Administrative Procedures Act requires ARS to receive public input on policies and procedures.

Arkansas Independent Living Council (AILC) -ARS works jointly with the AILC in the development and implementation of a statewide Independent Living State Plan.

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II. REFERRAL, APPLICATION AND ASSESSMENT

REFERRAL (STATUS 00)

Arkansas Rehabilitation Services (ARS) will receive all referrals from any source.

Eligibility requirements will be applied without regard to the person's sex, race, age, creed, color, or national origin. No group of individuals will be excluded or found ineligible solely on the basis of type of disability.

ARS will provide outreach to underrepresented and under-served individuals in seeking referrals from non-profit and for profit agencies serving minorities, owned or controlled by minorities, and medical professionals who serve the minority community. ARS does not impose a residence duration requirement. 29 U.S.C. § 19 (b.)

LEGAL AND ILLEGAL ALIENS

Illegal Aliens (individuals in the U.S. without legal status) are not eligible for VR services.

Immigrant aliens are individuals admitted to this country for the purpose of permanent residence. Immigrant aliens must possess a valid Alien Registration Card (I-151 or I-551) issued by the United States Immigration and Naturalization Service (USINS) before they can be determined eligible for VR services

Non-immigrant aliens are individuals admitted to this country for a particular purpose and time period, and are expected to return to their home country upon completion of the specified purpose or time period. This group includes

- Visitors for business or pleasure;
- Crew of vessels or aircraft;
- Representatives of international organizations;
- Ambassadors, public ministers, and career diplomatic or consular officers; and
- Students pursuing a course of study (most common visas: "FI" and "JI" ;no work authorized except work related to the applicants academic program).

The alien applicant must be available to complete the IPE, which includes suitable employment in the United States. When completion cannot be expected, the applicant is not eligible for rehabilitation services.

To determine whether services can be provided, request alien status evidence (usually a temporary Registration Card I-94). Note whether work is permitted under the visa.

Aliens who are part of the Amnesty Program receive a letter stating that they are not eligible for Federal Financial Assistance. ARS programs are not considered Federal Financial Assistance, so services may be provided if the individual is otherwise eligible.

Status 00 is used when an individual has been referred to VR and the minimum information has been obtained. The individual has not actually requested services in this status. No money may be spent in this status.

PROCEDURES – REFERRAL (STATUS 00)

- Referral sources will be cultivated and considered partners in our communities.
- A referral will be keyed into, in Status 00, when adequate information is received. (Name, address, SS#, and any other demographic information) **Note:** The Federal Special Program code should be 000 at time of referral unless the individual is receiving SSI/SSDI.
- The counselor will create a Status 00 case file that includes all information received, the case management system printout, and case narrative of action taken.
- Within five (5) working days, the individual will be contacted and provided directions and information to prepare the individual to consider making an application.
- To expedite the application process the individual will be provided a client handbook, and will be instructed to gather current information (medical, psychological, educational, vocational, and SSI & SSDI verification).
- Verification of alien status. (See legal and Illegal Alien above.)
- The individual will be given an appointment and a contact person, or information to contact the Agency for an appointment.
- If the individual does not wish to receive VR services but needs work related services, the counselor will provide information and referral services using an appropriate means of communication.
- Document in the case narrative the specific action taken.

Note: If an individual with a primary disability of blindness or visual impairment is referred for services, the individual will be referred to Services for the Blind. ARS may serve individuals with blindness or visual impairment as a secondary disability.

Note: Cases reported/referred by the State Office/Governor's Office/ Legislators. The counselor will immediately (or no more than 3 working days) report findings and opinions to the Chief of Field Services. This response will be in writing.

APPLICATION (STATUS 02)

An individual is considered an applicant and placed in Status 02 when sufficient information to initiate an assessment is received, through written application or other method, and the individual is available to complete the assessment process. If the individual definitely requests to make application or requests services, the individual is placed in Status 02 regardless of method of request, (including in-person, written, telephone, e-mail or internet.)

Note: Referrals on Application forms from One-Stop Arkansas Workforce Centers will be accepted as an application for Rehabilitation Services and placed in Status 02.

ARS will make application forms widely available throughout the state including the One-Stop Arkansas Workforce Centers.

An application will be accepted on any individual who claims to have a disability and requests to apply for services. If the individual is under age 18, parent/guardian consent is required.

Status 02 is used for the purpose of preliminary assessment, that is, determination of the individual's eligibility for VR services. Only assessment services can be provided in this status.

The 60-day time period for determining eligibility begins once the individual:

1. Has either completed and signed an Agency application form or has otherwise requested services.
2. Has provided information necessary for the Agency to initiate the assessment.
3. Is available to complete the assessment process.

Note: If unforeseen circumstances beyond the control of the counselor and individual preclude making an eligibility determination within 60 days, the counselor and individual must agree to a specific extension of time. 34 C.F.R. § 361.41. If needed, under the Heading of 60-Day Extension in the case narrative record the dates of the Extension and the specific reasons for the need for an extension of time to determine eligibility .

The applicant's completion of the application process for vocational rehabilitation services is sufficient evidence of the individual's intent to achieve an employment outcome, and no additional demonstration on the part of the applicant is required. 34 C.F.R. § 361.41

PROCEDURES – APPLICATION

- Referrals on one- stop applications will be placed in Status 02.
- The counselor or rehabilitation assistant will complete the ARS application. (See Appendix E)
- The counselor or Rehab Asst will secure a copy of the Social Security Card and driver's license or picture identification. If applicable, a copy of the alien registration.
- Informed Consent if under age 18.
- Complete voter registration form or declination form, if applicable.
- The individual will be provided the ARS Client Handbook.
- The counselor will discuss the agency's Substance Free Policy with the applicant and give the applicant a copy of the Policy. (See Appendix F.)

- The applicant will acknowledge receipt of the Policy by signing the ARS Substance Free Policy form. The form will be placed in the individual's file. (See Appendix F.)
- Key data for Status 02 **Note: The Federal Special Program code should be 000 at time of application unless the individual is receiving SSI/SSDI or documentation to determine significant disability is available.**
- Set up case file (See Section X)
- For each source where information is needed, the counselor will complete the Authorization for Release of Information Form and secure client's signature. (See Appendix E-24).
- Begin collecting existing data (medical, psychological, psychiatric, educational, or vocational reports and, if appropriate, SSI/SSDI verification.)

INFORMED CHOICE – APPLICATION

ARS will assure that applicants and eligible individuals or, if appropriate, their representatives are provided information and support services to assist them in exercising informed choice throughout the rehabilitation process. The counselor will inform each applicant and eligible individual through appropriate modes of communication about the availability of and opportunities to exercise informed choice, including the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice in decisions related to the application process. Applicants will be given information, or assistance in acquiring the information, to assist in making an informed choice concerning vendors who provide services needed to establish eligibility for VR services. Counselor judgment and experience must be used to provide the appropriate information or, assistance in acquiring the information, to enable the applicant to make a responsible decision regarding the application process and program of services. A responsible decision is one that is realistic considering the unique strengths, resources, priorities, concerns, abilities, capabilities, and interests of the applicant and that must lead to an employment outcome. 34 C.F.R. § 361

PROCEDURES - INFORMED CHOICE -APPLICATION

- The counselor will maintain a local, regional and statewide list of vendors who provide services needed to establish eligibility for VR services.
- To the extent available, the counselor will provide, or assist the applicant in acquiring consumer satisfaction surveys and reports regarding the service providers.
- The counselor will provide, or assist the applicant in acquiring accreditation, certification, or other information relating to the qualifications of the providers.
- The counselor will describe the consequences of assessment outcomes and the effect on the potential eligibility for services for the applicant.
- The counselor will document in the case narrative the specific action taken in the above procedures to assure that informed choice was provided.

- The counselor must be aware of the Ticket to Work Program. If the individual is an SSI/SSDI recipient, the counselor must follow guidelines outlined in Ticket to Work in Appendix B.
- Complete initial case narrative. (See Appendix E.)
- **Document the need for an extension of time to determine eligibility must be made in the case narratives. The counselor must document the specific period of time for the extension. If needed, under the Heading of 60-Day Extension in the case narrative record the dates of the Extension and the specific reasons for the need for an extension of time to determine eligibility.**

CONFLICT OF INTEREST

Rehabilitation counselors should make every effort to avoid dual relationships that could impair their professional judgment or appear as a conflict of interest. Examples of dual relationships include close friends and relatives as consumers or prospective vendors in the community. If an applicant by virtue of address or day of application or by alphabet, etc., is routinely assigned to a counselor with whom the individual already has a close relationship, the counselor should advise the District Manager of the relationship. The District Manager will review the circumstances and determine if another counselor within the office should serve the case or if referral to another office should be made. ARS policy requires disclosure of any possible conflict of interest or the appearance of a conflict of interest and documentation of the action taken by the District Manager should be placed in the case file.

PROCEDURES – CONFLICT OF INTEREST

- Identify any potential conflict of interest.
- Complete the form “Disclosure of Possible Conflict of Interest”. (Refer to Appendix E).
- Document action taken in the case narrative.
- Form is to be filed under the R-4, Intake tab.

ASSESSMENT

Preliminary Diagnostic Study

ARS will conduct an assessment to determine eligibility and, if an Order of Selection is in effect the individual’s priority for services. Assistive technology services will be provided if required to complete the assessment. This assessment will be conducted in the most integrated setting possible, consistent with the individual’s needs and based on the individual’s informed choice. 34 C.F.R. § 361.42

The Counselor will review **existing data**, before determining if an assessment is needed to determine eligibility and, if so, what type. Based upon counselor judgment, additional assessment may be necessary if the existing data is unavailable, insufficient or inappropriate in describing the current functioning of the individual. Trial work

experiences, assistive technology devices and services, personal assistance services and other appropriate support services necessary to determine whether an individual is eligible for services will be provided.

PRESUMPTIVE ELIGIBILITY FOR SSDI/SSI RECIPIENTS

Any applicant who has been determined eligible for Social Security benefits under Title II or Title XVI of the Social Security Act is presumed eligible in accordance with the provisions under ARS Policy and Procedure Manual, Section III, SSDI/SSI Eligibility. No further assessment is necessary for eligibility. 34 C.F.R. § 361.42 (c.)

Assessments for Eligibility are completed to determine the following:

1) The applicant has a physical or mental impairment.
2) The impairment results in a substantial impediment to employment.
3) A presumption that the applicant can benefit from receiving VR services in terms of an employment outcome.
4) The applicant requires VR services to prepare for, enter into, engage in, or retain gainful employment consistent with the applicant's strengths, resources, priorities, concerns, abilities, capabilities, and informed choice. 34 C.F.R. § 361.42 (a.)

Prior to the determination that an individual with a significant disability is incapable of benefiting from VR services in terms of an employment outcome due to the severity of disability, the Agency will provide the opportunity for Trial Work Experience/Extended Evaluation to demonstrate whether or not there is clear and convincing evidence to support the determination.

Assessments for determining eligibility and priority for Order of Selection are exempt from economic needs assessment.

PROCEDURES – ASSESSMENT

- The counselor will gather information (i.e. medical, psychological, psychiatric, educational or vocational reports) documenting diagnosis (i.e.) with limitations of functional capacities. Priority must be given to existing information.
- The counselor should secure a signature from the applicant or their representative on the agency Request for Release of Information form in order for reports to be obtained from specific sources. Examples of medical information that should be requested include specialist reports, medical and psychological reports, high school transcripts, and ACT scores.
- If existing reports do not describe the current functioning of the individual, the counselor may purchase copies of additional medical records, request consultation with the RIDAC consultant, authorize diagnostic services, or refer an applicant for diagnostic services through the Agency support unit (RIDAC) exercising informed choice. (See Appendix B Special Programs)
- If the case is to be closed at any time during the assessment process, refer to Closed Not Rehabilitated Before/During Evaluation. (Section VIII)

INFORMED CHOICE – ASSESSMENT

ARS will assure that applicants and eligible individuals or, if appropriate, their representatives are provided information and support services to assist them in exercising informed choice throughout the rehabilitation process. The counselor will inform each applicant and eligible individual through appropriate modes of communication about the availability of and opportunities to exercise informed choice, including the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice in decisions related to the assessment process. Applicants will be given information, or assistance in acquiring the information, to make an informed choice of vendors who provide assessment services needed to establish eligibility for VR services. Counselor judgment and experience must be used to provide the appropriate information, or assistance in acquiring the information, to enable the individual to make a responsible decision regarding the assessment process and program of services. A responsible decision is one that is realistic considering the unique strengths, resources, priorities, concerns, abilities, capabilities, and interests of the individual and that must lead to an employment outcome. 34 C.F.R. § 361.52

PROCEDURES – INFORMED CHOICE – ASSESSMENT

- The counselor will maintain a local, regional and statewide list of vendors who provide assessment services needed to establish eligibility for VR services.
- To the extent available, the counselor will provide, or assist the applicant in acquiring consumer satisfaction surveys and reports regarding the service providers.
- The counselor will provide, or assist the applicant in acquiring accreditation, certification, or other information relating to the qualification of the providers.
- The counselor will describe the consequences of assessment outcomes and the effect on the potential eligibility for services for the individual.
- The counselor will make referrals to other consumer, local consumer groups, or disability advisory councils who have relevant information regarding the appropriate assessment.
- The counselor will document in the case narrative the specific action taken in the above procedures to assure that informed choice was provided.

TRIAL WORK EXPERIENCE (STATUS 06)

The purpose of the trial work experience is to enable the counselor to make a decision when the counselor questions whether the applicant can or cannot work due to the severity of disability. The trial work experience is only used in this instance. The decision is based on a determination of the work potential of the individual through realistic work settings. The counselor must conduct an exploration of the individual's abilities, capabilities, and capacity to perform in realistic work situations.

The exploration during the trial work experience makes the determination that either:

(1) There is sufficient evidence to conclude that the individual can benefit from the provision of vocational rehabilitation services in terms of an employment outcome; or
(2) There is clear and convincing evidence* that the individual is incapable of benefiting from vocational rehabilitation services in terms of an employment outcome due to the severity of the individual's disability.

Trial work experiences include supported employment, on-the-job training, and other experiences using realistic work settings. The counselor must develop a written plan to assess periodically the individual's capacity to perform in work situations, which must be provided in the most integrated setting possible, consistent with the informed choice and rehabilitation needs of the individual.

***Note: Clear and convincing evidence** means a high degree of certainty before concluding that an individual is incapable of benefiting from services in terms of an employment outcome. The "clear and convincing" standard constitutes the highest standard used in our civil system of law. The term clear means unequivocal. For example, the use of an intelligence test result alone would not constitute clear and convincing evidence. Clear and convincing evidence might include a description of assessments, including situational assessments and supported employment assessments, from service providers who have concluded that they would be unable to meet the individual's needs due to the severity of the individual's disability. The demonstration of "clear and convincing evidence" must include, if appropriate, a functional assessment of skill development activities, with any necessary supports, including assistive technology, in real life settings. 34 C.F.R.§361.42

If Trial Work Experience is not available or if a determination cannot be made in Trial Work Experience that an individual can benefit from VR services in terms of an employment outcome, the individual will have the opportunity to be placed in Extended Evaluation. An applicant may chose closure rather than enter or continue in either Trial Work Experience or Extended Evaluation. ARS must provide assistive technology devices and services, personal assistance services, and other appropriate support services that are necessary to determine whether an individual is eligible.

Termination of Trial Work Experience services must occur at any point if a determination is made that:

1) Sufficient evidence concludes the individual can benefit from VR services in terms of an employment outcome.
2) Clear and convincing evidence concludes the individual is incapable of benefiting from VR services in terms of an employment outcome due to the severity of the disability. 34 C.F.R. § 361.42 (d.)

Clear and convincing evidence is also in Appendix D. Definitions.

The Trial Work Experience **Individualized Plan for Employment** will include only those services necessary to determine an employment outcome. Services must be provided in the most integrated setting possible and be consistent with informed choice.

The individual's progress will be assessed at least once every **90 days.**

PROCEDURES – TRIAL WORK EXPERIENCE

- Complete a Certificate of Eligibility for Trial Work Experience.
- 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.
- Write an IPE consistent with Informed Choice.
- Key data for Status 06.
- The individual's progress will be assessed at least once every 90 days and a case note will be placed in the case file.
- When a decision of work feasibility or non-feasibility is made, the appropriate action of case closure or case acceptance is taken in accordance with informed choice. (Refer to Closure Section VIII or Eligibility Section III)
- The case management system will only allow 18 months for the case to remain in Trial Work Experience. The Federal Regulations allow for an adequate period of time to make an eligibility determination in Status 06. If the time is exceeded, the counselor must email justification and required data to the District Manager requesting movement to Status 10 or 08. The District Manager will forward the request to the Chief of Field Services. The Central Office will enter the required information in the case management system.

EXTENDED EVALUATION (STATUS 06)

The extended evaluation is used to make the above determination, under limited circumstances, **only** in two instances.

(1) If an individual cannot take advantage of trial work experiences.
(2) If options for trial work experiences have been exhausted before the counselor is able to make the determination.

The counselor must develop a written plan for providing the vocational rehabilitation services that are necessary to make the determination. The vocational rehabilitation services must be provided in the most integrated setting possible, consistent with the informed choice and rehabilitation needs of the individual. Only those services are provided that are necessary to make the determination described above and are terminated when the counselor is able to make the determination. When the determination indicates that an employment outcome is feasible, an IEP must be written to achieve the appropriate outcome.

If a determination cannot be made that an individual can benefit from VR services in terms of an employment outcome due to the severity of the disability, the individual will

have an opportunity to be placed in Extended Evaluation. The Extended Evaluation must explore the individual's abilities, capabilities, and capacity to perform in **real work situations with appropriate supports and training provided by the Agency,** except in limited circumstances when the individual cannot take advantage of such experiences. Extended Evaluation can include only services needed to determine eligibility for services. Extended Evaluation must be of sufficient variety and over a sufficient period of time to make a determination that:

1) Sufficient evidence concludes that the individual can benefit from VR services in terms of an employment outcome, or

2) Clear and convincing evidence concludes the individual is incapable of benefiting from VR services in terms of an employment outcome

If Trial Work Experience is not available or if a determination cannot be made in Trial Work Experience that an individual can benefit from VR services in terms of an employment outcome, the individual will have the opportunity to be placed in Extended Evaluation. An applicant may chose closure rather than enter or continue in Extended Evaluation. ARS must provide assistive technology devices and services, personal assistance services, and other appropriate support services that are necessary to determine whether an individual is eligible.

Termination of Extended Evaluation services must occur at any point if a determination is made that:

1) Sufficient evidence concludes the individual can benefit from VR services in terms of an employment outcome.

2) Clear and convincing evidence concludes the individual is incapable of benefiting from VR services in terms of an employment outcome due to the severity of the disability. 34 C.F.R. § 361.42 (d.)

Clear and convincing evidence is defined in definitions.

Extended Evaluation **Individualized Plan for Employment** will include only those services necessary to determine an employment outcome. Services must be provided in the most integrated setting possible and be consistent with informed choice.

The individual's progress will be assessed at least once every 90 days.

PROCEDURES –EXTENDED EVALUATION

- Complete a Certificate of Eligibility for Extended Evaluation.
- 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.
- Write an IPE consistent with Informed Choice.
- Key data for Status 06.

- The individual's progress will be assessed at least once every 90 days and a case note will be placed in the case file.
- When a decision of work feasibility or non-feasibility is made, the appropriate action of case closure or case acceptance is taken in accordance with informed choice. (Refer to Closure Section VIII or Eligibility Section III)
- The case management system will only allow 18 months for the case to remain in Extended Evaluation. The Federal Regulations allow for an adequate period of time to make an eligibility determination in Status 06. If the time is exceeded, the counselor must email justification and required data to the District Manager requesting movement to Status 10 or 08. The District Manager will forward the request to the Chief of Field Services. The Central Office will enter the required information in the case management system.

INFORMED CHOICE –EXTENDED EVALUATION

ARS will assure that applicants and eligible individuals or their representatives are provided information and support services to assist them in exercising informed choice throughout the rehabilitation process. The counselor will inform each applicant and eligible individual through appropriate modes of communication about the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice in decisions related to Extended Evaluation. Applicants will be given information, or assistance in acquiring the information, to make informed choice of vendors who provide assessment services by means of an Extended Evaluation. Counselor judgment and experience must be used to provide the appropriate information or assistance in acquiring the information to enable the individual to make a responsible decision regarding the assessment process and program of services through an Extended Evaluation. A responsible decision is one that is realistic considering the unique strengths, resources, priorities, concerns, abilities, capabilities, and interests of the individual and that must lead to an employment outcome. 34 C.F.R. § 361.52

PROCEDURES – INFORMED CHOICE –EXTENDED EVALUATION

- The counselor will maintain a local, regional and statewide list of vendors/employers who may provide Extended Evaluation services needed to establish feasibility for employment.
- To the extent available, the counselor will provide, or assist the applicant in acquiring consumer satisfaction surveys and reports regarding the service providers.
- The counselor will provide, or assist the applicant in acquiring accreditation, certification, or other information relating to the qualification of the providers.
- The counselor will describe the consequences of the outcomes and the effect on the potential eligibility for services for the individual.
- The counselor will document in the case narratives the specific action taken in the above procedures to assure that informed choice was provided.

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.

IV. INDIVIDUALIZED PLAN FOR EMPLOYMENT

Page

Individualized Plan for Employment and Amendments IV-1

Informed Choice – IPE Development IV-4

IV. INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

ARS will conduct a thorough assessment for determining VR needs for each eligible individual. The purpose of this assessment is to determine the specific employment outcome, the criteria for evaluation of progress toward an employment outcome, and the nature and scope of VR services to be included in the Individualized Plan for Employment (IPE.) The term employment outcome means with respect to the individual, (A) entering or retaining full-time, or if appropriate, part-time competitive employment in the integrated labor market, (B) satisfying the vocational outcome that is determined appropriate, including self-employment, telecommuting, or business ownership.

The IPE may be developed jointly between the VR counselor and the individual, or the individual may develop all or part of the plan independently, or with the technical assistance from another source. The completed plan must be approved and signed by the ARS counselor and the individual, or if appropriate, the individual's representative, within the framework of a counseling and guidance relationship. Assistance in completing the IPE form (RS600-A), if requested by the consumer will be provided by ARS.

The IPE must be designed to achieve the specific employment outcome, which is chosen by the individual consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, career interest, and informed choice. The documentation should show that there is adequate labor market demand to support the employment outcome. If relocation would be required, the individual must agree to relocate to an area with sufficient labor market demand for the chosen employment outcome prior to the signature and initiation of the IPE. The individual should acknowledge that they are familiar with the entry-level wages that are common in the chosen vocation.

For supported employment services, an employment outcome should include a description of the extended services needed and the source of extended services. If it is not possible to identify the source of extended services at the time the IPE is developed, a statement must be included explaining the reasonable expectation that extended services will become available prior to closure.

The IPE will be developed after a Certificate of Eligibility for VR Services or a Certificate of Eligibility for Trial Work Experience or EE Services has been completed. A copy of the IPE will be provided to the individual.

The IPE will be amended each time a substantial change or annual (12 months)/periodic review (Status 06, every 90 days) are made in the individual's rehabilitation program. A substantial change could include: 1) a vocational goal change which may require a change in the evaluation criteria (intermediate objective) 2) deletion or addition of services 3) the cost of services 4) termination of the cost 5) periodic or annual review of the case, and 6) extension of an expired IPE. A copy of all Amendments will be provided to the individual.

Note: A new IPE must be completed when an individual is moved from Trial Work Experience or EE services to an accepted status for VR Services.

Counselor's Role:

- provide information, tools, and resources to encourage decision making skills,
- facilitate the decision making process,
- support decision implementation, and
- provide the consumer with information about the parameters, which may affect the range of available career goals or service options.

The components that the IPE must contain:

- A specific employment outcome consistent with informed choice,
- criteria for evaluation of progress toward employment outcome,
- specific rehabilitation services,
- projected timelines for initiation and duration of services,
- schedule for periodic reviews and evaluations
- entity to provide services and methods for procurement,
- responsibilities of the individual,
- need for post-employment services, and
- need for supported employment services. 34 C.F.R. § 361.45 and 34 C.F.R. § 361.46

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

The individual or representative must sign and date the IPE. The individual or representative must be given a copy of the IPE.

The ARS counselor is the approving authority; therefore, the counselor's signature indicates approval of the individual's IPE.

The IPE for trial work/extended evaluation (status 06) is to be reviewed every 90 days. The counselor and the individual must complete a periodic review of the rehabilitation plan every 90 days to assess the individual's progress. The Amendment (RS600-C) will be completed to document the periodic review. (See Appendix E form Rs600-C.)

The IPE is to be reviewed annually. The counselor and the individual must review the rehabilitation plan annually to assess the individual's progress toward an employment outcome. The Amendment (RS600-C) will be completed as appropriate to document the annual review in the case file. (See Appendix E form RS600-C.)

The IPE can be amended at any time utilizing informed choice. Amendments do not take effect until agreed to and signed by the ARS counselor and individual or representative.

PROCEDURES – INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

- The ARS counselor will inform the individual of the **options for developing the IPE** on Form (RS600-A):

  Options**:**
  - The ARS counselor and the individual or, if appropriate, the individual's representative can develop the IPE in collaboration.
  - The individual can get technical assistance for developing the IPE from a source outside ARS.
  - The individual can write the IPE independently and ARS will provide the forms and, if requested, assistance in completing the forms.
  - Or a combination of the above.

- The ARS counselor will inform the individual of the required components of the IPE if the individual chooses to develop the IPE:

  - The components that the IPE must contain:
  - A specific employment outcome consistent with informed choice,
  - criteria for evaluation of progress toward employment outcome,
  - specific rehabilitation services,
  - projected timelines for initiation and duration of services,
  - schedule for periodic reviews and evaluations
  - entity to provide services and methods for procurement,
  - responsibilities of the individual,
  - need for post-employment services, and
  - need for supported employment services.
    34 C.F.R. § 361.45 and 34 C.F.R. § 361.46

- The ARS counselor will inform the individual that the IPE must be completed on ARS form RS600-A and assistance in completing the forms is available upon request.
- Complete RS600-A (See Forms Appendix E)
- Key data for Status 12 (See the case management system.)
- The counselor will document in the case narrative the counseling provided at IPE development. (See Forms Appendix E)

INFORMED CHOICE – IPE DEVELOPMENT

ARS will assure that eligible individual or their representatives are provided information and support services to assist them in exercising informed choice throughout the rehabilitation process. The counselor will inform each eligible individual through appropriate modes of communication about the availability of and opportunities to exercise informed choice, including the availability of support services for individuals with cognitive or other disabilities who require assistance in exercising informed choice in decisions related to the development of an Individualized Plan for Employment (IPE). Eligible individuals will be given information, or assistance in acquiring the information, to make an informed choice with respect to the selection of the employment outcome, specific vocational rehabilitation services needed to achieve the employment outcome, the vendors that can provide the services, employment setting and the settings in which the services will be provided, and the methods available for procuring the services. Counselor judgment and experience must be used to provide the appropriate information or assistance in acquiring the information to enable the individual to make a reasonable decision regarding the development of the IPE and program of services. A reasonable decision is one that is realistic considering the unique strengths, resources, priorities, concerns, abilities, capabilities, and interests of the individual and that must lead to an employment outcome.

To ensure that the availability and scope of informed choice is consistent, the information must include, at a minimum, information relating to the following:

1) Cost, accessibility, and duration of potential services.
2) To the extent available, consumer satisfaction with those services.
3) Qualifications of potential service providers.
4) Types of services offered by the potential providers.
5) The degree to which services are provided in integrated settings.
6) To the extent available, outcomes achieved by individuals working with service providers. 34 C.F.R. § 361.52

PROCEDURES – INFORMED CHOICE – IPE DEVELOPMENT

- The counselor will maintain a regional and statewide list of vendors that provide services that lead to an employment outcome.
- To the extent available, the counselor will provide, or assist the individual in acquiring, consumer satisfaction surveys and reports regarding the service providers.
- The counselor will provide, or assist the individual in acquiring, accreditation, certification, or other information relating to the qualifications of the providers.
- When appropriate, the counselor will make referrals to other consumers, local consumer groups, or disability advisory councils qualified to discuss the services or service providers.
- The counselor will document in the case narrative the specific action taken in the above procedures using the Informed Choice heading to assure that informed choice was provided.

V. ECONOMIC NEEDS/COMPARABLE BENEFITS

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Procedures – Utilizing Financial Need..... V-3

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, tele-communication, 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.
  - $25,000.01or 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.

VIII. CLOSURE

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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 ~~l~~ 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.

IX. CASELOAD MANAGEMENT

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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 02
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.

X. DEVELOPMENT, MAINTENANCE AND DESTRUCTION OF THE CASE RECORD

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X. DEVELOPMENT, MAINTENANCE AND DESTRUCTION OF THE CASE RECORD

RECORD OF SERVICE

In accordance with Federal and State regulation, ARS will maintain case record documentation on each applicant or eligible individual. 34 C.F.R. § 361.47

A record of services will be established for each individual placed in Status 00 or 02 and maintained until the designated time when it may be destroyed. For each record of services, certain ARS forms, in addition to correspondence, reports, etc., are required at certain statuses to assure adequate casework during the rehabilitation process.

RECORD OF SERVICE DOCUMENTATION

The primary purpose of documentation is to facilitate the counseling relationship by bringing into focus all the pertinent data about the individual. This enables the counselor to understand the individual, to counsel and help plan future adjustment, to help secure necessary medical, educational, and other rehabilitation services, and to assist in locating suitable employment.

It provides the information needed to establish a professional relationship with the individual. During early contacts with the individual, the documentation should emphasize history, present adjustment and environmental situation, and the objective measures of, or reports on, physical and mental capacities. This provides an informational basis for the counseling relationship and provides substantiation for planned programs of services.

Documentation provides continuity with respect to the information, the evaluations and the services provided in the case. In each interview or individual contact, the written record provides the point of departure from the last contact. Also, when there is personnel turnover or when more than one person participates in the development of the case, the record of services enables each participant to coordinate the work with that of the others.

Documentation contributes to sound thinking by the counselor. It does so in two ways. Since no record should reproduce everything said or done, the counselor is forced to be selective in what is recorded. While recording, information must be sifted and items selected that have the greatest significance in evaluating the individual's present capacities and adjustment, and in predicting how and in what area future adjustment can be best facilitated. The writing of any diagnostic or evaluation summary calls for sound thinking. In these, the counselor records the individual's experiences, the evaluation placed on tests, examinations, behavior of the individual, and the proposed course of action.

The processing of work in accordance with existing policies and procedures is the counselor's responsibility. Case processing, filing, reporting, and recording must be performed with extreme care. Case documentation includes Agency forms, medical information, case narratives, post-operative reports, training reports, and other pertinent information related to the individual's rehabilitation program.

CASE FOLDER

The individual's file is the official record of service. The case folder will contain all relevant correspondence, reports, forms, financial records and documentation of the individual's rehabilitation program. The case folder will be maintained uniformly across the State.

CASE FOLDER LABEL

A LABEL WILL BE PLACED ON THE FOLDER TAB IN THE FOLLOWING FORMAT WITH THE INFORMATION AS SHOWN:

Last name, First name, MI	Social Security Number	
Street Address	Counselor #	District Code
City, State, Zip	County Name	County Code

CASE FILE SET-UP

All material will be filed chronologically with the most recent date on top within the tab. The tabs will be designated as follows:

(TAB 1) Intake
(TAB 2) Assessment
(TAB 3) Eligibility
(TAB 4) Correspondence
(TAB 5) Progress Reports
(TAB 6) IPE
(TAB 7) Authorizations
(TAB 8) Closure
(TAB 9) Case Reviews

FILING PROCEDURES- INDIVIDUAL RECORD OF SERVICES RIGHT SIDE OF FOLDER

TAB 1 - INTAKE

- Application for Services (RS-4)
- Informed Consent (if under age 18)
- Release of Information Form
- Conflict of Interest Form
- Copy of Voter Registration Form or Declination Form
- Ticket to Work Registration Form
- Substance Abuse Policy Signature Form

TAB 2 - ASSESSMENT

- Copies of existing medical or psychological information
- RIDAC referral form
- RIDAC medical and psychological reports
- RIDAC Medical consultation form
- RIDAC Psychological consultation form
- Local Medical Consultant Form
- Copies of school transcripts
- IEP information
- Copies of medical reports
- Assistive Technology Reports

TAB 3 - ELIGIBILITY

- VR Certificate of Eligibility
- ILRS Certificate of Eligibility
- Assessment for Determining Priority Category (Scope of Case Study)
- Order of Selection Notification Letter
- Income Verification
- Financial Resource Form (RS-16)
- Award Letter or verification (if SSI/SSDI recipient)

TAB 4 – CORRESPONDENCE

- Referrals, internal and external
- ACTI, SEAT, CRP, Employment Services/Job Placement referral forms
- Copies of letters, e-mails
- Transition referral forms
- Letters to clients/Client Follow-up Information Form
- Referral forms and correspondence

- Referrals from Social Security
- Medical Release request forms and letters
- Copies of forms mailed to client
    a. Due Process Forms
    b. Receipt/Release of Tools and Equipment
    c. Consumer Satisfaction Surveys
- Internal memos and policy requests
- ARS Benefits Planning Referral form
- Small Business referral information
- Employment Services/Job Placement referral forms

TAB 5 – PROGRESS REPORTS

- ACTI monthly report forms
- Training progress reports
- Letters from Trainee forms
- Supported Employment Training forms
- Employment Services/Job Placement closure forms
- Facility/CRP training reports
- Responsibilities of College Students
- Documentation of Job Development and Placement Activities

The case narrative will be placed on top of TAB 5.

The checklist will be placed on top of the case narrative.

Left Side of Folder

TAB 6 – IPE

- Individualized Plan for Employment (RS600-A) IPE
- Amendments (RS600-C)
- Annual reviews completed on RS600-C
- Exception to Service Provision Policy

TAB 7 – AUTHORIZATIONS

- Copies of authorizations
- Copies of all billing statements with attached invoices.
- Facility Statements of Account

TAB 8 – CLOSURE

- Ineligibility Certificate
- Closure Form RS600-C
- Documentation of Registered Letter to Client prior to closure
- DRS-75 will be placed on top of TAB 8

TAB 9 - CASE REVIEWS

- Case Reviews
- Peer Reviews
- Statewide Case Reviews
- RSA Reviews
- Periodic Onsite Quality Assurance Team Reviews

*** Items listed will not be included in every case.

This is not a comprehensive list.

FILING SYSTEM

The individual record of services in each office will be filed in secure confidential area and will be filed alphabetically in the following series:

1) Cases in Referral Status 00
2) Cases in Applicant Status 02
3) Cases in 04
4) Cases in EE Status 06
5) Cases in Accepted Status 10-24
6) Cases Closed Rehabilitated Status 26
7) Cases Closed from Referral Process Status 08
8) Cases Closed Not Rehabilitated AFTER Rehabilitation Program Initiated Status 28
9) Cases Closed Not Rehabilitated BEFORE Rehabilitation Program Initiated Status 30
10) Cases Closed from Services Delayed Status 38
11) Cases in Post-Employment Status 32
12) Cases Closed from Post-Employment Statuses 34, 36, 39
13) Closed SSI/SSDI (Trust Fund) cases which are requested for review for reimbursement will not be returned to the local office; therefore, a file must be created with name, address, Social Security number, and copy of the request.

DESTRUCTION OF RECORDS

Individual's record of services will be destroyed in accordance with Federal and State regulations.

The District Manager or his/her designee must witness or be responsible for the destruction of the record of services. The record of services for all closed cases (Statuses 08, 26, 28, 30, 34, 36, 38 and 39) are to be maintained currently for five (5) fiscal years after the case is closed.

NOTE: Status 00 cases that have reached the 180 days maximum and have been dropped from the case management system may be destroyed as soon as they are dropped.

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XI. RELEASE OF INFORMATION

SAFEGUARDING INDIVIDUAL'S RECORD AND INFORMATION

Employees are responsible for complying with the legal requirement to protect the confidential nature of information in individual case files', including all individual's identifying information contained in reports, lists, and other paper or electronic documents, and for prohibiting unauthorized access.

All personnel are to maintain a professional respect for the confidential nature of the data on individuals and refrain from indiscreet and/or casual conversation that might reveal to unauthorized persons information concerning individuals receiving services from ARS.

In accordance with federal and state regulation, the state will safeguard the confidentiality of all personal information. 34 C.F.R. § 361.38

RELEASING INDIVIDUAL'S INFORMATION

Individual's information is released in only four situations:

1) when authorized by the individual,
2) in response to a valid subpoena, court order, or other legal process,
3) when directly connected with the individual's rehabilitation, or
4) in certain emergency and investigative circumstances which poses an immediate threat to the safety of the individual or others.

RELEASE TO THE INDIVIDUAL OR A REPRESENTATIVE

When information is released to the individual or the individual's representative, personal information in the file obtained from another Agency or organization can be released only by, or under the conditions established by the other (external) Agency or organization. ARS must refer the individual to the source to obtain the information.

The counselor must make appropriate Agency information in the individual's case file accessible to the individual, or release it to the individual or representative, in a timely manner, when requested in writing by the individual or by an individual authorized in writing by the individual to be the representative.

A relative of the individual may not receive records without written authorization by the individual:

1) if the individual is a minor, the parent may be considered the authorized representative;
2) if a representative or legal guardian has been appointed by the court, information must be released to the court-appointed representative or guardian.

HARMFUL INFORMATION

Medical, psychological, or other information the counselor believes may be harmful to the individual must not be released directly to the individual. Such information must be released through a representative designated in writing by the individual, who may include, among others, an advocate, a family member, or qualified medical or mental health professional.

RELEASE TO A COURT OR ADMINISTRATIVE BODY

ARS may release the individual's information in response to an order, subpoena, or summons issued by a court or other judicial body under state or federal rules of civil or criminal procedure. The document may be signed by the judge, magistrate, administrative law judge or hearings officer, clerk of court, or by any official who is authorized by law to issue subpoenas.

RELEASE FOR A PURPOSE DIRECTLY CONNECTED WITH THE ADMINISTRATION OF THE INDIVIDUAL'S VR PROGRAM

Provisions of the individual's IPE determine the scope of the individual's rehabilitation.

Releasing the individual's information for a purpose directly connected with the individual's rehabilitation usually poses no problem. This release does not legally require express or written consent from the individual.

When it is difficult to ascertain whether the purpose of the release is "directly connected with the individual's rehabilitation program," obtain a written authorization from the individual to provide information to an organization or individual.

RELEASE FOR RESEARCH OR EVALUATION

Written authorization must be obtained from the individual to release information to the organization or person engaged in audit, evaluation, or research for a purpose that could significantly improve the quality of life for persons with a disability.

XII. REFUNDS/CONTRIBUTIONS

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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).

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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.

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XIV. DUE PROCESS

Due Process begins once an applicant/client makes a request verbally or in writing. The request starts the 60-day clock to complete steps 1-5 below. Due Process will normally progress in the following sequence:

STEPS	PROCEDURES
1	Applicant/client will discuss the issue(s) with the Counselor and ask for a decision in writing. The counselor will advise the applicant/client of the Client Assistance Program (CAP.)
2	If dissatisfied, applicant/client can ask for an informal administrative review from a District Manager.
3 Optional	Mediation process is available.
4	If dissatisfied, applicant/client can ask for an impartial hearing.
5	If dissatisfied, applicant/client can file civil action in court.

IMPACT ON PROVISION OF SERVICES

Unless an applicant/client or their representative so requests, ARS shall not institute a suspension, reduction, or termination of services being provided for the individual (including evaluation and assessment services and plan development) while a decision through due process is pending. Such services can be suspended, reduced or terminated if obtained through misrepresentation, fraud, collusion, or criminal conduct on the part of the individual, or the individual's representative.

NOTIFICATION OF RIGHTS

NOTE: The applicant/client is notified of their rights at each step in the due process procedure.

The right to be represented by an attorney, Client Assistance Program, parent or guardian, friend, relative, or any other representative of his/her choice.

(NOTE: ARS cannot provide reimbursement for attorney's fee.)

The rights to present evidence and witnesses and to cross examine all witnesses and other relevant sources of information and evidence.

The right to prohibit the introduction of evidence not discussed at least five days prior to hearing.

The right to have reasonable accommodations: i.e. an interpreter/reader, if notice is given to ARS, at least **three (3) working days prior to the impartial hearing should be given in scheduling an interpreter.**

The right to a written report of the findings of fact and conclusions shall be provided to all parties within thirty (30) days of the hearing.

STEP 1 – DECISION OF COUNSELOR

If an ARS staff member has any indication an applicant or client has a concern with ARS, they must inform their District Manager immediately. ARS staff may receive a verbal, e-mail or written request from an applicant, client or their representative, to appeal an ARS decision. If a verbal request is received, ARS staff will assure the correct form is completed. This may require the ARS staff to assist the applicant or client to fill out the appropriate form. The form must include the day of the verbal request. The counselor will advise the applicant/client of the Client Assistance Program (CAP.) All forms completed for appeal will immediately be given to the District Manager.

STEP 2 – INFORMAL ADMINISTRATIVE REVIEW

The District Manager will schedule the Informal Administrative Review to be conducted within ten (10) days of initial date of request:

At a time and place convenient to the applicant/client (usually during business hours at the local ARS office), and

By a supervisory staff member who has no direct personal knowledge of the details involved in the matter and has not participated in the decision being reviewed.

The applicant/client will receive a decision in writing from the person conducting the Administrative Review within five (5) days following the review.

STEP 3 - MEDIATION POLICY (OPTIONAL)

Mediation ensures that policy and procedures are established to allow that all ARS applicants/clients have the opportunity to resolve disputes through a mediation process. Mediation shall be available before a hearing is requested. Mediation is not used to deny or delay the right of an individual to a hearing or to deny any other right afforded in federal and state law or ARS Policy.

MEDIATION PROCEDURES

PURPOSE

This process allows an opportunity for parties, applicants or clients and Arkansas Rehabilitation Services (ARS), to resolve disputes involving the determinations that affect the provisions of vocational rehabilitation services.

Mediation is an informal, non-adversarial process whose objective is the encouragement and facilitation of a mutually acceptable agreement based on the parties self-determined needs, interest and values. All parties may present whatever evidence they wish in support of their position in a neutral setting. The process relies on the good faith efforts of the participants communicating together to reach their own agreement as to how the dispute should be resolved.

INFORMING APPLICANTS AND CLIENTS

ARS is required, at the minimum, to inform in writing applicants, clients, or their representatives of mediation:

At the time an individual applies for vocational rehabilitation services.

At the time Order of Selection is utilized.

At the time an individualized plan for employment is developed.

At the time the individual is determined ineligible, or when services are reduced, suspended or terminated.

VOLUNTARY

Mediation, in the Rehabilitation Act, is voluntary for both parties. At any time during the mediation process, either party or the mediator may elect to terminate the mediation. (See Due Process form WD) In the event that the mediation is terminated, either party may pursue resolution though an impartial hearing.

IMPORTANT NOTE - Once a request is made for any type of review, which may include mediation, the appeal process through an impartial hearing must be completed within 60 calendar days.

Mediation does not involve findings of facts or the strict weighing of evidence as a formal review process requires. Although mediation does not lead to fact finding, mediation participants should be prepared to describe the factual background behind the dispute and to discuss the desired outcome.

ARS participants must be prepared to describe the legal policy context around which the dispute arose, as well as factual details of the situation. All parties should be prepared to discuss and consider each other's viewpoints and be willing to cooperate in seeking a resolution acceptable to both parties. The focus of mediation is on resolution, not which party is right or wrong.

REQUEST FOR MEDIATION

The form "Request for Mediation" is completed. Provide the consumer with the handout "Consumer Information on Mediation". The form on Request for Mediation is to be submitted from the District Manager to Chief of Field Services. If Chief of Field Services is unavailable, the form must be submitted to the Chief of Staff. The ARS Chief of Field

Services and/or Chief of Staff will review the complete file of the individual requesting mediation within five (5) working days and determine whether the agency wishes to resolve the dispute though mediation process. If the issue can not be resolved through the mediation process, a certified letter will be sent to the applicant/client within five (5) working days informing them of their right to request an impartial hearing.

After reviewing the case file, the Request for Mediation form is sent to PPD&E to coordinate the mediation session. PPD&E staff assures the Due Process requirements are met and the applicant/client is informed of their rights during this process. The applicant or client has the right to be represented at the mediation session, although the mediator will encourage the individual to speak for themselves as much as possible to re-establish a relationship between the ARS staff and the individual. PPD&E is responsible for all Mediation forms after a request is received.

PPD&E staff communicates with the applicant/client, ARS staff, and mediator to establish a date, place, time, and who will participate in the session. These meetings will be set up as expeditiously as possible. PPD&E complete form "Mediation Scheduling." The required ARS staff needed for mediation may have to reschedule their appointments to be available on the day established.

AGREEMENT TO MEDIATE

PPD&E staff is responsible for the completion of form "Agreement to Mediate" with signature by all parties.

MEDIATION WITHDRAWAL

An applicant/client may withdraw from the Mediation Process at any time by completing the form "Cancellation of an Appeal."

MEDIATOR

A pool of mediators is established through a Competitive Bid Process by the Program Planning, Development and Evaluation Section (PPD&E) and agreed upon by the Commissioner and the Rehabilitation Council. PPD&E keeps a list of mediators for review by the applicant or client, so they can chose a mediator. PPD&E will present no more than five names of mediators and their qualifications to an applicant/client for their choice. If an applicant or client does not have a preference the mediator will be randomly selected from the available list. The mediator will be an independent qualified neutral third party facilitator.

MEDIATOR'S ROLE

In mediation, decision-making authority rests with the parties agreeing to mediate. The mediator will set the stage that promotes a reasonable coming together in disclosure, understanding, trust, acceptance and cooperation as necessary for the parties to defend making decisions for settlement purposes. The role of the mediator, includes, but is not limited to, assisting the parties to identifying issues, facilitating communication, focusing the parties on their interests, maximizing the exploration of alternatives, and helping the

parties reach voluntary agreements. The mediator may offer options for the parties to consider as settlement terms, but is not to recommend, judge, or impose settlement terms on the parties.

MEDIATION DAY

What the parties can expect to happen:

Introduction of the parties involved and the mediator.

The mediator discusses their neutrality in the session and confidentiality for all parties involved.

The mediator discloses potential conflict of interest.

The mediator will set the ground rules for the session.

1) Open statements – Both parties will be afforded the opportunity to explaining their positions on why this session is being held.
2) The mediator will provide an opportunity for witnesses and/or evidence to be presented.
3) At any time during the process, the mediator may ask questions for clarification or to get more information. The mediator may allow the parties to ask clarifying questions of each other.
4) The mediator will provide a summary or feedback to the parties.
5) The mediator will facilitate the parties communication to develop wish list, options and or compromises for settlement agreement, which may require the mediator to hold private caucusing meetings with the separate parties.
6) The mediator will produce a written formal agreement with the assistance of the parties involve.

When reaching an agreement, all parties must have a clear understanding of what each will do in carrying out the agreement. The mediator will compose the agreement and ask the parties to sign a written mediation agreement (Final Mediation Agreement Form) before leaving the mediation session. The agreement will be implemented as soon as possible. After the agreement is initiated the PPD&E section will send a " ARS Mediation Feedback Survey" form to the applicant/client, their representative, ARS staff involved and the mediator.

NO AGREEMENT REACHED

The applicant or client has the right to request an Impartial Hearing by completing the form "Request for an Impartial Hearing". **This form must be sent to the PPD&E Section immediately** due to the requirement to complete all appeals within 60-day time frame of the initial request.

For more information on these Procedures contact the PPD&E at Central Office 501.296.1600.

STEP 4 - IMPARTIAL HEARING POLICY

Each applicant/client has the right for review, through an impartial hearing, of determinations made by ARS personnel that affect the provision of vocational rehabilitation services to applicants/clients. The Impartial Hearing will be completed no later than sixty (60) days from the date of initial request made verbally or in writing.

The Impartial Hearing will be conducted by an Impartial Hearing Officer (IHO). ARS will maintain a list of qualified impartial hearing officers, who are knowledgeable in laws and regulations relating to the provision of vocational rehabilitation services, from which the IHO will be selected. The IHO shall be selected on a random basis from a pool of qualified persons identified jointly by ARS and the Rehabilitation Council.

IMPARTIAL HEARING PROCEDURE

When an applicant/client or his/her representative wishes to request an impartial hearing, he/she may do so by submitting a request in writing to the Commissioner, Arkansas Rehabilitation Services. The form "Request for Impartial Hearing" is completed. The request must be made no later than five (5) days of the administrative review decision.

When the Commissioner receives a request for an impartial hearing, the Program Planning, Development and Evaluation Section will request a copy of the client's file from the District Manager. If the request for a hearing has not been requested within the five-day timeframe, the District Manager should notify the Program Planning, Development and Evaluation Section. The Impartial Hearing will be completed no later than sixty (60) days from the date of initial request whether verbal or written.

The counselors case file will contain a memorandum summarizing the basis for the administrative review decision. It will also contain a statement of issues and a summary of all facts supporting the administrative review decision. All statements should be written in simple language. Ambiguous and technical words and phrases shall be avoided. The memorandum should be prepared in triplicate. The original memorandum is sent to the applicant/client, with a copy to the appropriate Rehabilitation Staff member, and a copy to the Program Planning, Development and Evaluation Section.

The applicant/client and/or his/her representative have the right to go to the local Rehabilitation office to review the client's record of services. The applicant/client will be advised of this fact by letter.

IMPARTIAL HEARING WITHDRAWAL

An applicant/client may withdraw from the Hearing Process at any time by completing the form "Cancellation of an Appeal."

REQUEST FOR WITNESSES

The applicant/client and/or representative will be advised in a certified letter with a return receipt requested, that he/she has ten (10) days to request witnesses in writing by mail, fax or email from the date of signature on the ARS certified mail receipt.

The District Manager must advise the Commissioner; at the time the hearing file is submitted, of any witnesses he/she wishes to appear in order to document the action or to support an administrative decision.

SCHEDULING THE HEARING

The Program Planning, Development and Evaluation Section will communicate with the applicant/client, ARS staff and the Impartial Hearing Officer to coordinate a date, time and place of the hearing. The scheduling letter advises the applicant/client of the time, date, place of hearing, and the name of the IHO who will conduct the hearing.

PLACE OF HEARING

The hearing will normally be held in the local ARS office. It may be held in another location if requested by either party and approved by the Commissioner.

NON-ATTENDANCE AT HEARING

If either ARS or the applicant/client requests that the hearing be rescheduled prior to the date of the hearing, a request may be made to the Commissioner, to determine if good cause for such a request exists. If good cause exists, the hearing can be rescheduled. If the applicant/client fails to appear for the hearing, and does not provide notice prior to the date of the hearing, the appeal may be dismissed at the discretion of the IHO. If an emergency arises, the applicant/client must justify in writing his/her reasons for non-appearance.

ARS RESPONSIBILITIES

It is the responsibility of the Program Planning, Development and Evaluation Section to communicate with the District Manager to arrange for an office in which to conduct the hearing.

The appropriate ARS staff will be responsible for presenting ARS' case and answering any questions regarding the issue. The staff usually includes the Rehabilitation Counselor and/or the District Manager. The applicant/client and/or representative have the right to cross-examine the ARS representatives.

ARS may request legal assistance in preparing for the hearing by contacting the Arkansas Attorney General.

CONFIDENTIALITY REQUIREMENTS

Arkansas Code 20-79-216 states that it is unlawful, except for purposes directly connected with the administration of ARS programs, to disclose the names or refer to the names of persons applying to receive services.

To ensure the confidentiality of a closed hearing, the IHO shall inquire if there is anyone present with whom the applicant/client is not familiar. Should an applicant/client indicate in the affirmative, the party in question will come forward, identify himself/herself and state the reason for his/her presence.

Should there be objection on the part of the applicant/client to the relevance of this person's attendance at the hearing, the IHO will have the responsibility to rule on the individual's presence.

CONDUCT OF HEARING

The hearing will be conducted by the IHO. The IHO's responsibility is to maintain a professional atmosphere and to ensure the proceedings are conducted in a fair and impartial manner. The IHO will explain hearing procedures and swear in witnesses. The hearing shall provide both parties with the opportunity to be heard and to present their evidence and testimony. The applicant/client may have an attorney or representative present testimony on their behalf. An applicant/client may have his interpreter or personal care attendant present. The applicant/client or representative and ARS will be given the opportunity to present witnesses, offer evidence, and to cross-examine any witness or information introduce. The IHO can pose questions at any time during the proceedings. Questioning of all parties will be confined to the issue(s) involved. The IHO is to ensure only relevant information is permitted at the hearing. Arkansas Rules of Evidence will serve as general guidance as to the admissibility of evidence. The IHO shall not fraternize with either party prior to or during the hearing. Situations may occur in which a party wishes to approach the IHO to say something privately. This is not permissible and the IHO may need to explain that all facts are to be heard by both parties and will be accepted impartially. The IHO should provide for reasonable recesses in lengthy hearings.

IHO OPENING STATEMENT

An IHO opening statement will include:

IHO self introduction and statement of impartiality,

function, role and authority,

confidentiality,

reason for hearing, and ;

citing of applicant/client request.

OPENING STATEMENT ON BEHALF OF BOTH PARTIES

Both parties will state their name, whom they represent, and their address. Only one person shall make an opening statement on behalf of a party.

The ARS opening statement will be a summary of the applicant/clients rehabilitation case and the reason for any decisions made.

The applicant/clients opening statement will be a summary of his/her reasons for requesting a hearing and the issues related to this decision.

QUESTIONS FOR THE RECORD (ARS)

If records, reports, and files were requested, were they made available?

Are copies available for the record?

Are all appropriate personnel in attendance?

Was applicant/client informed in writing that he/she has the right:

bring counsel, or client representative;

to provide witnesses;

to examine all ARS records upon which the Agency based its decisions;

to request that certain ARS personnel be present at the hearing and of their right to cross examine the Agency witnesses; and

the role of the IHO includes;

hearing both sides;

limiting evidence that is presented at the hearing to relevant information;

making a decision based on evidence presented; and

engage in fact finding.

QUESTIONS FOR THE RECORD (APPLICANT/CLIENT)

Have you had an opportunity to examine your VR Record of Services, reports and files regarding your rehabilitation status?

Have you had an opportunity for an informal administrative review by the District Manager?

Have you had an opportunity to call witnesses?

Have ARS assured you that your rehabilitation status would not change until all proceedings were completed?

IHO DECISION

The IHO will prepare the decision based on a comprehensive review of the information presented at the hearing. The format will consist of an Introduction, Findings of Fact, Conclusion of Law, and a Decision. The decision will be based on the provisions of the approved State Plan and the Rehabilitation Act. The decision of the IHO must be provided to the applicant/client within thirty (30) days from the date the hearing was conducted. A decision made through an impartial hearing shall be final.

STEP 5 - CIVIL ACTION

An applicant/client who is not satisfied by the final decision from an impartial hearing may bring a civil action for review of such decision. The action may be brought in any State court of competent jurisdiction or in a district court of the United States of competent jurisdiction, without regard to the amount in controversy.

ARKANSAS REHABILITATION SERVICES
REQUEST FOR ADMINISTRATIVE REVIEW

Name_____ Social Security _____

Counselor_____ Counselor #_____

Please list the decision(s) you want resolved:

I have been advised that I can seek assistance from the Client Assistance Program.

Disability Rights Center

1100 N. University, Suite 201

Little Rock, AR 72207

Telephone: (501) 296-1775

1-800-482-1174

_____ _____

Applicant/Client Date

ARKANSAS REHABILITATION SERVICES
REQUEST FOR MEDIATION

Name_____ Social Security _____

Counselor_____ Counselor #_____

Please list the decision(s) you want resolved:

I have been advised that I can seek assistance from the Client Assistance Program.

Disability Rights Center

1100 N. University, Suite 201

Little Rock, AR 72207

Telephone: (501) 296-1775

1-800-482-1174

_____ _____

Applicant/Client Date

ARKANSAS REHABILITATION SERVICES
REQUEST FOR AN IMPARTIAL HEARING

Name_____ Social Security _____

Counselor_____ Counselor #_____

Please list the decision(s) you want resolved:

I have been advised that I can seek assistance from the Client Assistance Program.

Disability Rights Center

1100 N. University, Suite 201

Little Rock, AR 72207

Telephone: (501) 296-1775

1-800-482-1174

_____ _____

Applicant/Client Date

PPD&E Form

ARKANSAS REHABILITATION SERVICES
AGREEMENT TO MEDIATE

This is an agreement between the Parties/their representative, Arkansas Rehabilitation Services (ARS) and _____, and mediator _____. This agreement governs the terms and conditions of the mediation and describes the process of mediation to be used by ARS, the applicant/client and the mediator in attempting to resolve the dispute regarding _____ _____. The Parties voluntarily consent to participate in a good faith effort for mediating their dispute to a resolution of this matter. The Parties understand that any party may withdraw from the mediation at any time by notifying the mediator and all other Parties. The Parties and mediator agree as follows:

THE MEDIATION PROCESS

The mediator, who is qualified and knowledgeable in the area, will assist the Parties to resolve their dispute by helping them to communicate their needs and interests, to explore solutions and to reach an agreement satisfactory to both parties. The mediator will function as a neutral third party facilitator and will not decide the disputable issues or impose and agreement upon the Parties. The Parties understand the mediator is not going to act as an advocate or attorney for any party and each party has the right to have representation during the mediation. At the conclusion of the mediation session(s) the mediator will prepare a written mediation agreement for review and signature by all parties.

CONFIDENTIALITY

The entire mediation process is confidential. The mediator agrees not to reveal any information conveyed by either party during private caucus sessions. The Parties, the mediator and all mediation participants agree not to disclose any information made by any Parties or their representatives, whether oral or written. This information includes, but is not limited to: offers, promises, statements made, or settlement terms made or rejected, evaluations regarding the parties, their good faith efforts, and in the case of mediation session being terminated before a resolution is achieved. No record (stenographic, written, electronic, video or otherwise) shall be made of the proceeding.

The Parties will not introduce communications made during the mediation session as evidence in any administrative, civil, judicial or other forum. Each Party will not subpoena the mediator, mediator assistants or mediator notes in any subsequent investigation, action or proceeding arising out of this mediation session. The Parties acknowledges they have read and agrees abide by the confidentiality regulations found in 34 CFR § 361.38, and other applicable laws or regulations.

DUTIES AND OBLIGATIONS

When a settlement is reached, the Agreement shall be placed in writing. The Parties understand that no participant will be bound by anything said or done in mediation until there is a written settlement agreement is reached and executed (signed) by all Parties.

Applicant/ Client	Date	Representative	Date
ARS Representative	Date	ARS Representative	Date
Mediator	Date	Other (Define Relationship)	Date
Other	Date	Other	Date
Other	Date	Other	Date
Other	Date	Other	Date

PPD&E Form

ARKANSAS REHABILITATION SERVICES
CANCELLATION OF AN APPEAL

I am withdrawing my request for the following type of review:

____ Administrative Review with the District Manager

____ Mediation ____ Impartial Hearing

because my concerns with ARS have been successfully resolved through the following means:

____ Administrative Review with the District Manager

____ Mediation ____ Other_____

Or:

____ Terminated without a resolution.

I understand that this withdrawal does not prevent me from requesting an appeal at a later date if I again have a dispute with ARS regarding my vocational rehabilitation program.

_____ _____

Customer signature Date

PPD&E Form

FINAL MEDIATION AGREEMENT FORM

Date: _____

Arkansas Rehabilitation Services (ARS) District Office:_____

Party Requesting Mediation: _____

In the matter of mediation between _____and
Arkansas Rehabilitation Services a final agreement has been reached.

We, the parties in this mediation, having been informed of the objective's of the mediation, the voluntary nature of this mediation and having had the opportunity to discuss all relevant issues of concern have voluntarily agreed to:

_____
_____
_____
_____
_____
_____
_____
_____
_____

This agreement constitutes a full and final mediation agreement as to all issues arising out of this matter. This Agreement does not constitute an admission of wrongdoing on the part of any party. If the consumer is not satisfied, s/he may pursue a hearing.

_____ _____
Consumer or Representative (print and sign) Date

_____ _____
Mediator Date

PPD&E Form

MEDIATION SCHEDULING

DATE:

TO: Names and addresses of all participants

FROM: ARS

RE: Mediation Scheduled on (date and time)

This is to confirm your agreement to participate in a mediation session on (date and time) to discuss the issue(s) involving the people listed above. The length of each mediation session is different. Please plan to be at a mediation session for at least two hours. Under the standard practice, the mediators will first meet privately with each party. The parties should arrive at _____.

The mediation will take place at_____. The mediation session be held in the conference room.

At the mediation you will be able to ask the mediator questions about how mediation works. The mediator will complete the enclosed form and you will be asked to sign it.

If you have any questions before the mediation session or if you are unable to attend the mediation session as scheduled, please call 501.296.1600.

This PPD&E form will be provided to any consumer who requests Mediation.

CONSUMER INFORMATION ON MEDIATION

Q. What is mediation? Mediation is an optional and voluntary process offered to clients of Arkansas Rehabilitation Services (ARS). It is a way to resolve concerns or disagreements about services and related issues. An impartial third party called a "mediator" helps you and your counselor to develop solutions to the concerns and to reach an agreement.

Q. Do I have to do it? No and not every concern or disagreement should go to mediation. The law offers it as an option before going into an impartial hearing. You and your counselor must both agree to go to mediation. ARS sees it as a tool to solve concerns or disagreements that might not need to go to a hearing. It is a proven way to resolve concerns or disagreements and improve the working relationships between individuals. It allows you to have serious input into the options to settle the concern or disagreement.

Q. Who pays for it? Arkansas Rehabilitation Services

Q. Where does it happen? You get to choose the location.

Q. What happens if I need accommodations for my disability to participate? You must inform ARS of your need. If the need is a disability accommodation ARS will assist you in locating the services and for paying for it. For example, if you need a sign language interpreter ARS can provide that need and/or pay for it.

Q. Who can I bring? You can bring someone to support you, a guardian, representative, advocate and witnesses. The advocate might be the Client Assistance Program (CAP) staff, a case manager, or a representative from a program you believe can help you to participate in the process. You have the right to bring witnesses. You have a right to have legal counsel at your own expense.

Q. How does it work? You request mediation from your counselor or their supervisor. You must complete and sign a form for mediation. Both you and your counselor or ARS must agree to mediation. Once everyone agrees to mediate, you are given a list of mediators to choose from. If for some reason you do not want to choose, a mediator is randomly selected from the list. Once the mediator is selected, ARS will contact you and set up the day, time and location of the mediation session that will convenient for everyone involved.

Q. What do mediators actually do? Mediators are trained to encourage open communication in a confidential setting. The mediator assists the individuals with concerns or disagreements to a solution through different ways. Since there is no one method available to solve these concerns or disagreements, the mediator will be flexible in their approach to explore options and to respect the different individual personalities involved in the session.

Q. Is mediation confidential? In most instances, yes. There are situations, which may not be covered by confidentiality, but the mediator will explain those to you.

Q. What do I get out of mediation? If successful, a written agreement that states the solution to your concern or disagreement. This agreement may be used in the development of your Individualized Plan for Employment (IPE) or require a change in your present IPE.

MEDIATION DAY - WHAT THE PARTIES CAN EXPECT

1. Introduction of the parties involved and the mediator.
2. The mediator discusses their neutrality in the session and confidentiality for all parties involved.
3. The mediator discloses potential conflict of interest.
4. The mediator will set the ground rules for the session.
5. Open statements – Both parties will be afforded the opportunity to explain their position on why this session is being held.
6. The mediator will provide an opportunity for witnesses and/or evidence to be presented.
7. At any time during the process, the mediator may ask questions for clarification or to get more information. The mediator may allow the parties to ask clarifying questions of each other.
8. The mediator will provide a summary or feedback to the parties.
9. The mediator will facilitate the parties communication to develop a wish list, options and or compromises for settlement agreement, which may require the Mediator to hold private caucusing meetings with the separate parties.
10. The mediator will produce a written formal agreement with the assistance of the parties involved.

For more information contact the Arkansas Rehabilitation Services Program Planning, Development and Evaluation Section at 501.296.1600.

MEDIATOR GUIDELINES

A mediator adheres to the Arkansas Alternative Dispute Resolution Commissions Requirements for the Conduct of Mediation and Mediators and the ADR Guidelines for Mediators Skills and Qualifications.

A mediator should not render a decision on the issues in dispute. The primary responsibility for the resolution of a dispute rests with the parties. A mediator may make suggestions, but all settlement decisions are to be made voluntarily by the parties themselves.

1. Mediator Conduct - A mediator should protect the integrity and confidentiality of the mediation process. The duty to protect the integrity and confidentiality of the mediation process commences with the first communication of the mediator, is continuous in nature, and does not terminate upon the conclusion of the mediation.

2. Disclosure of Possible Conflicts - Prior to commencing the mediation, the mediator should make full disclosure of any known relationships with the parties or their counsel that may affect or give the appearance of affecting the mediator's neutrality. A mediator should not serve in the matter if a party makes an objection to the mediator based upon a conflict or perceived conflict. If after commencement of the mediation the mediator discovers that such a relationship exists, the mediator should make full disclosure as soon as practicable.

3. Neutrality/Impartiality - A mediator should be neutrality/impartial toward all parties. If a mediator or the parties find that the mediator's neutrality/impartiality has been compromised, the mediator should offer to withdraw from the mediation process. Neutrality/Impartiality means freedom from favoritism or bias in word, action, and appearance; it implies a commitment to aid all parties in reaching a settlement.

4. Mediator Qualifications – Upon request, a mediator's qualifications and experience constitute the foundation upon which the mediation process depends; therefore, if there is any objection to the mediator's qualifications to mediate the dispute, the mediator should withdraw from the mediation. Likewise, the mediator should decline to serve if the mediator feels unqualified to do so.

5. The Mediation Process - A mediator should inform and discuss with the participants the rules and procedures pertaining to the mediation process. A mediator should inform the parties about the mediation process no later than the opening session.

At a minimum the mediator should inform the parties of the following:

the mediation is private (Unless otherwise agreed by the participants, only the

mediator, the parties and their representatives are allowed to attend.);

the mediation is informal (There are no court reporters present, no record is

made of the proceedings, no subpoena or other service of process is allowed, and no rulings are made on the issues or the merits of the case.); and the mediation is confidential to the extent provided by law.

6. Convening the Mediation - Unless the parties agree otherwise, the mediator should not convene a mediation session unless all parties represented to the mediator possess the adequate authority to negotiate a settlement, and an adequate amount of time has been reserved by all to allow the mediation process to be productive. A mediator should not convene the mediation if the mediator has reason to believe that a *pro se* party fails to understand that the mediator is not providing legal representation for the *pro se* party.

7. Confidentiality - A mediator should not reveal information made available in the mediation process, which information is privileged and confidential, unless the affected parties agree otherwise or as may be required by law. A mediator should not permit recordings or transcripts to be made of mediation proceedings. A mediator should maintain confidentiality in the storage and disposal of records and should render anonymous all identifying information when materials are used for federal reporting, research, and educational or other informational purposes. Unless authorized by the disclosing party, a mediator should not disclose to the other parties information given in confidence by the disclosing party and should maintain confidentiality with respect to communications relating to the subject matter of the dispute. The mediator should report to ARS whether or not the mediation occurred, and that the mediation either resulted in a settlement or an impasse, or that the mediation was either recessed or rescheduled. In certain instances, applicable law may require disclosure of information revealed in the mediation process, such as: if a person is harmful to themselves or others. If confidential information is disclosed, the mediator should advise the parties that disclosure is required and will be made.

8. Professional Advice - A mediator should not give legal or other professional advice to the parties. In appropriate circumstances, a mediator should encourage the parties to seek assistance from a disability advocate, legal, or other professional advice before, during, or after the mediation process. A mediator should explain generally to *pro se* parties that there may be risks in proceeding without independent counsel or other professional advisors.

9. Disclosure and Exchange of Information - A mediator should encourage the disclosure of information and should assist the parties in considering the benefits, risks, and the alternatives available to them.

10. Termination of Mediation Session - A mediator should postpone, recess, or terminate the mediation process. This termination would exist if it is apparent to the mediator that the case is inappropriate for mediation or one or more of the parties is unwilling or unable to participate meaningfully in the mediation process or if the mediation process is being used to further illegal conduct.

11. Agreements in Writing - A mediator will assist the parties to reduce all settlement agreements to writing.

PPD&E Form

ARS MEDIATION FEEDBACK SURVEY

Please take a few minutes to answer some questions about the mediation session you have just finished. Your answers will help improve mediation for others in the future. ARS Program Planning, Development and Evaluation Section will analyze this survey. Your mediators will not see this form. Reports based on these surveys will not identify any individual. *Thanks for your help.*

Please circle the number that best answers the question for you.

	Very dissatisfied	somewhat dissatisfied	somewhat satisfied	satisfied	very satisfied	no opinion
Overall, how satisfied are you with today's mediation?	1	2	3	4	5	0
How satisfied are you with the assistance provided by the mediator?	1	2	3	4	5	0

	Not at all				a great deal	
How much did the other party(ies) understand your feelings and ideas today?	1	2	3	4	5	0
Did you get the information you wanted in the mediation?	1	2	3	4	5	0
Did you feel justice was done in the mediation?	1	2	3	4	5	0
Did you feel the agency accepted their responsibility in the mediation?	1	2	3	4	5	0
How appropriate is the agreement reached today? (Leave blank if there is no agreement.)	1	2	3	4	5	0
I would recommend mediation for similar cases in the future.	1	2	3	4	5	0

What was your role in the mediation?
Questions required for federal reporting are:

__ ARS customer
__ Advocate
__ Other
__ Agency Staff

Gender
__ Female
__ Male

Race
__ African American
__ Asian/Pacific Islander
__ Hispanic
__ Native American
__ Caucasian
__ Other_____

Today's date _____

APPENDIX A
FISCAL AND STATISTICAL CODES

Page

Case Service Codes..... A-1

Special Program Codes A-4

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Classification of Disability Conditions and Causes A-7

County Code List..... A-9

Master List..... A-10

CASE SERVICE CODES

SERVICES FOR INDIVIDUALS, STATUS 02 & 04

Assessment (Diagnostic) 1110
Maintenance 1140
Personal Assistance Services
- Attendant Care 1170
- Interpreter 1171
- Reader 1172

Other Services 1190
Transportation 1191
Rehabilitation Technology
- Engineering 1197
- Assistive Devices 1198
- Assistive Services 1199

SERVICES FOR INDIVIDUALS, STATUS 06

Assessment (Diagnostic) 1210
Restoration Services (Physical or Mental)
- Surgery and Treatment 1221
- Hospitalization and Convalescent Care 1222
- Other Restoration Services 1223

Training
- College Textbooks 1230
- College or University Tuition 1231
- Other Academic (Elementary or High School) 1232
- Business School or College 1233
- Vocational School 1234
- On-the-Job Training 1235
- Adjustment 1236
- Miscellaneous 1237

Maintenance 1240
Family Members
- Child Care Services 1251
- Training and Related 1252
- Transportation 1253
- Relocation 1254
- Other 1255

Personal Assistance Services
- Attendant Care 1270
- Interpreter 1271
- Reader 1272

Other Goods and Services 1290
Transportation 1291

Rehabilitation Technology
Engineering 1297
Assistive Devices 1298
Assistive Services 1299

SERVICES FOR INDIVIDUALS, STATUS, 10-24

Assessment (Diagnostic) 1310
Restoration Services (Physical or Mental)
Surgery and Treatment 1321
Hospitalization and Convalescent Care 1322
Other Restoration Services 1323
Training
College Textbooks 1330
College or University Tuition 1331
Other Academic (Elementary or High School) 1332
Business School or College 1333
Vocational School 1334
On-the-Job Training 1335
Adjustment 1336
Miscellaneous 1337
Supported Employment Services 1338
Maintenance 1340
Family Members
Child Care Services 1351
Training and Related 1352
Transportation 1353
Relocation 1354
Other 1355
Personal Assistance Services
Attendant Care 1370
Interpreter 1371
Reader 1372
Other Goods and Services 1390
Transportation 1391
Rehabilitation Technology
Engineering 1397
Assistive Devices 1398
Assistive Services 1399

POST-EMPLOYMENT SERVICES, STATUS 32

Assessment (Diagnostic) 1410
Restoration Services (Physical or Mental)
Surgery and Treatment 1421
Hospitalization and Convalescent Care 1422
Other Restoration Services 1423

Training
College Textbooks 1430
College or University Tuition 1431
Other Academic (Elementary or High School) 1432
Business School or College 1433
Vocational School 1434
On-the-Job Training 1435
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Family Members
Child Care Services 1451
Training and Related 1452
Transportation 1453
Relocation 1454
Other 1455
Personal Assistance Services
Attendant Care 1470
Interpreter 1471
Reader 1472
Other Services 1490
Transportation 1491
Rehabilitation Technology
Engineering 1497
Assistive Devices 1498
Assistive Services 1499

SPECIAL PROGRAM CODES

None..... 000
Social Security Disability Beneficiary/Trust Fund (SSDI)..... 001
Veteran..... 002
Annual Review/Ineligibility Determination..... 004
Migratory Agricultural Worker..... 010
Project with Industry Program 020
Brain Injured..... 040
Deaf/Blind..... 100
Supplemental Security Income (SSI)..... 200
Significantly Disabled 400

PROGRAM CODES

Independent Living/ODHI - Case service expenditures for applicants/individuals who meet Title XX- financial eligibility requirements 20

Supported Employment Program 34

Independent Living Rehabilitation Services 77

Community Rehabilitation Program- Cost of services, work assessment, extended services, work adjustment training, etc. provided by a sheltered workshop that has been certified by ARS 97

General VR Services (All Services Not Identified Above) - All other Case Service expenditures will be coded 99 99

FISCAL CODES

General Agency VR Services 02

ODHI Independent Living Title XX 20

Supported Employment Services 34

Independent Living Rehabilitation Services 77

CLASSIFICATION OF DISABLING CONDITIONS AND CAUSES

The General Agency cannot serve blind or visually impaired cases as a primary disability.

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/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)

COUNTY CODE LIST

Arkansas 01
Ashley 02
Baxter 03
Benton 04
Boone 05
Bradley 06
Calhoun 07
Carroll 08
Chicot 09
Clark 10
Clay 11
Cleburne 12
Cleveland 13
Columbia 14
Conway 15
Craighead 16
Crawford 17
Crittenden 18
Cross 19
Dallas 20
Desha 21
Drew 22
Faulkner 23
Franklin 24
Fulton 25
Garland 26
Grant 27
Greene 28
Hempstead 29
Hot Spring 30
Howard 31
Independence 32
Izard 33
Jackson 34
Jefferson 35
Johnson 36
Lafayette 37
Lawrence 38
Lee 39
Lincoln 40
Little River 41
Logan 42
Lonoke 43
Madison 44
Marion 45
Miller 46
Mississippi 47
Monroe 48
Montgomery 49
Nevada 50
Newton 51
Ouachita 52
Perry 53
Phillips 54
Pike 55
Poinsett 56
Polk 57
Pope 58
Prairie 59
Pulaski 60
Randolph 61
Saline 62
Scott 63
Searcy 64
Sebastian 65
Sevier 66
Sharp 67
St. Francis 68
Stone 69
Union 70
Van Buren 71
Washington 72
White 73
Woodruff 74
Yell 75

MASTER LIST OF CASES

ARS accounts for all cases of a counselor by using the Master List. The Master List records the service status and closure status of each case.

INSTRUCTIONS

The counselor can print a master list from the case management system.

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**) 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 individuals 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 11th 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 that 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.

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

APPENDIX C

FACILITY PROGRAMS

Page

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Community Rehabilitation Program (CRP) C-12

CRP Review Procedures C-19

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 r 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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American Indian

Applicant

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Assistive technology.

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DEFINITIONS

Accident, injury, or poisoning - A traumatic cause of hearing loss, including noise induced loss. This cause would encompass, but not be limited to, ototoxic agents.

American Indian – An individual who is a member of an Indian tribe.

Applicant – an individual who submits an application for VR services; has signed an agency application form; or has completed a common intake application form in a One Stop center requesting VR services; or has other wise requested services from VR.

Assessment for determining eligibility and VR needs – as appropriate in each case means:

1) A review of existing data-

   A. To determine if an individual is eligible for VR services.
   B. To assign priority for an order of selection if ARS is under an order of selection.
   C. To the extent necessary, the provision of appropriate assessment activities to obtain necessary additional data to make the eligibility determination and assignment.
   D. To the extent additional data are necessary to make a determination of the employment outcome and the nature and scope of VR services to be included in the IPE plan for employment of an eligible individual.

Assistive technology device – means any item, piece of equipment, or product system that is used to increase, maintain, or improve the functional capabilities of an individual with a disability.

Assistive technology service – means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.

Blind – an individual who has: Not more than 20/200 central visual acuity in the better eye or an equal disabling loss of the visual field, i.e., a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

BMI – Body Mass Index – is an individual's weight in kilograms divided by his/her height in meters squared.

Clear and convincing evidence means a high degree of certainty before concluding that an individual is incapable of benefiting from services in terms of an employment outcome. The "clear and convincing" standard constitutes the highest standard used in our civil system of law. The term "clear" means unequivocal. For example, the use of an intelligence test result alone would not constitute clear and convincing evidence. Clear and convincing evidence might include a description of assessments, including situational assessments and supported employment assessments, from service providers who have concluded that they would be unable to meet the individual's needs

due to the severity of the individual's disability. The demonstration of "clear and convincing evidence" must include, if appropriate, a functional assessment of skill development activities, with any necessary supports, including assistive technology, in real life settings. §361.42

Congenital condition - A hearing loss known or is assumed to have been present at birth. Examples would include, but not be limited to, maternal rubella and hemolytic disease of the newborn.

Competitive employment – work that is performed on a full-time or part- time basis in an integrated setting and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

Criminal Act – means any crime, including an act, omission or possession under the laws of the United States or a state of general government that poses a substantial threat of personal injury, not withstanding that by reason of age, insanity, intoxication, or otherwise, the person engaging in the act, omission or possession was legally incapable of committing a crime.

CRP – Community Rehabilitation Program.

Deafness - A hearing impairment of such severity that the individual must depend primarily upon visual communication such as writing, lip-reading, manual communication, and gestures.

Deaf/Blind

A. who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both of these conditions; (2) who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and (3) for whom the combination of impairments described in items 1 and 2 cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment or obtaining a vocation;
B. who despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment or obtaining vocational objectives.

Degenerative or infectious disease- A cause of hearing loss that would include, but not be limited to, meningitis, scarlet fever, and diphtheria. A condition present at birth that does not result in a hearing loss until later in life is, for reporting purposes, caused by "degenerative or infectious disease."

Disability - Is defined in the Vocational Rehabilitation Regulations, an individual: who has one or more physical or mental disabilities condition resulting 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.

Eligible individual – means an applicant for VR services who meets the eligibility requirements;

A. A determination that the individual has a physical or mental impairment.
B. A determination the individual's physical or mental impairment constitutes or results in a substantial impediment to employment for the individual.
C. A presumption that the individual can benefit in terms of an employment outcome from the provision of VR services.
D. 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.

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

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

Extended Period of Time – as defined for ARS purposes means 90 days.

Extended Services – ongoing support services and other appropriate services that are needed to support and maintain an individual in supported employment and that are provided by a State agency, a private nonprofit organization, employer, or any other appropriate resource.

Extreme Medical Risk – Means a Probability of Substantially Increasing Functional impairment or death if medical services, including mental health services, are not provided expeditiously.

Family Member – means an individual who is a relative or guardian of an applicant or eligible individual; or lives in the same household as an applicant or eligible individual;

who has a substantial interest in the well-being of that individual; and whose receipt of vocational rehabilitation services is necessary to enable the applicant or eligible individual to achieve an employment outcome.

Hard of hearing - A hearing impairment resulting in a functional loss, but not to the extent that the individual must depend primarily upon visual communication.

> **Pre-lingual hearing impairment** - An impairment that is known or is assumed to have occurred prior to the third birthday.
>
> **Pre-vocational hearing impairment** - An impairment that is known or is assumed to have occurred on or after the third birthday, but prior to the 19th birthday.
>
> **Post-vocational hearing impairment** - An impairment that is known or is assumed to have occurred on or after the 19th birthday.

Individual's representative – any representative chosen by an applicant, or eligible individual, as appropriate, including a parent, guarding, other family member, or advocate, unless a representative has been appointed by a court to represent the individual, in which case the court-appointed representative is the individual's representative.

Informed Choice – the dissemination of appropriate information to the individual that will allow the individual to make decisions.

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

LTMI – Long Term Mental Illness

Local Agency - except where the context indicates otherwise, means an agency of a unit of general local government or of an Indian tribal organization (or combination of such units or organizations) which has the sole responsibility under an agreement with the State Agency to conduct a VR program in the locality under the supervision of such State Agency in accordance with the State Plan.

Multiple services over an extended period of time – means two or more services and two of the services must last 90 days or longer.

Maintenance – means monetary support provided to an individual for expenses, such as food, shelter, and clothing, that are in excess of the normal expenses of the individual and that are necessitated by the individual's participation in an assessment for deterring eligibility and vocational rehabilitation needs or the individual's receipt of VR services under an individualized plan for employment.

Mediation – means the act or process of using an independent third party to act as a mediator, intermediary, or conciliator to assist persons or parties in settling differences or disputes prior to pursuing formal administrative or other legal remedies.

Medical Directed Therapy – means any type of medical treatment that a physician recommends.

Non-Profit - as applied to a Community Rehabilitation Program, agency or organization, means a Community Rehabilitation Program, agency or organization owned and operated by one or more non-profit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual and the income of which is exempt from taxation under section 501 (c) (3) of the Internal Revenue Code of 1954.

Occupational License - means 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 enter a small business.

On-Going Support Services - as used in the definition of Supported Employment, means continuous or periodic job skill training services provided at least twice monthly at the work site throughout the term of employment to enable the individual to perform work. The term also includes other support services provided at or away from the work site such as transportation, personal care services and counseling to family members, if skill training services are also needed by, and provided to, that individual at the work site.

Outcome and Service Goals - objectives established by the State Agency, which are measurable in terms of expansion or program improvement in specified program areas and which the State Agency plans to achieve during a specified period of time.

Personal assistance services – means a range of services provided by one or more persons designed to assist as individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability.

Physical or mental impairment – means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems or any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Physical and mental restoration services – means:

A. Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a stable or slowly progressive physical or mental impairment that constitutes a substantial impediment to employment;
B. Diagnosis of and treatment for mental or emotional disorders by qualified personnel in accordance with state licensure laws.

Public Safety Officer - "Public safety officer" means a person serving the United States or a state or unit of general local government, with or without compensations, in any activity pertaining to:

A. The enforcement of the criminal laws, including highway patrol or the maintenance of civil peace by the National Guard or the Armed Forces;
B. A correctional program, facility or institution where the activity is
C. potentially dangerous because of contact with criminal suspects, defendants, prisoners, probationers or parolees;
D. court having criminal or juvenile delinquent jurisdiction where the activity is potentially dangerous because of contact with criminal suspects, defendants, prisoners, probationers or parolees;
E. Fire fighting, fire prevention or emergency rescue missions.

Post-employment services – means one or more services that are provided subsequent to the achievement of an employment outcome and that are necessary for an individual to maintain, regain, or advance in employment, consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Qualified and impartial mediator – means an individual who:

A. Is not an employee of a public agency (other than an administrative law judge, hearing examiner, employee of a State office of mediators, or employee of an institution of higher education);
B. Is not a member of the State Rehabilitation Council for the designated State unit;
C. Has not been involved previously in the vocational rehabilitation of the applicant or eligible individual;
D. Is knowledgeable of the vocational rehabilitation program and the applicable Federal and State laws, regulations, and policies governing the provision of vocational rehabilitation services;
E. Has been trained in effective mediation techniques consistent with any State-approved or-recognized certification, licensing, registration, or other requirements; and
F. Has no personal, professional, or financial interest that would be in conflict with the objectivity of the individual during the mediation proceedings.

An individual serving as a mediator is not considered to be an employee of the designated State unit for the purposes of this definition solely because the individual is paid by the designated State unit to serve as a mediator.

Rehabilitation engineering – the systematic application of engineering sciences to design, develop, adapt, test, evaluate, apply, and distribute technological solutions to problems confronted by individuals with disabilities in functional areas, such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.

Rehabilitation technology – 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 the areas that include education, rehabilitation, employment, transportation, independent living, and recreation. The term includes rehabilitation engineering, assistive technology devices, and assistive technology services.

Service status – means, a status post IPE in which the individual is receiving VR services (status 18, 20, 22, 24).

Significant disability – means an individual with a disability –

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

Substantial impediment to employment – a physical or mental impairment (in light of attendant medical, physical, psychological, vocational, educational, communication, and other related factors) hinders an individual from preparing for, entering into, engaging in, or retaining employment consistent with the individual's abilities and capabilities.

Supported employment – Competitive employment in an integrated setting, or employment in integrated work setting in which individuals are working toward competitive employment, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interest, and informed choice of the individuals with ongoing support services for individuals with the most significant disabilities.

Supported employment services – means ongoing support services and other appropriate services needed to support and maintain an individual with a most significant disability in supported employment provided by the designated State unit.

Transitional employment for individual with chronic mental illness - means competitive work in an integrated work setting for individuals with chronic mental illness who may need support services (but not necessarily job skills training services) provided either at the work site or away from the work site to perform the work. Job placement may not necessarily be a permanent employment outcome for the individual.

Transitional Services means a coordinated set of activities for a child with a disability that is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education; vocational education; 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 child's needs, taking into account the child'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 child is determined eligible for VR services, the child's IPE should be developed as early as possible during the transition process but no later than when the child exits the school setting.

Transportation - means necessary travel and related expenses in connection with transporting individuals with disabilities and their attendants or escorts for the purpose of providing VR services under the State Plan and may include relocation and moving expenses necessary for the achievement of a VR objective.

Visual services - means visual training, examination and services necessary for the prescription and provision of eyeglasses, contact lenses, microscopic lenses, telescopic lenses and other special visual aids, as prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select.

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CHECKLIST = TECHNICAL ASPECTS OF THE CASE

Client Name	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 _____

PLEASE PRINT AND USE BLACK INK TO COMPLETE

Rev. 9/05

ARKANSAS VOTER REGISTRATION APPLICATION

Check all that apply:
____ **This is a new registration.**
____ **This is a name change.**
____ **This is an address change.**
____ **This is a party change.**

Office Use Only

Assigned ID

1 Mr. Mrs. Miss Ms. | Last Name | Jr. Sr. II. III. IV. | First Name | Middle Name

2 Address Where You Live (See Section "C" Below) (Rural addresses must draw map.) | Apt. or Lot # | City/Town | County | State | Zip Code

3 Address Where You Receive Mail If Different From Above | Apt. or Lot # | City/Town | County | State | Zip Code

4 Date of Birth _____/_____/_____ **Month Day Year**

5 Home & Work Phone Numbers (Optional) **(H)** **(W)**

6 Party Affiliation (Optional)

7 ID Number - Check the applicable box and provide the appropriate number.
☐ Driver's license number _____
☐ **If you do not have a driver's license provide the last 4 digits of social security number** _____
☐ I have neither a driver's license nor social security number.

8 Have you ever voted in a federal election in this State? ☐ Yes ☐ 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.

9
(A) Are you a citizen of the United States of America and an Arkansas resident?
☐ Yes ☐ No
(B) Will you be eighteen (18) years of age or older on or before election day?
☐ Yes ☐ No
(C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction?
☐ Yes ☐ 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?
☐ Yes ☐ No
(E) Do you claim the right to vote in another county or state?
☐ Yes ☐ No
If you checked **No** in response to either questions A or B, do not complete this form.
If you checked **Yes** 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.

10 **Date:** _____/_____/_____ **Month Day Year**
If applicant is **unable to sign his/her name,** provide name, address and phone number of the person providing assistance:
Name:_____ Address:_____
City:_____ State:____ Phone#:_____

Please complete the sections below if:
- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

MAIL REGISTRANTS: PLEASE SEE SECTION D.

Agency Code (For Official Use Only)

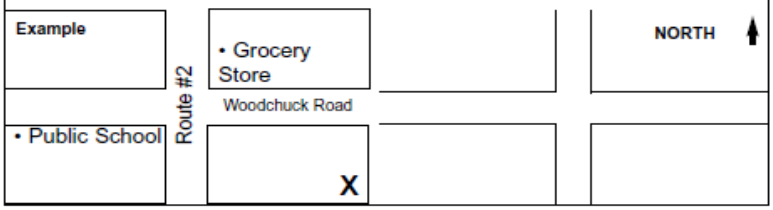
A Mr. Mrs. Miss Ms. | Previous Last Name | Jr. Sr. II. III. IV. | First Name | Middle Name(s)

Date of Birth _____/_____/_____ **Month Day Year**

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.

C
- Write in the names of the crossroads (or streets) nearest where you live.
- Draw an "X" to show where you live.
- Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.



D

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

Voter Registration Site Monthly Reporting Form
Voter Registration
P.O. Box 8111
Little Rock, Arkansas 72203-8111

Charlie Daniels, Secretary of State

Elections Division
Voter Services

1-501-682-1686
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.

ARKANSAS REHABILITATION SERVICES
INFORMED CONSENT (RS-375)

Client Name _____ _____
(Last) (First) (MI) Social Security Number

Authorization is hereby granted for referral of the above named individual to the Arkansas Rehabilitation Services. As parent/guardian I understand that in order to determine eligibility and required services to achieve a vocational goal, a comprehensive evaluation may be required. My signature authorizes the Arkansas Rehabilitation Services to conduct such an evaluation including medical, mental health, psychological, and/or vocational assessments.

Authorization is also granted to _____
(school, agency, clinic)

to release information in the record of the above named individual to the Arkansas Rehabilitation Services

(Counselor) _____

(Address) _____
_____

Type of information to be disclosed:
- ☐ Medical
- ☐ Psychological
- ☐ Vocational
- ☐ Other (specify) _____

Purpose for such disclosure:
- ☐ Establish eligibility
- ☐ Develop VR plan
- ☐ Determine treatment need/type
- ☐ Other (specify) _____

I understand the purpose(s) for which my consent is being requested. I understand that giving consent for the above stated purpose(s) is voluntary on my part and may be revoked at any time.

_____ _____
Parent/Guardian Signature Date

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)

RS-4
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Rev.10/1/06

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	CURRENT CODE 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	GENDER FEMALE
			☐	☐

RACE/ETHNICITY
WHITE ☐ BLACK/AFRICAN AMERICAN ☐ AMERICAN IND/ALASKA NATIVE ☐
ASIAN ☐ NATIVE HAWAII/OTHER ISLAND ☐ HISPANIC/LATIN ☐

PRIMARY RACE/ETHNICITY

WHAT IS YOUR PREFERRED RACE/ETHNICITY?

REFERRAL SOURCE	REFERRAL SOURCE CODE

MEDICAL INSURANCE COVERAGE AT APPLICATION
MEDICAID ☐ MEDICARE ☐ WORKERS' COMPENSATION ☐
PRIVATE THRU OWN EMPLOYMENT ☐ PRIVATE THRU OTHER MEANS ☐

DIRECTIONS (IF APPLICABLE):

2. DISABILITY FACTORS

PRIMARY DISABILITY	DIS. CODE	AGE AT ONSET	CAUSE:

LAST TREATMENT/EXAMINATION

N/A	DATE	BY WHOM:	LOCATION:
☐			

SECONDARY DISABILITY	DIS. CODE	AGE AT ONSET	CAUSE:

LAST TREATMENT/EXAMINATION

N/A	DATE	BY WHOM:	LOCATION:
☐			

PROSTHESIS USED

NO	KIND	DATE FITTED	CONDITION	MANUFACTURER
☐				

PRIMARY PHYSICIANS

3. SOCIAL FACTORS

MARITAL STATUS
☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Not Available

HOUSEHOLD MEMBERS - NAME	DATE OF BIRTH	RELATIONSHIP	EMPLOYMENT

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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 IN HIGH SCHOOL	YEAR	NAME AND LOCATION OF INSTITUTION	IEP
			☐

OTHER TRAINING OR COURSE	YEAR	NAME AND LOCATION OF INSTITUTION	

5. VOCATIONAL FACTORS

CURRENTLY EMPLOYED ☐ Yes ☐ 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:
☐ YES	☐ NO	

PREVIOUS EMPLOYMENT

6. COMPARABLE BENEFITS

TYPE		CODE	YES
1. PRIVATE INSURANCE COMPANY:		001	☐
POLICY NUMBER:			
2. MEDICAID		002	☐
3. MEDICARE		004	☐
4. STATE WORKERS COMPENSATION		010	☐
5. PELL GRANT		020	☐
6. VA BENEFITS TYPE:	VETERAN ☐ YES ☐ NO	040	☐
7. FEDERAL WORKERS COMPENSATION		200	☐
8. CHILDREN'S MEDICAL SERVICES		400	☐
	COMPARABLE BENEFIT CODE TOTAL		

E-11

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 _____ DATE _____

E-11

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.

RS-307

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:
   ☐ History & Physical Examination
   ☐ Discharge Summary
   ☐ Office
   ☐ Laboratory Results
   ☐ Consultation Reports regarding _____
   ☐ Vocational Records
   ☐ Other _____
   ☐ Medication List
   ☐ List of Allergies
   ☐ Immunization Record
   ☐ X-Ray and Imaging Reports
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

Counselor Name _____ Counselor # _____ Location _____

To Be Completed by Counselor

Name _____ Birth date _____

Primary Physician _____ _____
Name Location

INDIVIDUAL'S DESCRIPTION OF DISABILITY:

COUNSELOR OBSERVATIONS:

TO BE COMPLETED BY PHYSICIAN (FRONT AND BACK)

PRIMARY DISABLING CONDITION:

CHARACTERISTICS OF DISABLING CONDITION (Check as indicated)

Permanent ☐ Temporary ☐ Stable ☐ Improving ☐
Slowly Progressive ☐ Rapidly Progressive ☐

MAJOR DISABLING CONDITION CAN BE:

Removed by treatment: Yes ☐ No ☐
Substantially reduced by treatment: Yes ☐ No ☐

SECONDARY (AND OTHER) DISABLING CONDITIONS:

PHYSICAL CAPACITIES: (USE SYMBOLS (X) LIMITATIONS (O) TO BE AVOIDED AS APPROPRIATE UNDER "PHYSICAL ACTIVITIES" AND "WORKING CONDITIONS")

PHYSICAL ACTIVITIES: Walking ☐ Standing ☐ Stooping ☐ Bending ☐
Kneeling ☐ Lifting ☐ Reaching ☐ Pushing ☐ Pulling ☐
Other (specify) _____

WORKING CONDITIONS:

Outside ☐ Inside ☐ Humid ☐ Dry ☐ Dusty ☐ Temperature Extremes ☐
Other (specify) _____

DEFICITS IN FUNCTIONAL CAPACITY AREAS: (check appropriate term –term description on back)

Mobility ☐ Communication ☐ Self-care ☐ Self-direction ☐
Interpersonal Skills ☐ Work Tolerance ☐ Work Skills ☐

RECOMMENDATIONS: (Indicate as Appropriate)

SPECIALIST EXAMINATION ADVISABLE FOR COMPLETENESS OF DIAGNOSIS OR PROGNOSIS (SPECIFY TYPE) _____

TREATMENT (SPECIFY TYPE AND APPROXIMATE DURATION)

OTHER _____

ARKANSAS REHABILITATION SERVICES
GENERAL MEDICAL ASSESSMENT

REMARKS:

HISTORY AND PHYSICAL

	PROBLEM INDICATED		DESCRIPTION OF PROBLEM
HEENT	No ☐	Yes ☐	
VISION	No ☐	Yes ☐	
HEARING	No ☐	Yes ☐	
LUNGS	No ☐	Yes ☐	
HEART (BP _____)	No ☐	Yes ☐	
ORTHOPEDIC	No ☐	Yes ☐	
NEUROLOGICAL/MENTAL STATUS	No ☐	Yes ☐	
OTHER	No ☐	Yes ☐	

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	☐	☐
Documentation of morbid obesity at least 5 years	☐	☐
BMI 55 or Greater	☐	☐
Co-Morbid Conditions:		
Uncontrolled Diabetes Mellitus	☐	☐
Uncontrolled Hypertension	☐	☐
Sleep Apnea	☐	☐
Hypoventilation	☐	☐
Cardiac Failure	☐	☐
Arthritis (Low Back, Legs, Feet)	☐	☐
Reflux Esophagitis	☐	☐
Varicose Veins	☐	☐
Documentation from treating physician of success or failure in a Structured weight loss program for 1 year while under his/her care	☐	☐
Examination by a surgeon proficient in bariatric surgery With recommendation for surgery	☐	☐
Mental Health Assessment	☐	☐
Signed Local Medical Consultant Worksheet	☐	☐
Signed memorandum of understanding by the client	☐	☐
Has realistic expectations	☐	☐
Understands & agrees to long term follow-up	☐	☐
Understands postoperative restrictions	☐	☐
Documentation of eligibility and order of selection criteria	☐	☐
Signed memorandum of understanding by the client	☐	☐
Case narrative documentation of counseling issues	☐	☐
Approval of District Manager	☐	☐

Comments:

GASTRIC BYPASS CHECKLIST INSTRUCTIONS

Form completion is self-explanatory.

Form RS-3g
Revised 10-06

ARKANSAS REHABILITATION SERVICES
MEDICAL CONSULTANT WORK SHEET

Client _____ Date _____

Vocational Objective _____

		Yes	No	Recommendation	Date of Re-evaluation
I.	**Diagnosis**				
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.	**Prognosis**				
A.	Is disability "static?"				
B.	Can major disability be removed or substantially reduced by treatment in a reasonable length of time?				
III.	**Rehabilitation Plan**				
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.

ARKANSAS REHABILITATION SERVICES
CERTIFICATE OF ELIGIBILITY

NAME: _____ _____
(LAST) (FIRST) MI SOCIAL SECURITY NUMBER

IN ACCORDANCE WITH THE REHABILITATION ACT OF 1973 AS AMENDED, IT IS DETERMINED THAT THE ABOVE NAMED INDIVIDUAL IS AN INDIVIDUAL WHO:

Y (1) HAS A PHYSICAL OR MENTAL IMPAIRMENT OF

WHICH CAUSES LIMITATIONS OF

AND CONSTITUTES OR RESULTS IN A SUBSTANTIAL IMPEDIMENT TO EMPLOYMENT, AND

☐ (2) A. IT IS NECESSARY TO PROVIDE TRIAL WORK EXPERIENCE/EXTENDED EVALUATION/ASSESSMENT SERVICES TO DETERMINE IF VOCATIONAL REHABILITATION SERVICES MAY BENEFIT THE INDIVIDUAL IN TERMS OF EMPLOYMENT OUTCOME,

. EE SERVICES:

COUNSELOR NAME COUNSELOR SIGNATURE NO DATE

☐ B. CAN BENEFIT IN TERMS OF AN EMPLOYMENT OUTCOME FROM VOCATIONAL REHABILITATION SERVICES

. VR SERVICES:

COUNSELOR NAME COUNSELOR SIGNATURE NO. DATE

THE INDIVIDUAL REQUIRES VOCATIONAL REHABILITATION SERVICES TO PREPARE FOR, ENTER, ENGAGE IN, OR RETAIN GAINFUL, EMPLOYMENT.

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 5th 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	$
3. **TOTAL**	**$**

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)	$
13. **TOTAL** (Lines 4 -12)	**$**

III. NORMAL LIVING REQUIREMENTS

(Do not complete for SSI/SSDI Recipients)

	Amount
14. Family Group (See NLR Chart).	$
15. Special Conditions	$
16. Special Conditions	$
17. **TOTAL** (Lines 14-16)	$

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)	$
21. **TOTAL** (Lines 19 & 20)	**$**

V. COMPARABLE BENEFITS

	Yes	No	Amount**
22. Medicaid	☐	☐	$
23. Medicare	☐	☐	$
24. Pell Grant	☐	☐	$
25. Insurance	☐	☐	$
26. VA (Educ/Trng. Only)	☐	☐	$
27. Worker's Compensation	☐	☐	$
28. Other (Specify)	☐	☐	$
	☐	☐	$
	☐	☐	$
29. **TOTAL** (Lines 22 - 28)			**$**

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.

Number of Persons	Monthly Amount
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.

ARKANSAS REHABILITATION SERVICES
INDIVIDUALIZED PLAN FOR EMPLOYMENT

1. _____ _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) SOCIAL SECURITY NUMBER

2. ☐ VR SERVICES ☐ TRIAL WORK EXPERIENCE/EXTENDED EVALUATION ☐ INDEPENDENT LIVING SERVICES

3. A. SPECIFIC EMPLOYMENT OUTCOME/IL GOAL: _____ B. SOC Code _____

C. SERVICE INITIATION DATE: _____ PROJECTED COMPLETION DATE: _____

D. ESTIMATED STARTING SALARY: _____ E. IF REQUIRED, IS INDIVIDUAL WILLING TO RELOCATE? ☐ YES ☐ NO

F. 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.

SERVICE	ESTIMATED DATE TO Initiated Mo/Yr	Completed Mo/Yr	SERVICE PROVIDER	METHOD TO PROCURE SERVICES Arrang	Provide	Purchase	COST ESTIMATE Cost	Comparable
☐ COUNSELING				☐	☐	☐		
☐ EVALUATION/ASSESS				☐	☐	☐		
☐ PLACEMENT				☐	☐	☐		
☐ FOLLOW-UP				☐	☐	☐		
☐ POST-EMPLOYMENT				☐	☐	☐		
☐ TECHNOLOGY SERVICE				☐	☐	☐		
☐				☐	☐	☐		
☐				☐	☐	☐		
☐				☐	☐	☐		
☐				☐	☐	☐		
☐				☐	☐	☐		
			TOTAL					
			UNMET NEEDS					
			INDIVIDUAL'S CONTRIBUTION					
			TOTAL AGENCY SUPPLEMENTATION					

6. THIS PLAN FOR EMPLOYMENT WAS DEVELOPED BY
☐ MYSELF ☐ WITH REHABILITATION COUNSELOR ASSISTANCE ☐ WITH OTHER TECHNICAL ASSISTANCE

7. IT IS UNDERSTOOD AT LEAST ONCE EACH 12 MONTHS FOR ACTIVE CASES AND EACH 90-DAY PERIOD FOR CASES IN TRIAL WORK EXPERIENCE/EXTENDED EVALUATION, THERE WILL BE A REVIEW OF THIS PROGRAM AT WHICH TIME I WILL HAVE THE OPPORTUNITY TO JOINTLY REDEVELOP TERMS.

DATE OF REVIEW IS: _____

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.

INDIVIDUAL'S SIGNATURE	DATE	COUNSELOR'S SIGNATURE	NUMBER	DATE

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 REHABILTATION 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	
			INITIATED		COMPLETED							
Add	Delete	SERVICES	MO.	YR.	MO.	YR.		Arrange	Provide	Purchase	Cost	Comparable
☐	☐							☐	☐	☐		
☐	☐							☐	☐	☐		
☐	☐							☐	☐	☐		
☐	☐							☐	☐	☐		
							TOTAL					
							UNMET NEEDS					
							INDIVIDUAL'S CONTRIBUTION					
							TOTAL AGENCY SUPPLEMENTATION					

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

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.

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.

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

Name:_____ _____
(Last, First, MI) Social Security Number

Date: _____

Received of the Rehabilitation Services the following property: i.e. durable medical equipment, educational tools, occupational equipment, etc):

Receipt of the items listed above is hereby acknowledged, and it is understood that such property has been supplied sole for the rehabilitation of the undersigned, who agrees to keep such property in good condition and available for inspection at all reasonable times, and recognizes that the right and title to the occupational tools and/or equipment is vested in the Rehabilitation Services until such time as title may be released. It is understood that this property is not to be mortgaged, sold, given away, or in any way disposed of until title is released by Arkansas Rehabilitation Services. If, before title is released, the property is no longer being used for the purpose for which it was provided, it shall be returned to the Rehabilitation Services.

RECEIVED

_____ _____ _____
Signature of Counselor No. Date Signature of Individual

RELEASED

_____ _____ _____
Signature of Counselor No. Date Signature of 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 (Neuropsy/ 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.

ARKANSAS REHABILITATION SERVICES
AUTHORIZATION FOR ADJUSTMENT SERVICES

Check One
☐ Work Adjustment
☐ Extended Services
_____ Months

Client's Last Name	First Name	Initial	Case Number

I authorize _____ (Facility) _____ (Facility Code) to provide

Adjustment Services effective _____ (Date) I have

reviewed and approved a Service Plan completed by the workshop staff.

The Plan contains:

1. Documentation the client was involved in plan development.
2. An acceptable overall goal which names the ultimate purpose of this phase of programming. It is stated in terms of competitive employment, Work Adjustment, Extended Services, other training, i.e., vocational technical, ACTI, on job training, specific skills training.
3. Program goals stated in terms of how the overall goal will be achieved. They are stated behaviorally and define what the client 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. The name of the CRP staff member who has the responsibility to coordinate the rehabilitative process, make reports and change the plan when necessary.

Counselor's signature	Counselor's #	Date

Distribution: Client file in Local ARS Office
Client file in the CRP
ARS Community Program Development Section

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.

RS-15
Revised 10-06

ARKANSAS REHABILITATION SERVICES
TRAINING PROGRESS REPORT

NOTE—THIS REPORT MUST ACCOMPANY ANY CLAIM FOR PAYMENT OF TUITION OR OTHER CHARGES

Name of Trainee _____ Month ending _____

Name of Course _____

1. Number of Days Present—(For full-time trainee) _____ days of _____ days offered.
   Number of Hours Instruction Given—(For part-time or tutorial) _____ hours of _____ hours offered.

Check with "X" the word or words best describing items 2 ,3, 4 ,5, and 6

2.: Regularity of Attendance—This month:
- No time lost . . . . . _____
- Occasional absences (3 or less.) . . _____
- Irregular (4 or more) . . . . . _____
- Were absences excusable? Yes ____ No _____

3. Status of Trainee—This report:
- In training . . . . . _____
- In training but ready for job . . . . . _____
- In employment . . . . . _____
- Discontinued . . . . . _____

4. Progress This Month:
- Accelerated . . . . _____
- Average . . . . . _____
- Slow . . . . . _____
- No progress . . . . _____

5. Quality of Work:
- Excellent . . . . _____
- Good . . . . . _____
- Fair . . . . . _____
- Poor . . . . . _____

6. Cooperation in Training
- Cooperative . . . . . _____
- Fairly cooperative . . . . . _____
- Indifferent. . . . . _____
- Not cooperative. . . . . _____

7. Difficulties (If any, check below and explain briefly on back of this form):

(a) With training course: _____
- Learning subject matter _____
- Following instructions _____
- Handling tools or machines _____
- Speed _____
- Accuracy _____

(b) Other difficulties:
- With disability _____
- With appliance _____
- With general health _____
- With other (Describe) _____

8. Subjects or Operations This Month—With grades (If in employment training, rate performance as Good, Fair, or Poor):

Subjects or Operations	Grade or Rating	Subjects or Operations	Grade or Rating

9. In your judgment, does trainee have the talent, personality, education and other qualifications necessary to succeed in this kind of work? _____ If not, explain: _____

10. Has trainee begun to earn a wage? _____

11. How much more time will trainee require (approximately) to complete training?_____ _____

12. Recommendations for improving performance_____

Training Agency _____

Address _____

(Date) _____ (Signed) _____
Officer or Instructor in Charge

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.

_____ Deafness (or)
_____ Severe Hearing Loss
_____ Speech Problem, severe
_____ Mental /Emotional Problem
_____ Learning Problem
_____ Drug/Alcohol Problem
_____ Epilepsy
_____ Tuberculosis
_____ Sickle Cell Anemia
_____ Diabetes
_____ Overweight, severe
_____ High Blood Pressure
_____ Rheumatic Fever

_____ Asthma, severe
_____ Cancer
_____ Osteomyelitis
_____ Heart Impairment
_____ Lung Impairment
_____ Arthritis
_____ Curved Spine
_____ Physical Deformities
Specify _____
_____ Amputation
Specify _____
_____ Other
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? ☐Yes ☐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? ☐Yes ☐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 F
SUBSTANCE FREE POLICY

Page

Purpose F-1

Scope F-1

Policy F-1

ARS Customer Responsibility F-1

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Disciplinary Action F-3

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SUBSTANCE FREE POLICY

PURPOSE

ARS desires to create an environment that protects the public health and safety of ARS customers and staff as it relates to substance use. The purpose of this policy is to assure ARS customers with disabilities have available vocational rehabilitation services to assist them in becoming employed without the risk of being affected by others utilizing drugs, alcohol or other substances. The potential for violence in the school or workplace is very real. This is exacerbated by the prevalence of illegal substances among our customers. It is our obligation to employees and other customers that the ARS experience is provided in the safest and most positive settings possible.

SCOPE

This policy is applicable to all customers seeking, applying for or receiving assistance from ARS.

POLICY

Unlawful manufacturing, distributing, dispensing, possession of, or the use of a controlled substance, illegal use of substances (drugs, alcohol, inhalants and steroids) while on any statewide agency premises or actively participating in an ARS program is prohibited. Any ARS customer violating this policy will be subject to disciplinary action.

The specifics of this policy are:

Transfer, sale, manufacture or use of a controlled substance, illegal use of substances and/or alcohol to minors by an ARS customer can be grounds for disciplinary action.

Use of prescription drugs other than prescribed by a licensed health care professional is not permitted, and abuse of prescribed drugs other than the prescribed amount.

Abuse of other substances, such as abuse of inhalants and steroids is not permitted.

The use of alcohol is not permitted on state premises or during the delivery of services away from state premises.

ARS CUSTOMER RESPONSIBILITY

- ARS customers seeking, applying for or receiving vocational rehabilitation services or pre-employment related services may receive a request from ARS to submit to a drug test, alcohol test or reasonable-suspicion testing.
- ARS customers refusing to submit to testing may be subject to disciplinary action.

- ARS customers with alcohol breath test confirmation of a breath alcohol content .08 percent or more will be subject to disciplinary action.
- ARS customers residing at ACTI may be required to return to their field counselor for assistance with counseling and/or treatment.
- ARS customers who reside at ACTI may randomly have their premises searched by a drug dog or designated personnel as deemed necessary by the ACTI Administrator. The customer will be asked to be present at the time of the search.
- ARS customers are required to inform the agency within (5) days after a conviction related to substance use, where the violation occurred on the statewide agency premises or while in a program being funded by ARS. A conviction means a pleading or finding of guilt (including a plea of nolo contendere) or a sentence by a court of competent jurisdiction.
- ARS customers may be required, as part of resuming services under their Individual Plan of Employment, to successfully finish a substance abuse rehabilitation program sponsored by an approved private or governmental institution or 12-Step Recovery Program. ARS may, with agreement between the customer and counselor, provide assistance with such a program.
- ARS customers entering a training/internship/apprenticeship or employment related program, requiring drug or alcohol screening as part of the process that do not pass the screening are subject to disciplinary action.
- ARS customers who are high school students fall under both their school policies and this policy while actively participating in an ARS program.

SCREENINGS

ARS designated staff will be required to assure these tests are performed by a certified laboratory and reviewed by an official health professional for interpretation. ARS will provide payment for the required testing procedures under the arrangement of the counselor. For students at Arkansas Career Training Institute (ACTI), samples will be collected by the ACTI Hospital Laboratory during working hours or by a certified laboratory after hours and the testing will be completed by a non-agency laboratory.

TYPES OF TESTS

- Drug Test(s) includes urine and/or blood specimen*
- Alcohol Test(s) includes breath analysis, urine and/or blood specimen*
- Confirmation Test
- Reasonable –suspicion testing

*Specimens will be collected in conformance with Hospital Licensing Regulations.

DISCIPLINARY ACTION

An ARS customer who violates this policy may be disciplined in one or more of the following ways:

- a behavioral contract
- referral for substance abuse counseling
- referral to a substance abuse rehabilitation program
- referral to a 12-Step Program of Recovery
- Suspension or termination of services, in accordance with 29 USC § 705 Sec. 102 (c) (7) Impact on Provision of Services

ARKANSAS REHABILITATION SERVICES
SUBSTANCE FREE POLICY

As a customer of Arkansas Rehabilitation Services (ARS), I hereby certify, from my signature below, that I have received a copy of the agency's policy regarding the Substance Free Policy. (This has been provided in the appropriate format.) I understand that unlawful manufacturing, distributing, dispensing, possession of, or the use of a controlled substance, illegal use of substances while on any statewide agency premises or actively participating in an ARS program is prohibited. I understand a violation of this policy will subject me to disciplinary action.

The policy has been explained to me clearly, I understand my responsibilities, and I agree to abide by the terms of this policy. I confirm that my guardian(s) or I have been provided a copy.

Customer's Signature: _____

Parent/Guardian _____

Customer's Printed Name _____

SSN: _____

Date: _____

SUBSTANCE FREE POLICY DEFINITIONS

ARS refers to Arkansas Rehabilitation Services.

Customers refer to ARS customers with disabilities, which include referrals, applicants and those receiving VR services.

Drug and illegal use of drugs as described by the Rehabilitation Act as amended:

(A) **Drug** --The term "**drug*"*** means a controlled substance, as defined in Schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812).

(B) **Illegal use of drugs** --The term **"illegal use of drugs"** means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act. Such term does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of Federal law. (29 USC § 705 Sec. 6. (10))

Right and advocacy provisions as described by the Rehabilitation Act as amended:

> In general exclusion of individuals engaging in drug use. — For purposes of title V of this chapter, the term **individual with disability** does not include an individual who is currently engaging in the illegal use of drugs, when a covered entity acts on the basis of such use. Exception for individuals no longer engaging in drug use.
>
> Nothing in clause:
>
> (I) shall be construed to exclude as an individual with a disability, an individual whom has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully and is no longer engaging in such use;
>
> (II) is participating in a supervised rehabilitation program and is no longer engaging in such use; or
>
> (III) is erroneously regarded as engaging in such use, but is not engaging in such use; except that it shall not be a violation of this Act for a covered entity to adopt or administer reasonable policies or procedures, including but not limited to drug testing, designed to ensure that an individual described in subclause (I) or (II) is no longer engaging in the illegal use of drugs.

EXCLUSION FOR CERTAIN SERVICES

Notwithstanding clause (I), for purposes of programs and activities providing health services and services provided under titles I, II, and III, an individual shall not be excluded from the benefits of such programs or activities on the basis of his or her current illegal use of drugs if he or she is otherwise entitled to such services.

Disciplinary action. For purposes of programs and activities providing educational services, local educational agencies may take disciplinary action pertaining to the use or possession of illegal drugs or alcohol against any student who is an individual with a disability and who currently is engaging in the illegal use of drugs or in the use of alcohol to the same extent that such disciplinary action is taken against students who are not individuals with disabilities Furthermore, the due process procedures at section 104.36 of title 34, Code of Federal Regulations (or any corresponding similar regulation or ruling) shall not apply to such disciplinary actions.

Employment; exclusion of alcoholics. For purposes of sections 503 and 504 as such sections relate to employment, the term individual with a disability does not include any individual who is an alcoholic whose current use of prevents such individual from the duties of the job in question or whose employment, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others. (29 USC § 705 Sec. 6 (20) (C))

Drug Test means any chemical, biological or physical instrument analysis administered by a laboratory authorized to do so pursuant to this policy for the purpose of determining the presence or absence of a drug or its metabolites pursuant to regulations governing drug testing adopted by the Department of Transportation or such other recognized authority approved by rule by the Commissioner.

Alcohol Test means an analysis of breath, urine or blood or any other analysis, which determines level or absence of alcohol as authorized by the Department of Transportation in it rules and guidelines concerning alcohol and drug testing. A breath test will consist of using an Evidential Breath Test Device approved by the National Highway Traffic Safety (NHTSA) for evidential testing of breath of alcohol content. (49 C.F.R. 40 Part 40.3)

Confirmation Test- In drug testing, a second analytical procedure to identify the presence of a specific drug or metabolite. This test is independent of the previous screening test and uses a different technique and chemical principle from that of the screening test in order to ensure reliability and accuracy.

Gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine.) In alcohol testing, a second test, following a screening test with a result of 0.02 or greater that provides quantitative data of alcohol concentration. (49 C.F.R. 40 Part 40.3)

Prescribed medication means medication prescribed by licensed health care professional.

Reasonable-suspicion testing means drugs, alcohol or other substance testing. This testing is based on a belief that an ARS customer is using or has used drugs, alcohol or other substances in violation of the covered policy drawn from specific objective, articuable facts, and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon:

Observable phenomena while on ARS premises such as observation of drug, alcohol or other substance use or of the physical symptoms or manifestation of being intoxicated as defined in ACA § 5-2-207

Abnormal conduct or erratic behavior while on ARS premises or a significant deterioration in performance as it relates to ARS services or causes a critical incident;

A report of drug, alcohol or other substance use provided by a reliable and credible source;

Evidence that an ARS customer tampered with a drug test, alcohol test or other substance test;

Information that the ARS customer has used, possessed, sold solicited, or transferred drugs, alcohol or other substances while being on ARS premises or while operating ARS vehicles, machinery or equipment.

Specimen means tissue, fluid, or a human product of the human body capable of revealing the presence of substance used or their metabolite levels.

Substance Abuse Rehabilitation Program means a service provider that provides confidential, timely and expert identification, assessment, and resolution to the ARS customers substance abuse. This program will be an approved private or governmental institution for the treatment of substance abuse.

Other Designated Staff refers to ARS staff approved by the Commissioner, who is responsible to assure a Substance Free ARS environment. These staff will be responsible for maintaining control and accountability from the initial collection of information to the final disposition of the situation. Also, accountable for each stage of handling, testing and storing specimens and reporting test result.

Other Substances means inhalants and steroids.

Inhalants means a product that

1. may be a legal, commonly available product; and
2. has a useful purpose but can be abused, such as spray paint, glue, gasoline, correction fluid, furniture polish, a felt tip marker, pressurized whipped cream, an air freshener, butane, or cooking spray.

Legal Steroids, which may be misused, are:

Anabolic steroid is the familiar name for synthetic substances related to the male sex hormones (androgens). They promote the growth of skeletal muscle (anabolic effects) and the development of male sexual characteristics (androgenic effects), and also have some other effects.

Steroid Supplements, such as dehydroepian-drosterone (DHEA) and androstenedione (street name Andro) can be purchased legally without a prescription through many commercial sources including health food stores. They are often referred to as dietary supplements, although they are not food products.

APPENDIX G
EXCEPTIONS TO SERVICE PROVISION POLICY

Exceptions to Service Provision Policy

The provision of VR services is based on the rehabilitation needs of the individual, as those needs are identified in the IPE and consistent with the individual's informed choice. Although it is not the intent of ARS to limit services to any individual, thresholds (maximum allowable amounts) have been established for some services. ARS recognizes that some individuals with disabilities have unique needs, which may need to be considered as an exception to the normal policy. These individuals are informed and provided an opportunity to request an exception to service provision policies due to extenuating circumstances.

Special approval by the District Manager is necessary for an exception. The District Manager may approve an exception to the threshold (maximum allowable amount) for a specific service.

The individual is informed of the policy of exceptions to service provision policy and the procedure to request an exception by the Agency. This information is available on the application for services (RS-4), and in the Client Handbook that is provided to each applicant.

PROCEDURES – EXCEPTIONS

- When the counselor becomes aware of the client's extenuating circumstances, the counselor will inform the individual of the procedure to request an exception to a service provision policy.
- The counselor will complete Part 1 of the Request for Exception to Service Provision Policy form to inform the District Manager of the extenuating circumstances that might justify an exception to the service provision policy. (See Request for Exception to Service Provision Policy form in Appendix E)
- After a review of the request for the exception, the District Manager will respond to the Counselor with the decision by completing Part 2 of the Request for Exception to Service Provision Policy form. The District Manager will provide a copy to the Chief of Field Services.
- The counselor will contact the client by telephone, letter or email to arrange an appointment to discuss the District Manager's decision.
- The counselor will document in the case notes the action taken.
- The completed, original Request for Exception to Service Provision Policy form will be filed under the (IPE) Tab 6.
- The individual will be informed of the right to appeal the outcome of the decision if not in agreement.

Request for Exception to Service Provision Policy

Part 1 (To be completed by the Counselor):

Client Name _____ SSN _____

The above named individual is requesting an exception to the service provision policy due to the following extenuating circumstances:

Counselor Signature _____ # _____ Date_____

Part 2 (To be completed by the District Manager):

(The District Manager will record his/her decision below stating the reason (s) for the decision and will sign and date. This original will be returned to the Counselor. The District Manager will send a copy to the Chief of Field Services.)

District Manager Signature _____ Date_____

APPENDIX H
ARKANSAS TRANSITION PILOT PROJECT

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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 10th 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 10th 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 though 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

Page

ARS Physical and Mental Restoration Fees..... I-1

Supported Employment Milestone Fees..... I-1

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

TRAINING AREA	*HOURS*	*WEEKS*	*MONTHS*	*$ PER HR*	*R&B X 960*	*STUDENT ISSUE*	*TUITION HRS*	*TOTAL*
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