

## **Appendix B. Special Programs**

Hereinafter, any reference to "ARIMIS" and "ARIMIS timelines" shall be replaced with the term "the case management system." Furthermore, any and all references to the term "case notes" shall be replaced with the term "case narrative."

Hereinafter, any reference to "Hot Springs Rehabilitation Center (HSRC)" shall be replaced with the term "Arkansas Career Training Institute (ACTI.)" Furthermore, any and all references to the term "SEAT" shall be replaced with "AT @ Work."

### **Pages**

**B-1 to B-4** Delete and replace Ticket to Work information.

**B-8 to 9** Delete Association of Rehabilitation, Industry and Business, Inc information

**B-9 to B-10** Delete Deaf Access Employment Center

**B-10 to B-11** Delete and Replace Learning and Evaluation Center with new language

**B-13 to B-14** Delete and Replace Increasing Capabilities Access Network (ICAN) with new language

**B-15 to B-17** Delete and Replace Successful Employment Through Assistive Technology (SEAT) with new language

**B-18** Update Telecommunication Access Program

**B-22 ORDER OF SELECTION INFORMATION FOR TRANSITION SERVICES** delete a bullet.

**B-25 to B-28** Delete and Replace Arkansas Kidney Disease Commission (AKDC) with new language

**B-29** Added Supported Housing Office description.

## TICKET TO WORK

Clients that receive SSI or 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 CO.
  - 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 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 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.

~~The following guidelines will assist the VR counselor in the use of the SSA Ticket to Work program. The Ticket Program and the payment mechanisms built into the program~~

should not influence the rehabilitation counseling process. Decisions regarding services to be provided by ARS should not be impacted by the individual's decision to assign or not assign the Ticket to ARS.

## **INTAKE**

During the intake process the counselor will identify if the individual is a SSI/SSDI recipient. If the individual is an SSI/SSDI beneficiary the counselor will ask if the individual has received a Ticket.

### **(1) If the individual has a Ticket:**

- The counselor will discuss assignment of the Ticket **during the intake process**. If the individual brings the Ticket, the counselor will call Maximus toll-free #1-866-968-7842/TDD 1-866-968-2967 to verify that the individual has a valid ticket to assign. If valid, the counselor will retain the Ticket and keep it in the individual's file.
- The counselor will refer the individual to the ARS Benefits liaison using the Benefits Planning Referral Form for counseling regarding the potential impact of an employment plan on their benefits and medical coverage.
- The counselor will complete the ARS Ticket Assignment Registration Form and forward to the ARS Ticket Administrator. A copy of the Ticket Assignment registration form will be retained in the case file.

### **(2) If the individual does not have a Ticket or does not know if they have a Ticket:**

- The counselor will call Maximus toll-free #1-866-968-7842/TTD 1-866-968-2967 to verify if the individual has a valid Ticket to assign. If the counselor is unable to verify if the individual has a Ticket, the counselor should contact the ARS Ticket Administrator for assistance.
- If the ticket is verified, the counselor will complete the ARS Ticket Assignment Registration Form and forward to the ARS Ticket Administrator. A copy of the Ticket Assignment registration form will be retained in the case file.
- The counselor will refer the individual to the ARS Benefits Liaison using the Benefits Planning Referral Form for counseling regarding Ticket options and the potential impact of an employment plan on their benefits and medical coverage.
- If the individual chooses to assign the Ticket to ARS, they will be referred to an ARS VR Counselor.
- If the individual chooses not to assign the Ticket to ARS, but would like to receive ARS VR services, the individual will be referred to an ARS VR Counselor.

- ~~If the individual chooses not to assign the Ticket to ARS, and does not want to receive ARS VR services, the individual will be referred to an ARS VR Counselor and the case will be closed Status 08.~~

## **PLAN COMPLETION AND PAYMENT METHOD**

~~When the counselor and individual complete and sign the IPE, Form 1366 are also completed, and the reimbursement payment method option is chosen:~~

### ~~1) The individual assigns the Ticket to ARS:~~

- ~~**Pilot Payment Program:** The District Manager in each ARS Field Office will designate one VR counselor to Pilot the Milestone Payment System under the Ticket in that office.~~
- ~~All VR counselors, with the exception of the Pilot counselor, will designate the Cost Reimbursement Payment System, when completing the Form 1365 for an individual under the Ticket Program.~~
- ~~The Pilot VR counselor will choose between the options of Cost Reimbursement or Milestone Payment System when completing the Form 1365 using the following criteria:~~
  - ~~1. If the individual is an SSI or both SSI/SSDI recipient, always select the Cost Reimbursement method.~~
  - ~~2. If SSI recipient only, consider the following questions: Will the case be open 5 or more years? Is the individual 55 years or older? Will the estimated costs of services exceed \$10,000 or more?~~
  - ~~3. If any of the above applies, choose Cost Reimbursement; if not, choose Milestone Payment option.~~
- ~~The IPE will be developed following verification of contact with a Benefits counselor.~~
- ~~Complete Ticket Assignment Form (1366) and forward to the ARS Ticket to Work Program Administrator.~~
- ~~The Ticket should be kept in the individual's case file along with a copy of the Ticket Assignment form (1366).~~

### ~~2) The individual does not want to assign the Ticket to ARS:~~

- ~~The counselor will notify the ARS Ticket Administrator indicating the individual does not want to assign the ticket to ARS. The counselor should document this information on the ARS Ticket Assignment Registration Form in the case file. Under this circumstance, ARS can still apply to SSA for Traditional Reimbursement.~~
- ~~The ARS counselor will encourage the individual to assign the Ticket to ARS. The counselor should stress the benefit of the protection associated with the Continuing Disability Review with the Ticket. The funds received~~

~~through the Ticket program can be used by ARS to provide services to other individuals.~~

~~3) The individual has assigned the Ticket to a provider that is in a joint Employment Network with ARS:~~

- ~~• The ARS counselor or the provider will complete a Ticket Assignment Form and forward it to the ARS Ticket Administrator.~~
- ~~• The ARS counselor will determine the payment system to be used for this individual in consultation with the provider.~~
- ~~• If the individual is not a current ARS open case, the Ticket should still be assigned to ARS and forwarded to the ARS Ticket Administrator. The provider will complete a vocational plan and submit the plan and form (1366) and the Ticket to the local VR office.~~

~~4) The individual has assigned the Ticket to a provider not in an Employment Network with ARS:~~

- ~~• The ARS counselor will encourage the individual to reassign the Ticket to ARS under the following circumstances:
  - ~~1. The individual is dissatisfied with the other Employment Network's services.~~
  - ~~2. The individual is not receiving any significant services from the other Employment Network.~~~~

~~If the individual chooses to keep the Ticket assigned with the other Employment Network, the ARS counselor will complete a Ticket Assignment Registration form indicating which Employment Network is holding the Ticket and forward it to the ARS Ticket Administrator.~~

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

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 as soon as a case is determined to need Small Business Enterprise services.
- The 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 on site 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.

# **ASSOCIATION OF REHABILITATION INDUSTRY AND BUSINESS, INC**

## **EMPLOYMENT SERVICES**

### **PROJECT GOAL**

The overall goal of this proposal is to provide intensive employment services to individuals with significant disabilities and to help these individuals into employment that meet their aspirations and are related to current and future labor market needs. This includes employment that offers salaries above minimum wage and with opportunities for advancement and promotion. The individuals referred to the project will be from all disability classifications. All persons served through this project will be classified as significantly disabled and as such difficult to employ. Services under this proposal will also emphasize assisting minorities (African Americans, Hispanic, American Indian, Asian Americans, etc.) in finding satisfying jobs.

## DEAF ACCESS EMPLOYMENT CENTER

A person's independence often hinges on the opportunity and ability to be employed. For persons with a hearing impairment, (this includes hard of hearing, deaf/blind, and hearing) employment may be more difficult because of employer attitude, individual communication problems, or lack of adequate job skills.

In an effort to help individuals overcome these obstacles, Arkansas Rehabilitation Services (ARS) Deaf ACCESS Employment Center program is open to anyone with a disability that imposes an impediment to employment and who has a reasonable chance of becoming independent as a result of receiving service.

Following a diagnostic evaluation, eligible persons with an Individual Plan for Employment (IPE) on file with their Vocational Rehabilitation Counselor, may receive one or more of the following services:

- Counseling and guidance to determine the most suitable and expeditious way to gain employment and independence.
- Physical restoration, which may include medical and surgical treatment, physical and occupational therapy, and appliance (hearing aids, assistive listening devices, glasses and other technology as appropriate). The aim is to remove or substantially reduce the individual's disability as an impediment to employment and/or independence.
- Schooling and vocational training may be provided at accredited trade or business school, college or university. Training in several vocational fields is also available at the Career Training Institute at the Hot Springs Rehabilitation Center.
- Additional services available at the Employment Center include training in interviewing skills, filling out job applications, and developing resumes. Computers are available to assist a person with a disability conduct on-line job searches. If necessary, assistance is also provided in working out any problems that may develop. Employment staff also works with employers and employment agencies to secure suitable employment for persons with a disability.
- Interpreter services are provided by staff members or through contractual arrangements with free-lance interpreters.
- Support Services Provider (SSP) is provided for deaf/blind people through contractual arrangement.
- Support Staff provide special services upon request by staff and customers. This may include helping consumers who cannot type or use computers to do resumes, job search on-line, help staff to solve computer problems, etc.

## 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.

## ~~LEARNING AND EVALUATION CENTER~~

~~The Learning and Evaluation Center (LEC) is a rehabilitation services, diagnostic, training, and counseling program, which specializes in services to people with learning and hearing disabilities. The program provides direct client diagnostic, evaluation services, educational and training services, counseling and consultation services.~~

## ~~CONSUMER SERVICES~~

~~Individual psychological or neuropsychological evaluations are provided to VR consumers who are referred by their counselors. The primary purpose of these consumer-driven evaluations is to assist in the diagnosis of disabilities that affect educational program needs and the identification of appropriate programming and accommodations in post-secondary educational settings. Evaluations are conducted by an Arkansas licensed psychologist or psychological examiner and include in-depth interviews, an individualized test battery, and an interpretive feedback session with the counselor and client, with a copy of the written evaluation report provided to the client.~~

~~When individuals have not reached the age of majority or have been determined incompetent, an informed consent for the LEC evaluation is signed by the appropriate parent/guardian, with a copy attached to the LEC Service Authorization Form. Referring rehabilitation counselors are to insure that all individuals referred for an LEC evaluation do consent to the process.~~

## **~~EDUCATIONAL AND TRAINING SERVICES~~**

~~Training is available to VR clients, who have received an LEC individualized diagnostic evaluation, in a college preparatory course. The college "prep" training provides clients with an understanding of their college system, how their disability can be addressed in college, and specific study techniques they can learn to help themselves in their course work. Areas to be focused on in the training are derived from the LEC evaluation, and the training is initiated at the request of the VR counselor.~~

~~Additional types of training are available to people who are deaf or hard of hearing; professionals in the rehabilitation, mental health, deafness related, legal or educational fields; and, employers/potential employers of people who are deaf or hard of hearing. This includes in-service training for employers/potential employers on a variety of topics, dissemination of the latest information on a variety of related topics, group or individualized training for customers with a hearing disability, and a library loan service (books, videotapes, and audio tapes).~~

## **~~CONSULTATION SERVICES~~**

~~The LEC staff is available for consultation to assist other individuals, businesses, or agencies with various issues, e.g., how to better serve deaf consumers, crisis intervention, and obtaining additional resources or information about hearing disabilities.~~

## **CLIENT ASSISTANCE PROGRAM**

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

The purpose of the Client Assistance Program is to:

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

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

## INCREASING CAPABILITIES ACCESS NETWORK

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

### **SERVICES:**

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

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

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

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

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

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

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

### **ICAN**

Phone: 501-666-8868

Fax: 501-666-5319

Toll Free/TTY: 800-828-2799

## **INFORMATION**

ARS operates a major information clearinghouse known as ICAN, Increasing Capabilities Access Network. ICAN has a collection of rehabilitation and disability information filed in hard copy form and databases. The largest subset of information in the collection is concerned with assistive devices and products; therefore, the collection contains many catalogs, manufacturers' specification sheets, product development reports, brochures, and the like. In addition, information on Federal and State laws, the American with Disabilities Act, referral services and government agencies is also on file. Information may be obtained at no cost by using the State toll-free telephone number (1-800-828-2799), calling long distance (1-501-666-8868), writing a letter, or visiting the ICAN Office, 26 Corporate Hill Drive, Little Rock, AR 72205..

## **EQUIPMENT EXCHANGE**

ICAN has established a statewide Equipment Exchange. The Exchange provides individuals with an opportunity to sell, donate, trade or loan assistive technology that they are no longer using. It offers other individuals an opportunity to acquire assistive equipment that they may not otherwise be able to afford. The Exchange also provides individuals with an opportunity to advertise for equipment that they are needing. The Exchange is a FREE service.

## **EQUIPMENT LOAN AND RECYCLING PROGRAM**

ICAN has established a statewide clearinghouse for assistive technology. This technology library or equipment closet serves as (1) an avenue for recycling equipment that is no longer needed, (2) a source for securing new technology to test before purchasing particular items, (3) a source from which to borrow or rent equipment while waiting for ordered equipment to be obtained, and (4) a source for long-term loans/rentals of technology.

The program will include a variety of new and recycled non-medical devices, such as computers, augmentative communication devices, non-medical adaptive devices, environmental controls, switches, independent living devices, and more. Larger equipment, such as wheelchairs, hospital beds, walkers, crutches, standing frames, and other equipment is available for recycling or try-out. Recycled equipment may be loaned for a pre-determined length of time. Demonstration equipment will be available for short periods of time.

## 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 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.**

## **~~SUCCESSFUL EMPLOYMENT THROUGH ASSISTIVE TECHNOLOGY (SEAT)~~**

### **~~REFERRAL AND ASSESSMENT PROCESS~~**

#### **~~REFERRAL~~**

~~The Successful Employment Through Assistive Technology (SEAT) is the application of assistive technology services and devices in work, education, or home environment to improve an individual's independence with respect to work, thus increasing the vocational marketability. The SEAT Program will accept referrals for assistive technology consultation/assessment. SEAT will offer this service across the state at a location convenient to the individual and as approved by the Counselor. SEAT is intended to provide ARS Counselors with an agency-coordinated option for obtaining assistive technology consultations/assessments. SEAT is a joint effort of HSRC and Special Programs and will utilize occupational therapists, physical therapists, speech language pathologists, recreational therapists, assistive technology practitioners, assistive technology technicians and similar benefits coordinators.~~

~~There is no charge to the Counselors for this service.~~

~~The SEAT Program's Referral form is available on K-drive in the Assistive Technology Folder.~~

~~The request for a SEAT consultation/assessment must be made through the individual's ARS Field Counselor.~~

~~The ARS Field Counselor will complete and forward the SEAT Referral Form (Appendix E) with relevant medical, evaluation, and psychological reports. The referral and other requested information is faxed, mailed or emailed to the SEAT Administrator.~~

#### **~~CONSULTATION/ASSESSMENT~~**

~~SEAT will conduct consultations/assessments for determining the appropriate assistive technology for successful employment and/or education. The consultation/assessment will be conducted in the most integrated setting appropriate.~~

~~The SEAT Team will review all requested data before determining the type of consultation/assessment needed to determine the appropriate technology. To the~~

~~extent existing data is unavailable, insufficient or inappropriate in describing the current functioning of the individual, additional assessments may be necessary. If additional assessments are necessary, SEAT will identify a source for the needed assessments that are beyond their capability to provide. The SEAT Team will complete the consultation/assessment and provide written recommendations, which will include a plan for technology interventions. In addition, projected/estimated costs of interventions as well as appropriate service providers will be identified. The SEAT Program will work with the Counselor and Customer to identify potential similar benefits.~~

## **~~FOLLOW UP SERVICES~~**

~~Follow up services by the specific SEAT Team will be conducted to determine use and impacts of technology devices and services.~~

## **~~REFERRAL PROCEDURES FOR SUCCESSFUL EMPLOYMENT THROUGH ASSISTIVE TECHNOLOGY (SEAT)~~**

- ~~1) Counselor completes assistive technology referral form off K drive.~~
- ~~2) Counselor forwards assistive technology referral form to SEAT's Administrator.~~
- ~~3) SEAT's Administrator reviews assistive technology referral form and contacts counselor for any additional information. (ARS Application Form, Initial Case Narrative, demographic information, IPE)~~
- ~~4) SEAT's Administrator provides name and identifying information to Similar Benefits Coordinator to explore any similar benefit not identified, such as Medicaid, Medicare, Waivers, etc.~~
- ~~5) SEAT's Administrator assigns team, designates team leader, and contacts counselor for referral coordination.~~
- ~~6) Team completes functional assistive technology evaluation or consultation.~~
- ~~7) Team verbally communicates findings of assistive technology evaluation or consultation to counselor.~~
- ~~8) Team completes report. Original report is mailed to the counselor.~~
- ~~9) Team Leader reviews assistive technology evaluation report with counselor. If customer has questions Team Leader will contact customer.~~
- ~~10) Team members, in coordination with counselor, determine follow-up needs.~~
- ~~11) Team Leader writes follow-up report after each follow-up, sends to counselor.~~

## TELECOMMUNICATIONS ACCESS PROGRAM (TAP)

The Telecommunications Access Program (TAP) was established by Act 501 in 1995 as and amended by Act 530 of 2001. It is a statewide equipment distribution loan program for ~~disabled~~ 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 ~~the~~ their ability to effectively ~~use a standard telephone to~~ access the telecommunication network may apply for the program. Eligibility is based on Arkansas residency, ~~proof of residential telephone~~ personal telecommunication service, certification of disability by an approved certifier, and ~~consideration of financial need~~ income eligibility. Approved individuals are may be eligible for one up to two adaptive equipment systems to provide access to basic 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, ~~2204 Brookwood Dr., Suite 117, Little Rock, AR~~ by calling ~~(501) 686-9694 TTY only; (501) 686-9693 V/TTY or 1-800-981-4463 V/TTY. or 1-800-828-2799.~~

# **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 11<sup>th</sup> grade to determine recommendations for referral to ARS before the end of the junior year.

### **Before Graduation:**

The ARS counselor will receive referral from the special education teacher no later 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., HSRC, ODHI, Client Choices, 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 ~~Needing Multiple Services~~
- 4) ~~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 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.

## **HISTORY AND LEGISLATIVE AUTHORITY**

~~The Arkansas Kidney Disease Commission 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; to establish a State Kidney Disease Commission to administer the program; and for other purposes.~~

## **LEGISLATIVE FINDINGS AND PURPOSE**

~~It was found that one of the major problems facing medicine and the public health and welfare was the lack of an adequate program to assist in the treatment and cure of persons with chronic kidney disease. It is estimated that a number of citizens of this State are confronted with chronic kidney disease, requiring complicated and expensive treatment, which is often beyond the financial resources of the individual. There is a critical shortage of adequate facilities within the State for the discovery, evaluation, diagnosis, treatment, and cure of individuals with acute or chronic kidney disease. In order to provide for the care and treatment of persons with acute or chronic kidney disease, and in order to encourage and assist in the development of adequate treatment facilities for persons with acute or chronic kidney disease, it is essential that the State develop a program of financial assistance on a continuing basis to aid in defraying a portion of the cost for the care and treatment of chronic renal disease.~~

## **~~POWERS AND DUTIES OF THE COMMISSION~~**

~~The Commission shall have the following functions, powers, and duties:~~

- ~~1) To establish a program to assist persons with acute or chronic renal failure in obtaining care and treatment requiring dialysis. The program shall provide financial assistance as determined by the Commission for persons who are unable to pay for the services on a continuing basis without causing unjust and unusual hardship to the individual and the immediate family, including, but not limited to, a drastic lowering of the standard of living for person with chronic renal diseases who require life-saving care and treatment~~
- ~~2) To develop standards for determining eligibility for assistance in defraying the cost of care and treatment of renal disease under this program.~~
- ~~3) To cooperate with hospitals, private groups, organizations, and public agencies in the development of positive programs to bring about financial assistance and support of evaluation and treatment of individuals with chronic kidney disease.~~
- ~~4) To cooperate with the National and State Kidney foundations, and with medical programs of the State and Federal Government, for the purpose of obtaining the maximum amount of Federal and private assistance possible in support of a kidney disease treatment program.~~
- ~~5) To establish criteria and standards for evaluating the financial ability of persons with chronic renal disease to pay for their own care, including the availability of third party insurance coverage, for the purpose of establishing standards for eligibility for financial assistance in defraying the cost of such care and treatment from funds appropriated to the Commission for renal disease treatment purposes.~~
- ~~6) To accept gifts, grants, and donations from private sources, from municipal and county governments, and from the Federal Government, to be used for the purposes of the Act in defraying costs incurred by persons with acute or chronic renal disease who are unable to meet the total cost of the life-saving care and treatment for renal disease.~~

## **~~SERVICES AND PROGRAMS~~**

~~Arkansas Kidney Disease Commission will utilize funds for medical care, pre-transplant dental services, psychological services, and pharmaceutical drugs.~~

## **~~OUTPATIENT MEDICATION~~**

~~The Arkansas Kidney Commission assists with paying for a limited amount of kidney disease related prescriptions.~~

## **MEDICAL SERVICES**

The Arkansas Kidney Disease Commission pays 80% of kidney disease related medical treatment (\$5,000 limit) during the Medicare three month waiting period or when there is no other coverage.

## **DENTAL SERVICES**

The Arkansas Kidney Disease Commission assists with dental charges when a dental problem jeopardizes the health and treatment program outlined by the renal specialist and may be covered only for the purpose of transplantation.

## **PSYCHOLOGICAL SERVICES**

The Arkansas Kidney Disease Commission covers psychological evaluations and treatment, not covered by other sources, when the physician in charge of the End Stage Renal Disease patient, recommends services.

## SUPPORTED HOUSING OFFICE

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

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

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

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

## **Appendix C. Facility Programs**

Hereinafter, any reference to "ARIMIS" and "ARIMIS timelines" shall be replaced with the term "the case management system." Furthermore, any and all references to the term "case notes" shall be replaced with the term "case narrative."

Hereinafter, any reference to "Hot Springs Rehabilitation Center (HSRC)" shall be replaced with the term "Arkansas Career Training Institute (ACTI.)" Furthermore, any and all references to the term "SEAT" shall be replaced with "AT @ Work."

### **Pages**

**C-1** Added three bullets to General Referral Considerations

**C-2 and C-3** Added to **Guidelines for Specific Disabilities**

**C-3** added the **HSRC Drug Policy** Promulgated in 2009

**C- 4 ACTI REQUEST FOR SERVICES** added a statement to obtain recent information

**C-5 CHECKLIST FOR CASES SUBMITTED TO HSRC ACTI ADMISSIONS COORDINATOR** added a bullet 18..

**C-5 AND C-6 SHORT-TERM ADMISSION FOR HSRC MEDICAL SERVICES** increase days, added an assessment and added a bullet 6.

**C-7 DIRECT REFERRAL FROM ACUTE CARE HOSPITALS TO HSRC REHABILITATION HOSPITAL ARKANSAS REHABILITATION SERVICES CLIENTS**  
Added bullet 8.

**C-8 CLOTHING PRIOR TO ENROLLMENT**  
Added requirement of a 5-day supply of clothes

**C-10 MEDICAL TREATMENT OUTSIDE THE CENTER**  
Added to the exception

**C-10 to C-11 ~~EMPLOYMENT READINESS TRAINING CENTER ADMISSIONS/SERVICES UTILIZING ABILITIES UNLIMITED~~**  
Deleted Community Rehabilitation Centers/ HSRC information

**C-12 to C-13** Deleted HSRC Fee Schedule.

**C-14 Community Rehabilitation Program** added New Language for clarification

**C-19 Wage and Hour Regulations** added and exception  
**Certification Policy** deleted a bullet 2.)

**C-20 PROCESSING STATEMENTS OF ACCOUNT** updated to billing and payment processing requirements

**C-21- 22 Deleted the listing of Community Rehabilitation Programs.**

**C-22 added a Community Rehabilitation Program (CRP) Review Process and Resolution Protocol**

# **HOT SPRINGS REHABILITATION CENTER (HSRC)** **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 ~~HSRC~~ 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 ~~Center~~ ACTI services by other sources. This investigation must be sufficient to determine whether the reported case is eligible or ineligible for services.

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

## **ADMISSION GUIDELINES**

Applications for admission to ~~HSRC~~ ACTI will be reviewed in accordance with these guidelines. The responsibility for the administration of these guidelines rests with the ~~Center's~~ 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 ~~HSRC~~ 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 Center, in the process of selecting individuals for HSRG 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, Building—Trades Construction Technology, Small—Engines 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 HSRG 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 a Center 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) **Mental-Retardation Intellectual Disabilities** - The Center 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 Center 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** - ~~The Center~~ 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.

**See ACTI Policy Below:**

**Arkansas Career Training Institute (HSRC) 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 HSRG/ HSRCH (Hot Springs Rehabilitation Center Hospital) for a short-term admission by a direct hospital transfer, and/or admitted for any HSRG ACTI service, per request from ARS Field Counselor.

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

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

This referral document will be submitted for entry into HSRG 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 Center 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 drug substance abuse. If the individual has previously been an HSRG 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 HSRG 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 testing ~~if administered or requested by Admissions~~ 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 HSRG 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 ~~HSRC~~ 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 ~~HSRC~~ 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 ~~HSRC~~ ACTI Service
- 2) RS-3 General Medical Examination Record, if appropriate
- 3) RS-4 Client Referral and Survey Information
- 4) PHS-3 Living at ~~HSRC~~ 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, if completed.)
- 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 the ~~Center~~ ACTI.

## **SHORT-TERM ADMISSION FOR ~~HSRC~~ ACTI MEDICAL SERVICES**

Short-term admissions (normally from one to ~~five~~ 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 HSRG 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 HSRG/ACTI Services.

## **PROSTHETIC/ORTHOTICS AT HSRG**

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

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

**Case Service Code for Status 16 - 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. HSRG 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 stump residual limb is ready for fitting; the signed Application for Services; and the completed Request for HSRG 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 Center 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 Center 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 Center ACTI Counselor will immediately notify the Field Counselor of the evaluation results. If the Clinic recommends a 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 ~~the Center~~ HSRCH for the final fitting.

A prosthesis should be made and returned to ~~the Center~~ 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 ~~Center~~ ACTI Counselor when the individual is ready to return to the Center for the first fitting of the prosthesis.

The final fitting will be performed at the HSRCH Amputee Clinic. The individual will remain at ~~the Center~~ 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 ~~the Center~~ HSRCH the day prior to the scheduled date.

## **DIRECT REFERRAL FROM ACUTE CARE HOSPITALS TO HSRC 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 the ~~Center~~ 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 the ~~Center~~ ACTI for additional diagnostic/evaluation services. Request for evaluation at HSRC ACTI will be addressed regardless of rehabilitation status.

Each consumer is assigned to an ~~Center~~ ACTI Counselor upon arrival. The ~~Center~~ ACTI Counselor becomes the extension of the Field Counselor in the case management and case processing while the individual remains at the ~~Center~~ ACTI. All communication regarding a student's program is communicated through the ~~Center~~ ACTI Counselor. The ACTI Counselor is ACTI's ~~Center~~ Center's liaison with the Field Counselor and service provider. The ~~Center~~ ACTI Counselor, and Field Counselor will negotiate authorizations for necessary services provided outside the ~~Center~~ ACTI. The ~~Center~~ 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 ~~Center~~ 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 ~~Center~~ ACTI Center Counselor has verified that services have been rendered. The Central Office will notify the ~~Center~~ ACTI Center Counselor when payment is made.

## **CLOTHING PRIOR TO ENROLLMENT**

It is essential each individual arrive at the ~~Center~~ 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 the ~~Center~~ 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 ~~Center~~ ACTI Counselor. The ~~Center~~ 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 ~~Center~~ ACTI Counselor.

## **TRANSPORTATION TO THE ~~CENTER~~ 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 ~~the Center~~ ACTI approximately two weeks prior to the scheduled reporting date. Recommended time to arrive at HSRG 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 ~~Center~~ 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, the Center should be notified. The Field Counselor should instruct the client to report to the Reception Office at HSRG ACTI immediately upon arrival.

## **TRANSPORTATION WHILE ENROLLED**

The ~~Center~~ 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 ~~Center~~ ACTI vehicles and personnel. ~~Center~~ ACTI Counselor will authorize transportation only when the individual has no resources and only at times when ~~the Center~~ 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 ~~Center~~ 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 ~~Center~~ ACTI Counselor will inform the Field Counselor of such changes in the original planning.

## **MEDICAL TREATMENT OUTSIDE THE CENTER**

The ~~Center~~ ACTI Counselor, upon recommendation by the HSRG ACTI physician, will authorize emergency medical treatment and non-emergency medical diagnosis. If the ~~Center~~ ACTI Counselor has current information that indicates medical services are necessary and recommended by a physician outside HSRG 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 Center ACTI Counselor if the individual is expected to return to the Center ACTI following the needed medical treatment.

**Exception:** When there is evidence either from the individual or the Center 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 Center 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 Center 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 Center ACTI and Field Counselor agrees the service is needed. It is to be used for minor emergency needs only.

## **EMPLOYMENT READINESS TRAINING CENTER ADMISSIONS/SERVICES UTILIZING ABILITIES UNLIMITED**

Effective July 1, 2006, HSRG ACTI will no longer refer students directly to Abilities Unlimited in Hot Springs. HSRG will not receive any Community Rehabilitation Program funds. Students currently enrolled at Abilities Unlimited will remain in the program. All authorizations to Abilities Unlimited for students enrolled in the HSRG ACTI must be issued by the Field Counselor.

~~Due to a statewide review of the utilization of Community Rehabilitation Centers, HSRG has revised our approach to addressing student employability deficits:~~

- ~~1. Students identified during the initial two week staffing who are in need of employability services will be referred by the Center Counselor to our Employment Readiness Training Center (ERTC). The ERTC has the same workshop certification as Abilities Unlimited.~~
- ~~2. Students may remain in the ERTC program up to 60 days. Assessment reports will be provided by ERTC at 30 and 60 days or at any time deemed appropriate by the ERTC staff. If it is determined that the student needs additional time in a CRP, the Center Counselor will contact the Field Counselor with the recommendation of referral to the CRP in their hometown area. Assessment reports and recommendations from ERTC will be provided to the Field Counselor.~~
- ~~3. If a CRP is not available in the hometown area, the student may remain at HSRG. The Field Counselor will submit the required paperwork for admission to Abilities Unlimited including the authorization for services. The Center Counselor may assist with the admissions paperwork, however the Field Counselor must issue the authorization.~~
- ~~4. If the Field Counselor determines the referral to the local CRP is not feasible due to extenuating circumstances, the Field Counselor can submit the required paperwork and authorization for admission to Abilities Unlimited.~~

5. ~~When a student leaves HSRC to receive services at a hometown CRP for work adjustment services, the student may resume the recommended HSRC program when deemed appropriate by the Field Counselor and Center Counselor.~~

## **FINANCIAL PARTICIPATION**

The Field Counselor, in accordance with ARS Policy and Procedure Manual, will determine financial participation.

## **LEAVE POLICY FOR HSRC ACTI STUDENTS**

Students enrolled in the Center 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 Center 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 Center ACTI Counselor, and approved by the ~~Center Administrator~~ 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 HSRC ACTI**

HSRC ACTI is basically 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) ~~The Center 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 Center ACTI's cafeteria on Monday through Friday as part of the usual Center 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 HSRC ACTI staff.

## HSRC FEE SCHEDULE

### RESIDENTIAL

Dormitory.....	\$32.00 per diem
Attendant Care Dormitory.....	\$54.00 per diem
Inpatient Hospital.....	\$529.00 per diem
Bed Holding Fee.....	\$15.00 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 Partsperson.....	\$8.00 per hour*
— Auto Technology.....	\$8.00 per hour*
— Building Trades.....	\$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*
— Food Service/Cafeteria/Short Order.....	\$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 & Platemaking.....	\$8.00 per hour*
— Printing/Electronic Imaging.....	\$8.00 per hour*
— Secretarial/Word Processing.....	\$6.00 per hour*
— Small Engines.....	\$8.00 per hour*
— Welding.....	\$5.00 per hour*

## SPECIAL PROGRAM/OTHER HOSPITAL SERVICES

Driver Rehabilitation .....	\$60.00 per hour
Non-resident .....	\$10.00 per diem
Off-campus .....	\$5.00 per diem
Hospital Outpatient .....	Per Fee Schedule

\* Per hour charge based on 7 hours per day, 5 days per week.

## HSRC HOSPITAL FEE SCHEDULE

All-Inclusive Inpatient Hospital .....	\$695.00
Inpatient Hospital (per day) .....	\$529.00
Exercise with constant supervision (15 minutes) .....	\$33.75
Neuro-Muscular Re-Education (15 minutes) .....	\$27.00
Prosthesis Gait Training (15 minutes) .....	\$20.25
Massage (15 minutes) .....	\$33.75
Home Visit (60 minutes) .....	\$162.00
Back School (60 minutes) .....	\$101.25
Wheelchair Evaluation (60 minutes) .....	\$162.00
Cushion Evaluation (60 minutes) .....	\$162.00
Diagnostic Evaluation (60 minutes) .....	\$27.00
Speech/Language Therapy Individual (15 minutes) .....	\$20.25
Family Education (15 minutes) .....	\$81.00
Swallowing Evaluation (15 minutes) .....	\$20.25
Swallowing Therapy (15 minutes) .....	\$20.25
Evaluation I (15 minutes) .....	\$29.70
Therapeutic Exercises (15 minutes) .....	\$33.75
Prosthetic Training .....	\$20.25
Activities-Daily Living (15 minutes) .....	\$20.25

\*These charges are subject to changes as allowed by funders.

## **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, ~~and through contracts with CRP's develops, and updates, as needed, an annual comprehensive certification document.~~ The ARS Community Program Development Section requires annual comprehensive certification document (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 consumer's 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 ~~coordinates and conducts comprehensive annual ARS Certification Reviews of statewide CRP's, and~~ 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 Professional Purchased Services Contracts between ARS and CRP's. The Community Program Development Section staff processes and 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, ~~sheltered employment (least desirable)~~, supported employment, or other training, i.e., vocational technical school, HSRG 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 actual 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. ~~For funding purposes, a CRP can only be credited with entry into a Work Adjustment Program one time during the program year.~~ 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 the individual completes this phase of training.~~ When Extended Services are recommended, the report will contain an estimate of the number of months ~~remaining~~ 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. ~~For funding purposes, a CRP can be credited with entry into an Extended Services Program only one time during the program year.~~

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, ~~sheltered employment (least desirable), supported employment, or other training, i.e., vocational technical school, HSRC 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 SHELTERED WORKSHOPS CRP'S**

Most ARS client's in a CRP must be covered by a Department of Labor (DOL), Wage and Hour ~~Sheltered Workshop/Patient Worker Certificate (WH-228-MIS, Rev. June 91)~~. 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. Client's 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) ~~A confirmation by the ARS District Manager, and VR Field Counselor's to use the CRP if indicated;~~
- 3) The capability of the CRP to provide the established services.
- 4) 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**

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 per diem is calculated by dividing the expenses by the total consumer days.~~ The VR Field Counselor will, ~~within a 24-hour period,~~ 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 ~~paperwork~~ 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. ~~paperwork and forward them to Accounts Payable for payment.~~ ~~All Extended Services Statements will be reviewed and signed by the VR Field Counselor and forwarded to the Community Program Development Section for processing.~~

## **COMMUNITY REHABILITATION PROGRAMS**

The following Community Rehabilitation Programs have been certified for the purchase of assessment, work adjustment and extended services:

~~White River Specialized Industries, Inc. -- Batesville~~

~~Quachita Industries, Inc. -- Camden~~

~~Ashley County Sheltered Workshop, Inc. -- Crossett~~

~~Benchmark Industries, Inc. -- El Dorado~~

~~Abilities Unlimited of Northwest Arkansas, Inc. -- Fayetteville Rogers~~

~~Abilities Unlimited, Inc. of Fort Smith -- Fort Smith~~

~~Fort Smith Skills Training Center, Inc. -- Fort Smith~~

~~Rainbow of Challenges, Inc. -- Hope~~

~~Abilities Unlimited, Inc. -- Hot Springs~~

~~Pathfinder, Inc. -- Jacksonville~~

~~Abilities Unlimited, Inc. -- Jonesboro~~

~~Easter Seal Work Center, Inc. -- Little Rock~~

~~Goodwill Industries of Arkansas, Inc. -- Little Rock~~

~~Abilities Unlimited, Inc. -- Magnolia~~

~~Jenkins Industries -- Pine Bluff~~

~~Adult Development Center of Benton County, Inc. -- Rogers~~

~~MARVA, Inc. -- Russellville~~

~~Newhope Specialized Industries, Inc. -- Searcy~~

~~Richardson Center Work Services -- Springdale~~

~~Texarkana Resources for the Disabled -- Texarkana~~

~~East Ark Enterprises, Inc. -- West Memphis~~

~~Cross County Special Workshop, Inc. -- Wynne~~

## **CERTIFIED CRP'S**

The following CRP's have been certified for the purchase of assessment and work adjustment services only:

~~Jobs Plus—Alma~~

~~Forrester-Davis Development Center, Inc.—Clarksville~~

~~Arkansas Enterprises for the Developmentally Disabled, Inc.—Little Rock~~

~~Star Industries, Inc.—Russellville~~

### **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 can not 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 final.

## **APPENDIX E. FORMS AND INSTRUCTION**

### **Page**

**E-12** Deleting **FEDERAL SPECIAL PROGRAM CODE** no longer utilized.

**E-26** Added AT @ Work deleted SEAT

**E-41** added new language for Order of Selection, deleted the old Order of Selection

**E-49** Normal Living Requirements increased by \$400

# 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 - 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 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.
- ~~004 The individual being closed is scheduled for annual review because of ineligibility determination and refers to those being closed Status 08 from 02, Status 08 from 06, and Status 28 or 30.~~
- ~~010 Migratory Agricultural Worker - The individual is identified as being in a Migratory Agricultural Workers Project.~~
- 020 Individuals referred to ARIB 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, 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, 401 is to be entered. 400 (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.

## Assistive Technology @ 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 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.**

## **SUCCESSFUL EMPLOYMENT THROUGH ASSISTIVE TECHNOLOGY (SEAT) REFERRAL INSTRUCTIONS**

### **REFERRAL PROCEDURES**

- ~~1) Counselor completes assistive technology referral form off K drive.~~
- ~~2) Counselor forwards assistive technology referral form to SEAT's Administrator.~~
- ~~3) SEAT's Administrator reviews assistive technology referral form and contacts counselor for any additional information. (ARS Application Form, Initial Case Narrative, demographic information, IPE)~~
- ~~4) SEAT's Administrator provides name and identifying information to Similar Benefits Coordinator to explore any similar benefit not identified, such as Medicaid, Medicare, Waivers, etc.~~
- ~~5) SEAT's Administrator assigns team, designates team leader, and contacts counselor for referral coordination.~~
- ~~6) Team completes functional assistive technology evaluation or consultation.~~
- ~~7) Team verbally communicates findings of assistive technology evaluation or consultation to counselor.~~
- ~~8) Team completes report. Original report is mailed to the counselor.~~
- ~~9) Team Leader reviews assistive technology evaluation report with counselor. If customer has questions Team Leader will contact customer.~~
- ~~10) Team members, in coordination with counselor, determine follow-up needs.~~
- ~~11) Team Leader writes follow-up report after each follow-up, sends to counselor.~~

## 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. ~~or IV.~~
5. If the placement category is I or II, the counselor will check Status 10.
6. If the placement category is III ~~or IV~~, 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**

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

- ~~1. seriously limits two or more 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 individual with a significant disability is defined as one who has a significant physical or mental impairment which:

- ~~1. seriously limits one or more 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\*\*\*;~~

**\*\*\*Definition:**

~~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. 29 U.S.C. 705(21)(A)~~

### **~~Priority Category III - Non-Significantly Disabled Needing Multiple Services~~**

~~Eligible individuals who are non-significantly disabled whose vocational rehabilitation is expected to require multiple services.~~

### **~~Priority Category IV - Non-Significantly Disabled~~**

~~Eligible individuals who are non-significantly disabled who cannot be classified into a higher priority. (Two or more VR services)~~

**Definitions:**

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

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

## 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 24 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 24 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 24 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 24 23 years of age or under and unmarried, parent(s) income must be included.

**13. Total (Lines 4 – 12)** Enter the sum of amounts in Lines 4-12. If none, enter 0.

**Normal Living Requirements (NLR) - Do not complete for SSI/SSDI Recipients.**

**14. Family Group:** Enter from the Normal Living Requirements Table the amount in accordance with the household group and any modification. NLR includes shelter, food, clothing, general health maintenance, utilities, and basic standard living requirements.

<b>Number of Persons</b>	<b>Monthly Amount</b>	
1	<del>\$2,800.00</del>	\$3,200.00
2	<del>\$3,200.00</del>	\$3,600.00
3	<del>\$3,600.00</del>	\$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.

## **APPENDIX F SUBSTANCE FREE POLICY**

**F-5** Delete program no longer exist

### **~~DEAF OUTREACH CENTER (DOC)~~**

~~I have received a copy of the policy concerning drug and alcohol use of people who go to Deaf Outreach Center (DOC). If I am illegally using drugs, alcohol or other substances, I understand to come to DOC, I must want to stop using. I must demonstrate that I am trying to stop using.~~

~~If I want to go or continue to go to DOC, I must follow the DOC rules about drug and illegal use of alcohol. If I am arrested or convicted of a substance abuse offense, I must tell DOC within in five (5) days of this conviction.~~

~~Customer's Signature: \_\_\_\_\_~~

~~Parent/Guardian: \_\_\_\_\_~~

~~Customer's Printed Name: \_\_\_\_\_~~

~~SSN: \_\_\_\_\_~~

~~Date: \_\_\_\_\_~~

# **APPENDIX H ARKANSAS TRANSITION PILOT PROJECT**

New Appendix to the ARS Manual

**APPENDIX H**  
**ARKANSAS TRANSITION PILOT PROJECT**

Purpose

Referral and Assessment Services

Eligibility

Individualized Transition Plan

Services

Closure

Caseload Management

Development, Maintenance and Destruction of the Case Record

Memorandum of Understanding

Functions and Responsibilities

Sample Activities

Forms

**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 VR services, the student's IPE should be developed as early as possible during the transition process but no later than when the student exits the school setting.

## PURPOSE

Arkansas Transition Pilot Project (ATPP) was established to address an identified gap in VR services for high school youth/young adults with disabilities. ATPP counselors assist youth/young adults who receive 504 accommodations or receive IEP services and are 10<sup>th</sup> grade or at least 16 years of age transition from high school to the career field of their choice. The intent is to connect the activities of high school students, higher education, and rehabilitation services to provide a continuum of year round supports which meet the needs of all eligible youth/young adults with disabilities.

The integrated 8 continuum of services will:

- A. Assure that all eligible youth/young adults as defined by the Individuals with Disabilities Education Act (IDEA), the Rehabilitation Act of 1973 as amended, and the Americans with Disabilities Act, have a clear, direct, and primary voice in their individualized planning processes;
- B. Assure that eligible youth/young adults receive appropriate and necessary supports to help achieve long-range goals;
- C. Coordinate services to eligible youth/young adults to maximize their post-school outcomes and provide for a successful transition to appropriate work-based learning, internships, employment, independent living, and postsecondary education or training;
- D. Formalize referral procedures with appropriate agency (ies) to ensure eligible youth/young adults are provided opportunities for year round services;
- E. Ensure joint appropriate planning for each youth/young adult eligible for Arkansas Rehabilitation Services (ARS).

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- F. Ensure coordination of service delivery and follow-up/follow-along with education/employment/social/rehabilitation/habilitation/independent living services continuum as identified in IEPs and IPEs.
- G. Ensure joint training between cooperating agencies for staff development and other activities.
- H. The ATPP will make initial referral to engage the VR Counselor projected to be assigned to their respective schools in the transition process at least one year prior to the anticipated graduation date (beginning after the first year of the project).

## REFERRAL AND ASSESSMENT SERVICES

Youth/young adults generally will be referred by school staff in the service area. Youth/young adults must meet eligibility requirements. Parent/guardian must sign consents for inclusion in the program if the youth/young adult is under 18. The school will submit any additional information that is pertinent and useful in assisting the ARS/ATPP counselor to determine eligibility and assist the youth/young adult and the counselor in identifying, selecting and pursuing appropriate career objectives.

### Referral Procedures:

Initial referrals will be made within the first two months of each school year. Referrals will then be ongoing as appropriate throughout the school year. The high school will provide an individual list of high school youth/young adults who may qualify for ATPP services to the designated ATPP staff. This list will include youth/young adult's name, grade, age, ID number, school, disability, and recommended supports or accommodations and will be accompanied by a release of information form signed by youth/young adult and parent/guardian if referral is under 18. Each person on the list will be encouraged to make contact with ATPP to explore services, rather than waiting for ATPP personnel to contact them.

## ELIGIBILITY

At age 14 or before, ATPP will provide informational services and brochures regarding ARS/ATPP services to any youth/young adult, parent or guardian, special education teacher or other school official who requests or as time allows outreach.

### Youth/young adults must:

- Be 10<sup>th</sup> grade or 16 years of age or older
- Have a Section 504 plan which addresses transition service needs or have a current IEP which includes a transition plan
- Have a disability which constitutes a substantial barrier to employment.

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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**

ATP 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, ATP will maintain case record documentation on each applicant or eligible individual. A record of services will be established for each individual placed in O1 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

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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.

## **FORMS**

- Application
- ATP Database
- Transition Plan
- Release of Information