Policies & Procedures Manual

Kentucky Office of Vocational Rehabilitation

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AUTHORITY AND MISSION

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AUTHORITY

Federal Authority – Federal Legislation – Public Law 113-128
Federal Regulation – CFR 361 and 365
State Legislation – KRS 151B 185-245
State Administrative Regulation – 781 KAR1:010-1:070

Authorities are listed in priority order. If a conflict exists between state law and Federal law or regulation, the Federal mandate takes precedent.

State imposed policy and procedures are incorporated as Kentucky Administrative Regulations. The administrative regulations are updated periodically. As information is updated, it is posted on the agency website. The information available from those sources will not be repeated in this Manual. The relevant material will be cited as a reference only.

Workforce Investment Opportunity Act 2014 (WIOA)

The Workforce Investment Opportunity Act of 2014 (WIOA) was signed into law by the U.S. Department of Labor on July 22, 2014. This is an act to amend the Workforce Investment Act of 1998 to strengthen the United States workforce development system through innovation in, and alignment and improvement of, employment, training, and education programs in the United States, and to promote individual and national economic growth, and for other purposes.

The Workforce Innovation and Opportunities Act (WIOA) reflects several significant changes from the Workforce Investment Act (WIA) in focus and scope. With the new law, there is an increased emphasis on transitioning after high school, youth with disabilities, employer services and engagement, competitive integrated employment, and accountability and collaboration. First, there is an increased emphasis on transitioning after high school and youth with disabilities that will be reflected in required expenditures from the regular and supported employment budgets, increased time commitments by staff, and numerous changes in agency policies. Second, there is an increased focus on employer services and engagement with accompanying necessary data collection. Third, WIOA emphasizes competitive integrated employment, going beyond WIA's language of simply integrated employment. Fourth, accountability and collaboration will be the forefront as the Office of Vocational Rehabilitation (OVR) monitors and completes performance measures with other Workforce Development agencies as part of a unified state plan in order to achieve a better educated workforce and more and better employment outcomes. Finally, under WIOA, state vocational rehabilitation agencies will have an enhanced role in determining who will be able to work at subminimum wage under the new section 511 of WIOA. The scope of the law widens OVR's focus to encompass those who want to advance in employment, those who receive a subminimum wage, and youth with disabilities who are not in the school system.

The law, which stresses work first, is divided into five titles.

Title I

Authorizes the new Workforce Development Activities. The subtitles are system alignment, workforce investment activities and providers, job corps, national programs, and administration.

Title II

Adult Education and Literacy Act

Title III

Amends the Wagner-Peyser Act (Employment Services)

Title IV

Amendments to the Rehabilitation Act of 1973

Title V

The Purposes of this Act are the following:

1. To increase, for individuals in the United States, particularly those individuals with barriers to employment, access to and opportunities for employment, education, training, and support services they need to succeed in the labor market.
2. To support the alignment of workforce investment, education, and economic development systems in support of a comprehensive, accessible, and high-quality workforce development system in the United States.
3. To improve the quality and labor market relevance of workforce investment, education, and economic efforts to provide America's workers with the skills and credentials necessary to secure and advance in employment with family-sustaining wages and to provide America's employers with the skilled workers the employers need to succeed in a global economy.
4. To promote improvement in the structure of and delivery of services through the United States workforce development system to better address the employment and skill needs of workers, jobseekers, and employers.
5. To increase the prosperity of workers and employers in the United States, the economic growth of communities, regions, and States, and the global competitiveness of the United States.
6. For purposes of subtitle A and B of Title I, to provide workforce investment activities, through statewide and local workforce development systems, that increase the employment, retention and earnings of participants, and increase attainment of

recognized postsecondary credentials by participants, and as a result, improve the quality of the workforce, reduce welfare dependency, increase economic self-sufficiency, meet the skill requirements of employers, and enhance the productivity and competitiveness of the Nation.
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The Office of Vocational Rehabilitation

Philosophy

We recognize and respect the contribution of all individuals as a necessary and vital part of a productive society.

Mission

The Mission of the Office of Vocational Rehabilitation is to assist Kentuckians with disabilities to achieve suitable employment and independence.

Values

We value the rights, merit, and dignity of all persons with disabilities and the opportunity to pursue employment as an important aspect of a full and meaningful life.
We value all staff, their individual talents, unique abilities, and contributions to the agency's mission.
We value collaborative efforts and partnerships which support the agency's mission.

CONFIDENTIALITY

UPDATED 07/08/2014

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Authority

The Rehabilitation Act of 1973 as amended: Sections 20, 102(c), and 112(a)
Federal Regulation: CFR 361.38
State Administrative Regulation: 781 KAR 1:010

For the purpose of this manual, use of the terms must or shall reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Resources
Internet and Electronic Mail Acceptable Use Policy

Applicable Forms

Release of Information Agreement (OVR-15A)
Release of Personal or Protected Health Information (OVR-15B)
Release Agreement (OVR-15C)

Policies and practices related to maintaining confidentiality and the protection, use and release of information can be found in Section 361.38 of the Federal Regulations.
The Office of Vocational Rehabilitation shall safeguard the confidentiality of all personal information obtained in the course of the vocational rehabilitation programs, including but not limited to:

- names;
- addresses;
- photographs;
- records containing personal information regarding any individual.

The Office must assure that:

- specific safeguards protect current and stored personal information;
- all applicants and eligible individuals and, as appropriate, those individuals' representatives, service providers, cooperating agencies, and interested persons are informed through appropriate modes of communication of the confidentiality of personal information and the conditions for accessing and releasing this information;
- all applicants or their representatives are informed about the Office's need to collect personal information and the policies governing its use including:
- identification of the authority under which information is collected;

- explanation of the principle purposes for which the Office intends to use or release the information;
- explanation of whether providing requested information to the Office is mandatory or voluntary and the effects of not providing requested information;
- identification of those situations in which the Office requires or does not require informed written consent of the individual before information may be released;
- identification of other agencies to which information is routinely released.

Confidentiality with Electronic Communication

While electronic communication can be very timely and effective, it must be used responsibly and provide the consumer with all the confidentiality protections outlined in federal and state law. The following procedures are to be followed when corresponding with consumers electronically, For the purposes of applying this policy, electronic communication includes, but may not be limited to: email, fax, and Short Message Service (SMS).
The individual must be informed through the Office application that electronic communication is not secure. Correspondence may be inadvertently sent to the wrong recipient(s), an unauthorized individual may intercept the message or technology staff at the department or cabinet level may legally screen the email to assure compliance with state e-mail policies.

Information contained in electronic communications to consumers shall not contain information of sensitive or confidential nature. Confirmation of appointments, reminders to pick up paperwork, etc. may be acceptable use of electronic communication if the consumer agrees to the use of e-mail for that purpose. Under no circumstances should information about the individual's disability be noted in e-mail. A good rule of thumb is: if you wouldn't feel comfortable leaving the message on an answering machine, don't put in an electronic form of communication.

All electronic communication with consumers is considered part of the case record and must be printed and kept according to Office policy. Once correspondence with consumers is completed and printed, it should be permanently deleted.

E-mails, faxes, other forms of electronic communication, just as all other aspects of the case record, should be written professionally and with the utmost respect for the consumer. Should some aspect of the case come into question, the electronic communication may become part of an appeal or court action.
Internal correspondence utilizing e-mail must utilize Entrust encryption software if referring to a specific case record for confidential correspondence.

Use of personal information

All personal information in the possession of the Office must be used only for the purposes directly connected with the administration of the vocational rehabilitation program. Information containing identifiable personal information may not be shared with other entities that do not have official responsibility for administration of the program.

Informed written consent

Informed written consent is required to release information when the written information is requested by:

- an involved individual
- a parent
- a guardian
- one who has Power of Attorney
- any other program authority who uses vocational rehabilitation information for purposes not directly related to the administration of the vocational rehabilitation program.

To safeguard the confidentiality of records, established Office procedures require that informed consent include:

- the purpose for which the information is desired;
- specific information desired;
- date of expiration of the informed written consent;
- an assurance that information will not be re-released to the individual or others; and
- dated signature of individual or appropriate representative.
- Office release forms that meet these requirements are available but any written document that includes the above information may be utilized.

Release to involved individuals

When requested in writing by the involved individual or the individual's representative, the Office shall make all information in the case record accessible to the individual or the individual's representative in a timely manner. Medical, psychological, or other information that the Office determines may be harmful to the individual may not be released directly to the individual, but must be provided to the individual through a third party chosen by the individual, which may include an advocate, a family member, or a qualified medical or mental health professional, unless a representative has been appointed by the court to represent the individual, in which case the information must be released to the court appointed representative.

If personal information has been obtained from another agency or organization, it may only be released by or under the conditions established by the other agency or organization.

An applicant or eligible individual who believes information in the case record is inaccurate or misleading may request that the Office amend the information. If the information is not amended, the request for the amendment must be documented in the case record.

Release to other programs or authorities

Information may be released to other programs or authorities for its program purposes under the same conditions that govern the release of information to an individual or that individual's representative, but only with the informed written consent of the individual. If the information requested may be considered to be harmful to the involved individual, the requesting agency

must assure the Office that the requested information shall not be further released to the involved individual.

Requests for information from a member of the congressional delegation interceding on the behalf of an applicant or eligible individual in regard to vocational rehabilitation services are to be forwarded to the Director of Program Services or his/her designee.

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

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

Exceptions to informed written consent

Informed written consent is not required when the request is:

- directly related to the administration of the vocational rehabilitation program,

or

- in response to judicial order.

Upon receipt of a judicial order or subpoena, or informal request from an attorney or any other legal process or request for access to, or production of, information contained in a case file or records, without the informed written consent of the individual or, as appropriate, that individual's representative, the following procedure should be followed:

The counselor will immediately notify the supervisor and the Director of Program Services who will, when appropriate, notify the Office's Legal Office or the Attorney General's Office.
Should circumstances make it impossible to obtain assistance prior to the time noted on the subpoena or the legal process for the counselor's appearance, the counselor will appear at the designated time and place, but will refuse to divulge, either verbally or by producing documents, the contents or substance of the individual's case file, until ordered to do so by a specific order of the Judge of the Court of jurisdiction. In refusing to divulge the information, the counselor will advise the person requesting the testimony or documents that disclosure is prohibited by Federal confidentiality regulations but, that if ordered to disclose by the Court, the counselor will comply.
If the Judge orders the information to be released, the counselor will immediately comply.

The Office will release personal information when:

- required by Federal or State law;

or

- in response to investigations in connection with law enforcement, fraud, or abuse (except where expressly prohibited by Federal or State laws or regulations),

and

- in response to an order issued by a judge, magistrate, or other authorized judicial officer;

or

- The Office may release personal information when necessary to protect the individual or others when the individual poses a direct threat to the individual's safety or the safety of others.

Fees for Duplicating Records

The Office has established reasonable fees to cover extraordinary costs of duplicating records or making extensive searches. A list of these fees can be found in the Office's Administrative Policies and Procedures.

Release of Information Matrix

This matrix provides information in table form regarding the types of information the Counselor can release under various circumstances. Please note that any release of case information requires some type release form, generally the OVR 15b.

	Case File	Office-Purchased Assessment, Evals	Psychological Assessments	Case Notes	Email Correspondence	Medical Reports/Records (Not purchased by VR)	School Records	Social Sec. Records	Comments
Consumer	▪	▪	▪ *	▪	▪	X	X	X	* Unless deemed potentially harmful to consumer
Guardian	▪	▪	▪	▪	▪	X	X	X	
Client Assistance Program	▪	▪	▪	▪	▪	X	X	X	
Power of Attorney	*	*	*	*	*	X	X	X	*Will depend on Power of Attorney Agreemen t
Subpoena or Police Request for Information									Contact Cabinet Legal Services
Judicial Order	▪	▪	▪	▪	▪				
Disability Determination	▪	▪	▪	▪	▪				Requires Release Form from Disability Determina tion
Other Agencies	▪ *	▪*	▪*	▪*	▪*				*Requires OVR-15b

▪ - May be released
X - May be viewed but not released

NONPROFESSIONAL RELATIONSHIPS

ESTABLISHED 07/08/2014

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Authority
KRS Chapter 11A
KRS 209.020
KRS 2.015

Resources
CRC/CRCC Code of Ethics

For the purpose of this manual, use of the terms *must* or *shall* reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Definition

A nonprofessional relationship exists when a staff member has any type of relationship or interaction outside of the service-provision setting with a consumer, former consumer, their romantic partners, or their immediate family members Examples of nonprofessional relationships include working in the same office, serving on the same committee, attending the same church, patronizing a consumer's business either personally or while performing official duties, shopping at the same store, attending a consumer's formal ceremony such as a graduation, personally purchasing a service or a product from a consumer, or going to another agency's office to introduce a frightened consumer to other services. Examples of nonprofessional relationships are provided as a means of increasing professional awareness, and such scenarios are not always avoidable or advised against.

Nonprofessional relationships can vary in intensity and duration. Some nonprofessional relationships are restricted by state law. Some nonprofessional relationships should be avoided based on best practice. And some nonprofessional relationships have the potential to benefit the consumer.

Nonprofessional Relationships Restricted by State Law

According to state law, staff members *shall not* participate in certain types of nonprofessional relationships. In these situations, a case transfer or a referral reassignment should always be initiated:

- Any staff and consumer relationship or interaction that presents a potential for the staff member to obtain financial gain, treatment, or privileges for themselves, their family members or others;
- Any staff and consumer relationship or interaction that presents a conflict between personal and professional interests;

- Any staff and consumer relationship or interaction which might in any way lead members of the general public to conclude that the staff member is using their official position to further their professional or private interest;
- Sexual or romantic interactions with current consumers;
- Sexual or romantic interactions with former consumers who are at risk for exploitation or harm. This would include Minors as defined by KRS 2.015, and adults as defined by KRS 209.020 quoted below.

a person eighteen (18) years of age or older who, because of mental or physical dysfunctioning, is unable to manage his or her own resources, carry out the activity of daily living, or protect himself or herself from neglect, exploitation, or a hazardous or abusive situation without assistance from others, and who may be in need of protective services

Examples of these types of relationships include, but are not limited to.

- Free-standing friendships;
- Business partnerships;
- Counseling relationships with current or former romantic partners

The above dual relationships are restricted by state law, and *must* be avoided.

Nonprofessional Relationships Not Restricted by State Law

Other types of nonprofessional relationships are not restricted by state law. The following guidance is provided according to best practices, and applies to all those nonprofessional relationships that are neither Nonprofessional Relationships Restricted by State Law nor Beneficial Nonprofessional Relationships.

The staff member who recognizes this type of nonprofessional relationship should discuss, with their branch manager, the option of transferring the case, and should inform the consumer of the nonprofessional relationship policy. Nonprofessional relationships should be avoided whenever possible. If possible, the case should be transferred. If the case cannot be transferred, then a nonprofessional relationship is unavoidable, and the staff member should, with the consumer, clearly define professional boundaries, expectations and roles, and continue to provide vocational rehabilitation services. As always, services should be provided in a confidential setting and manner.

Examples of these types of relationships include, but are not limited to.

- Working in the same office
- Shopping in the same store
- Attending the same church
- Patronizing a consumers business

Beneficial Nonprofessional Relationships

The following guidance is provided according to best practices. Nonprofessional relationships should be avoided according to the guidance above except when such interactions are expected to be beneficial to the consumer. Such interactions can reasonably be initiated if they comply with state law, and meet all of the following criteria.

1. The rationale for the interaction has been documented in the case record including the potential benefits, and anticipated consequences;
2. The staff member has obtained written consent from the consumer;
3. The interaction will be time-limited;
4. The interaction is context-specific (e.g., constrained to an organizational or community setting).

If Office staff anticipate any harm could come to the consumer as a result of a nonprofessional interaction, then the interaction should be avoided. If Office staff initiate a nonprofessional interaction which meets the criteria listed above, and unanticipated harm comes to the consumer as a result, the staff should act to remedy it.

Potential examples of these types of relationships include, but are not limited to:

- Attending a consumer's formal ceremony;
- Going to another agency's office to introduce a frightened consumer to other services;
- Personally purchasing a service or a product from a consumer.

Gifts

Office employees *shall not* accept gifts totaling a value of more than $25 in a calendar year. When determining whether or not to accept a gift from a consumer, staff members should also consider the cultural or community practice, therapeutic relationship, the motivation of the consumer for giving gifts, and their own motivation for accepting or declining gifts.

Additional Guidance

The Code of Professional Ethics for Rehabilitation Counselors provides additional guidance related to specific types of nonprofessional relationships including guidance related to former romantic partners and former clients. Although this guide was written to provide guidance to Certified Rehabilitation Counselors, it can be considered a best practice guide for all Office staff. The guidance found in the Code does not supersede or equate to state law.

Decision Making Model

When deciding the proper course of action when nonprofessional relationships are involved, staff members may find the following decision making model helpful.

Decision Making Model

- *Is this in my consumer's best interest?*
- *Whose needs are being served?*
- *Will this have an impact on the service I am delivering?*
- *Should I make a note of my concerns or consult with a colleague?*
- *How would this be viewed by the consumer's family or significant other?*
- *How would I feel telling a colleague about this?*
- *Am I treating this consumer differently (e.g., appointment length, time of appointments, extent of personal disclosures)?*
- *Does this consumer mean something 'special' to me?*
- *Am I taking advantage of the consumer?*
- *Does this action benefit me rather than the consumer?*
- *Am I comfortable in documenting this decision/behavior in the consumer file?*
- *Does this contravene the Regulated Health Professions Act, the Standards of Professional Conduct or the Code of Ethics, etc.?*

"The Bulletin", the College of Psychologists of Ontario -Volume 25, #1, July 1998

EQUAL LANGUAGE ACCESS

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Authority

Civil Rights Act of 1964: Title VI, Section 601
Federal Regulation: 34 CFR, Part 100
Executive Order 13166

Background on Equal Language Access

In August 2000, President Bill Clinton signed Executive Order 13166, requiring all federal funding recipients to provide language access to people with limited English proficiency. As a recipient of federal funds, the Kentucky Office of Vocational Rehabilitation cannot discriminate against an individual based on national origin. This includes, but is not limited to the following:

- Denial of services, financial aid, or other benefits;
- Provision of different services and benefits, or providing them differently from those provided to others in the program;
- Segregate or treat individuals separately in any way in their receipt of any service, aid or benefit.
- Treat an individual differently from others in determining whether they satisfy any admission, enrollment, quota, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service, financial aid, or other benefit provided under the program.

Department/Office Responsibilities

To ensure services are delivered to customers identified as being limited in English, whether through OVR staff or contracted vendors, the Office or contracted vendor shall provide equal access to VR services for all eligible individuals regardless of national origin. Strategies to provide equal language include the following:

- Post multi-lingual signs in waiting areas to explain the availability of interpreters.
- Use "point to your language" poster at the initial contact to invite people with limited English proficiency to identify their primary language.
- Use approved interpreters and ensure interpreters are provided at no cost to the consumers.
- Ensure that no unreasonable delay in services occurs during this process.
- Provide translated copies of essential program forms and documents persons with limited English proficiency.
- Work with vendors of Office services to understand their responsibilities to provide services to persons with limited English proficiency.

- Ensure staff are trained on cultural competency, effective communication and the use of interpreters/translators

Counselor Responsibilities

Even those consumers who may speak and appear to understand some English may not necessarily have the skills to understand their rights, responsibilities, letters, and other forms of communication provided to them as recipients of KY OVR services. Staff must identify consumers who need language assistance and identify the customer's primary language.

Staff must follow the procedures below to ensure that consumers with limited English proficiency receive adequate service:

1. Counselors should identify the consumer's primary language as soon as possible. This should be noted in the case file to ensure that any staff person who may work with that individual will be aware of their language related needs.

2. Indicate any language needs on all referrals for consumers with limited English proficiency to vendors or other internal VR services (Job Placement, Pace, CDPVTC, etc.).

3. Inform consumers with limited English proficiency, including walk-ins, of their right to interpreter (verbal) and translation (written) services without unreasonable delay.

4. Provide translated copies of essential program forms and documents to those with limited English proficiency. Do not assume consumers are literate in their own language. The forms are currently available on the KY OVR Intranet. If the documents made available on the intranet site do not have the primary language of the individual, the instructions for translating a document are provided at the end of this section.

5. Ensure consumers with limited English proficiency they have the same safeguards of confidentiality as English proficient consumers.

6. Assist customers with limited English proficiency understand and complete forms.

Interpreter and Translation Procedures

The services of an interpreter or translator should be utilized if staff are unable to communicate with the consumer well enough to provide quality services. If the consumer indicates they do not need an interpreter, yet the counselor feels the individual is not understanding the information presented because of a language barrier, staff should err on the side of caution and access interpretation or translation services.

Because of confidentiality issues, KY OVR staff should not require or suggest that consumers with limited English proficiency use friends, children, or family members as interpreters. However, the individual may choose to decline interpreter services and may prefer to rely on a friend, child or relative as an interpreter. This choice should be noted in a case not in the consumer's file. The consumer should also be made aware they can choose to access an interpreter or translator at a later date.

1. Each office should have access to multiple "Point to Your Language" posters to assist staff in identifying the primary language of the individual.

2. After it is determined the consumer requires the use of an interpreter, it is the Office's responsibility to access interpreter or translation services for the individual. A list of potential resources for interpreters or translation services is provided here.

3. Should the individual require translation of a document or form, the counselor may contact the Assistant Director of Program Services. This should be done as long in advance as possible, so that ample time is given for the service to translate the document.

4. If a translator or interpreter is not available, or if an individual shows up without an appointment, the staff persons may utilize the Language Line at 1-866-903-3647.

Language Line 866-903-3647

In the event that a Limit English Speaker (LES) calls or visits an OVR office unexpectedly, the Language Line can be utilized to facilitate communication with the LES. The Language Line can also to be used when counselors or staff need to call a LES, or call a LES back.

Staff can call InterpreTalk at 866-903-3647, and provide the following information to the operator who is English-speaking:

1. Cabinet: Education and Workforce Development
2. Division: Vocational Rehabilitation
3. Your name
4. The language needed, or ask for assistance identifying the language.

Then proceed as follow:

- Hold momentarily while your interpreter is connected.
- The operator will inform you that the interpreter is now "on the line", and give you the interpreter's ID number.
- Explain the objective of the phone call to the interpreter. Then proceed by speaking directly to the consumer as if the interpreter were not on the line. *Example: "Did you get the letter I mailed you?" NOT "Did she get the letter I mailed her?"*
- Upon completion of the call, all parties should simply hang up.

The duration of the call will be automatically recorded. InterpreTalk will bill Central Office for the service.

This service is only to be used when a LES visits an OVR office unexpectedly, or when the counselor needs to contact a consumer via telephone. In all other situations (scheduled OVR appointments, scheduled evaluations, medical appointments, etc.) an interpreter should be provided in person at the time the service is provided.

Other reference tools to be utilized in this type of situation (The "One moment please" tool, the "Please point to your language" poster, and the "Tips for working with an interpreter") have been made available here.

Please contact Erin Hopper at 502-782-3458 for questions, comments or concerns regarding the Language Line.

Resources

The OVR website lists potential resources for interpreter/translation services for persons with limited English Proficiency. This list is not intended to be all inclusive and counselors are encouraged to explore other local options or services. It is imperative the counselor inform any service provider of the confidentiality requirements of KY OVR prior to the provision of any services.

REFERRAL AND APPLICANT

Table of Contents

Authority

Rehabilitation Act of 1973 as amended, Section 101(a)(6)(A) and Section 102(a)(6).
Federal Regulations, Sections 361.41, 361.38
Administrative Regulation 781 KAR 1:020 Sections 2 and 3.

For the purpose of this manual, use of the terms must or shall reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Applicable Forms

Application for OVR Services (OVR-2)
Voter Registration Rights and Declination form, and the mail-in voter registration form
Application for Services Supplement (OVR-2A)
Agreement for Extension of Time (OVR-2B)

Referral Development

The Office of Vocational Rehabilitation counselors are responsible for finding individuals with disabilities in their areas, and encouraging them to apply for OVR services. Counselors will be responsible for maintaining productive contacts within the district, which result in appropriate referrals to OVR.

Each county has at least one general rehabilitation counselor assigned to accept referrals. Each county has an assigned Rehabilitation Counselor for the Deaf (RCD). RCDs serve consumers who are deaf and use sign language as their preferred mode of communication. Each RCD is responsible for a service area based on labor market groupings. Communication Specialists, located in most of the major OVR offices, serve consumers who are hard of hearing and late deafened.
When serving an individual who has both hearing and vision loss, contact the State Coordinator of DeafBlind Services. This will help ensure the individual is placed on a statewide registry and that appropriate services are provided. In counties without an Office of Vocational Rehabilitation office, counselors serving that area make periodic visits to offices of other state and county agencies to provide rehabilitation services.

The Office establishes and maintains working and cooperative agreements with agencies from which referrals may be received. OVR educates referral sources to ensure that individuals with disabilities are given accurate information about the Office of Vocational Rehabilitation.
The Office maintains supplies of brochures explaining the vocational rehabilitation program. These can be distributed to potential referral sources or used in other ways to inform the public. Public Service Announcements, video, and other aids are available through the Central Office.

The counselor assumes the initiative for making contact with and educating referral sources. Some suggested sources are:

Individuals	Guidance Counselors
Public and Private Schools	One-Stop Career Centers
Hospitals and Clinics	Health Services
Insurance Companies	Community Rehabilitation Programs
Physicians	Comprehensive Care Centers
Department for Employment Services	Workers' Compensation
Department for Social Insurance	Department of Corrections
Department for Health Services	Veterans Administration
Department for Social Services	Social Security Administration
Consumer Groups	Civic Clubs and Groups
Businesses	Associations and Labor Groups
Private Rehabilitation Facilities	

This list is not intended to be all-inclusive. Counselors should use their professional talent and imagination to identify individuals appropriate for referral.

In order to establish and maintain good relationships with referral sources, counselors should consider the following:

- Have frequent contact
- Maintain two-way communication
- Encourage, share, and develop information - as appropriate in a team approach
- Visit treatment team planning sessions
- Attend staffings
- Participate in IEP/ARC meetings
- Become familiar with other programs
- Explain OVR policies and procedures
- From the above involvement, the counselors will benefit by receiving more appropriate referrals and obtaining accurate information that increases the potential for successful employment outcomes.

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Federal Definition of Applicant

An individual will be considered an "Applicant" when they have completed the following:

- Completed and signed an Office application form (OVR-2); or completed a common intake application form in a One-Stop center; or has otherwise requested services from OVR; and
- Has provided the necessary information to initiate an assessment to determine eligibility and priority of services; and
- Is available to complete the assessment process (34 CFR Part 361.41(b)(2).

There are no provisions in law or regulation for a counselor to discourage or refuse to take an application. Any persons desiring consideration for VR services has the right to make application and be considered for program eligibility.

Visual Impairments

UPDATED 10/2013

Additional guidance regarding services to individuals with visual impairments can be found in the Visual Impairment section of this manual.

"Visual Impairment" means a condition of the eye, which constitutes or results in a substantial impediment to employment for the individual. "Legally blind" means a visual acuity of 20/200 or less in the better eye with correction or a visual field of 20 degrees or less (KRS 163.460). Referrals who have a visual impairment and no other disability are the responsibility of the Office for the Blind.

When needed to meet the vocational needs of an individual, services from both the Office for the Blind (OFB) and the Office of Vocational Rehabilitation may be provided simultaneously. Such circumstances are known as a dual case. For a dual case, the individual must meet the eligibility requirements and Order of Selection for both agencies, and must require the unique services of both agencies to ensure the best chance of attaining independence and employment.

If the interview reveals that the individual may require services from the Office for the Blind, a referral should be made to the nearest location within 5 business days. The individual must sign a Release of Information before a referral can be made.

A meeting with both counselors and the consumer is to be conducted within 30 calendar days of the application date. In preparation for this meeting, the two counselors should review medical information, determine the severity of the disability, and evaluate the need for multiple complex services. At the meeting, both counselors and the consumer will together determine whether or not it is appropriate for both agencies to provide services to the individual, or if one agency will take the full responsibility of serving the individual while the other provides consultation as

needed. If it is decided that one agency shall provide consultation, and no other services, then that agency shall close the case.

Individuals who are deafblind may require services from both OVR and the Office for the Blind to achieve their vocational goals. DeafBlindness is defined as a combination of visual and hearing impairments that is so severe that the individual has extreme difficulty in the attainment of independence in activities of daily living, psycho-social adjustment or in the pursuit of a vocational objective. It is not necessary for either the hearing impairment or the vision impairment to be the major or secondary disabling condition as the presence of both conditions is sufficient for the individual to be considered deafblind. An individual may also meet the definition of deafblindness if his/her hearing or vision has a prognosis of further deterioration or if the individual's ability to use his/her hearing and/or vision is so limited as a result of protracted and inadequate use of either or both of these senses that the individual functions as a person who is deafblind.

Each agency has identified specific counselors to work cooperatively to provide services to individuals who are deafblind. Initial interviews are to be conducted jointly by counselors from each agency within 30 days of the referral date. Both counselors and the consumer are to review medical information, the significance of the disability and the need for multiple and complex services in order to determine whether or not it is appropriate for both agencies to provide services to the individual. When dual cases are warranted, cases should be opened in both agencies.

Initial Interview and Application Process

Once a counselor receives a referral, a good faith effort must be made to contact the individual in a timely manner. The purpose of this contact is to inform the individual of the application requirements for vocational rehabilitation services and to begin gathering information necessary to initiate an assessment for determining eligibility and priority of services. This contact should occur within five (5) working days of receipt of the referral. This is an opportune time for the counselor to discuss the existing information and request the individual bring available records to the first meeting.
If the individual decides to pursue application for vocational rehabilitation services, arrangement should be made to meet within thirty (30) days of the date of referral. During this first meeting, the counselor should put the individual at ease and establish rapport. The purposes of the initial interview are:

1. To determine why the individual has come to the Office;
2. To establish individual's identity and eligibility to legally work in the United States.
3. To obtain the individual's assessment of the disability and limitations in functional capacity, and how the individual feels OVR can assist;
4. To identify the mutual purpose and goals of the rehabilitation process;
5. To begin the assessment to determine eligibility.
6. For the counselor to complete the OVR2 application for services.

During the application process, it is expected practice the counselor will complete the KYOVR application for services. Once completed, the counselor and individual sign the application. At

this point, the individual becomes an applicant. An individual may also become an applicant by requesting services in accordance with 781 KAR 1:020 Section 1 (1) which states "applicant" means an individual who has signed a letter or document requesting vocational rehabilitation services who is available to complete an assessment. The completion of a joint intake form requesting OVR services at a One-Stop is also an application for services. The sixty-day time frame for determination of eligibility begins when the individual becomes an applicant regardless of the method chosen.
In those cases where the counselor and the applicant wish to proceed with assessment to determine eligibility, the following steps should be taken:

1. Refer to the Consumer Guide to advise the applicant of his/her rights and responsibilities including appeal procedures and the right to determination of eligibility within sixty days;
2. Collect existing data if available or arrange for appropriate diagnostics;
3. Refer applicant to other appropriate resources such as Medicaid, community services, and other applicable Federal or State programs;
4. Provide an interpreter consistent with that person's mode of communication or other communication devices when indicated;
5. Begin case documentation including progress notes; and
6. Offer voter registration services (see National Voter Registration Act for further instructions).

After the initial interview the applicant should understand thoroughly the need to maintain contact with the counselor and the obligation to participate actively throughout the rehabilitation process.

Social Security Recipient Applicants

Any Social Security Disability (SSDI) recipient or individual receiving Supplemental Security Income for a disability (SSI) is presumed eligible for Vocational Rehabilitation services and to have a disability that is significant provided that the individual intends to achieve an employment outcome consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual. It is important to note that while the individual is eligible for services, they must still meet the requirements of the Office's current Order of Selection category to receive services.

Relative Applicants

An employee shall not take an application or provide vocational rehabilitation services to a relative. The relative must be referred to the Director of Program Services or designee. The Director of Program Services or designee will assign a staff member who is not a relative to take the application and to provide services as deemed appropriate.

"Relative" is defined as an individual related to another individual by blood, marriage, or adoption, including spouses, parents, grandparents, brothers, sisters, sons, daughters, grandchildren, aunts, uncles, nieces, nephews, and first cousins.

If the applicant is a distant relative the counselor should treat the situation with the same discretion used when determining conflict of interest on any other case. The counselor should excuse himself or herself from the case if the potential for conflict of interest exists.

Employee Applicants

In order to provide OVR employees fair and equal access to vocational rehabilitation services, and to avoid the appearance of impropriety or conflict of interest, an applicant who is an Office employee, and OVR, shall adhere to the following procedures when such an employee wishes to apply for rehabilitation services:

- The employee shall advise the Director of Program Services or designee of the intent to apply.
- The Director of Program Services or designee will select a counselor to take the application.

Whenever possible, the counselor will be located in an adjacent district.

Availability to Work

During the application process and prior to determination of eligibility, all potential applicants are required to provide identification documents meeting the Federal I-9 requirements for employment. A link to the I-9 Form providing instructions and acceptable forms of identification is listed below. Please note, Form I-9 requires the individual to have one acceptable document to establish both identity and employment eligibility from List A on page 3 of the instructions OR a document from list B establishing the person's identity and one document from list C establishing employment eligibility. OVR may assist with the purchase of the required I-9 documents, however, many acceptable documents can be obtained without a fee

I-9 Form (PDF): http://www.uscis.gov/files/form/i-9.pdf

The identification should be provided to the counselor within 60 days of the application date, however the counselor may make exceptions based on extenuating circumstances. A copy of the identification provided should be placed in the VR case.

At this time, the counselor should help the referred individual understand the eligibility criteria, the Order of Selection, and the assessment procedure. The counselor may use the Consumer Guide to further explain the vocational rehabilitation process. A copy of the Consumer Guide must be given to each applicant.

If the individual indicates they do not have the legal ability to work in the United States, the counselor should provide guidance and counseling to inform him/her that, under Federal law, OVR cannot serve persons who do not have legal work status. The counselor should then provide information to the individual concerning legalization procedures and recommend application be completed after legal status is obtained. If the individual chooses to continue the application, the counselor is to complete the interview and application, then immediately close the case in 08 status and inform the individual their case has been closed. A copy of the consumer guide should be provided and the individual should be informed of their appeal rights.

National Voter Registration Act

The Office of Vocational Rehabilitation has been identified as one of the agencies to implement the National Voter Registration Act. Each office will maintain a supply of the necessary forms (i.e. the voter registration form, the "Voter Registration Rights and Declination" form, and the mail-in voter registration form). Counselors must offer every applicant the opportunity to register to vote when the consumer initially applies for services, during the annual review, or when the consumer changes addresses.

- At the point of initial application, each consumer is given the " Voter Registration Rights and Declination" form and asked, "If you are not registered to vote where you live now, would you like to apply to register here today?
- Detach the bottom portion of the " Voter Registration Rights and Declination" form and give it to the consumer, whether the consumer decides to register or not.
- Provide the same level of assistance in completing the voter registration form as you would provide when the consumer completes any Office form. The counselor should be ready to answer any questions on each section of the form, and fill out the form for the applicant, if necessary.
- Maintain strict neutrality with respect to party enrollment.
- Accept the voter registration application form for transmittal to the County Clerk of the county of the applicant's voting residence, and store it in the location the Office has designated until it can be forwarded to the County Clerk's office.
- Mail the applications weekly or at least within 10 days of receipt of the application.
- Allow the applicant to choose to mail in the application. Provide that individual with the mail-in voter registration form.
- Keep the top portion of the " Voter Registration Rights and Declination" form and place it in the case file. Also, keep a copy in a central, secure location in the district office.
- If the individual is a felon and cannot vote, please write "Felon" on the top of the form and include in the case file. It is not necessary to obtain a signature from the consumer.

Special Considerations

The Office will accept applications from individuals who reside outside of Kentucky if they are available to participate fully in the rehabilitation process, including assessment for eligibility and

rehabilitation needs, and for those a Kentucky OVR office is the closest available vocational rehabilitation program to them. This is an exception and requires approval from the branch manager prior to accepting the referral or application.

It is best practice to accept applications on institutionalized individuals approximately 30 days prior to discharge or release. This enables the counselor to meet with the individual for an initial assessment and to begin gathering necessary diagnostic information to determine eligibility. Applications should not be taken on individuals who are institutionalized for an indefinite or considerable period of time since that individual would not be available to complete an assessment.

Counselors should be very cautious when individuals who are institutionalized apply for services if immediate employment or training is a condition of parole/release. The acceptance of such conditions distorts the counselor/consumer relationship and may place the counselor in a difficult situation if parole/release conditions are not observed.

Occasionally, a counselor may be requested to make a home visit with a consumer. It is recommended that another Office staff person accompany the counselor. Concerns about home visits should be discussed with the branch managers.

CASE DOCUMENTATION

UPDATED 01/01/2015

Table of Contents

Authority

Rehabilitation Act of 1973 as amended, Sec. 101(a)(6), (9), (14), (20) and 102(a), (b), and (d)

Federal Regulation: CFR §361.47

Applicable Forms

Application (OVR-2)
Eligibility Worksheet (OVR-6)
Eligibility Extension (OVR-6B)
Individualized Plan for Employment (OVR-7)
Individualized Plan for Employment Amendment (OVR-7A)

Purpose of Case Documentation

The purpose of documentation is to show the progress of a case should be done so that a third party, totally unfamiliar with the case, can promptly and easily see what is happening with the case and can understand why the counselor made a particular decision. Generally, the progress notes are considered as this documentation. However, the entire case record serves as documentation and information contained elsewhere does not have to be duplicated in the progress notes.

Progress notes should include a summary of counseling sessions, indicate services rendered that are not clearly marked in other case documents, denote problem areas, and document collaboration with other professionals, agencies, etc. Notes can be an overview capturing the content of a session or event. An entry in the case notes will give the counselor credit for the many services rendered. Without this documentation, much hard work and effort will not be reflected in the case. Notes should be kept as objective and factual as possible. Each case is a legal document that potentially could be examined in a court of law. All progress notes shall be initialed or signed. Email documentation shall be signed with the staff member's full name and title or automatic signature. Judgmental statements, subjective statements, labels, innuendoes, etc., should never be included in the progress notes. The expected practice is that progress notes should be written so the content, if read by the consumer, would not cause harm. The format for a progress note is the counselor's choice, as long as major points are covered. Each progress note shall clearly identify the consumer name, date, and counselor name.

Rehabilitation assistants may also write case notes reflecting the conversations and other pertinent work done with or on behalf of the consumer.

Electronic Mail

Email correspondence between staff and the consumer, guardians, service providers, etc. has become fairly commonplace. Because this correspondence provides valuable information regarding the progress of the individual in their rehabilitation plan, this electronic correspondence needs to be included in the case file. Emails should be placed in the progress note section if they provide information on the casework flow and are interactive communications. Email correspondence which functions as documentation of casework services should be placed in the progress note section. Any email that will be used as a progress note should be labeled as a progress note and filed with the other progress notes in the case. Emails included should explain why the email is included in the case, when the email was generated, and the names and roles of participants in the email conversation.

For organizational purposes, correspondence between the OVR staff and other party, where there are multiple responses, should include the final email that contains the entire electronic conversation. When email correspondence is not to be used as a progress note, it should be filed chronologically with all other correspondence. An example of an email that belongs in the correspondence section of a case file would be scheduling an appointment.

Text Messaging

Some consumers may choose to communicate with OVR staff via text message. Because this procedure involves two platforms of communication: email and text messaging, it will henceforth be referred to as Short Message Service (SMS). Office staff may send and receive SMS messages using their ky.gov email accounts. All guidance in this manual related to confidentiality and documentation when using other electronic communication, also applies to the use of SMS. The consumer must be informed of the limits of confidentiality related to sending and receiving SMS messages: correspondence may be inadvertently sent to the wrong recipient(s); an unauthorized individual may intercept the message; technology staff at the department or cabinet level may legally screen the message to assure compliance with state e-mail policies. Inform the consumer that standard messaging rates apply, and that the Office cannot pay for the costs of sent or received SMS messages.

Office staff should use the following procedure to initiate SMS communication:

If the consumer who wishes to use SMS is a new applicant, this consumer can indicate their consent by marking the appropriate check box on the back of the Application for Services (OVR2). The consumer should then send a SMS to their counselor's ky.gov email address. Please see the details below.

If the consumer who wishes to use SMS is an existing client, they can indicate their consent by sending a SMS to their counselor.

When the counselor receives the initial SMS, it should be printed, signed by the consumer, and placed in the case record. The initial SMS should include the following text.

I,_____ , give my permission for OVR to communicate with me via SMS using the number from which this message was sent.
(consumer name)

"Group texting" may result in a breach of confidentiality. Counselors should not send a SMS message to more than one recipient. The consumer should initiate SMS contact, not only to further indicate their consent, but also because the SMS technology will function more effectively if this procedure is followed. The counselor will receive the message in the form of an email from the consumer's SMS address (which will include their phone number). For convenience, the counselor can save the consumers contact information along with the SMS address. Office staff responding to a SMS from a consumer might find it more effective to erase any unessential text from the body of an email before sending a message to a consumer's phone. This will prevent consumers from receiving the same text multiple times, and from receiving very large or broken messages.

Initial Interview

The OVR application includes required information from an applicant and assists in the assessment and eligibility process. However, additional information gathered through the initial interview must be documented in the case progress note. As appropriate, the following information should be included on the initial progress note if not clearly documented elsewhere in the case record:

- Review of OVR Consumer Guide, consumer choice, voter registration, and appeal process
- Review of current Order of Selection
- Presenting information:
- Physical/mental impairment and limitations
- Current medications/treatment
- Adjustment to limitations and treatment
- Consumer identified functional vocational limitations that will significantly interfere with preparing for, and/or keeping a job
- Vocational history, transferable skills and interests: Note OVR-2 work history section
- Family/economic section
- Ticket to Work (SSI, SSDI work incentive status)
- Past VR involvement (outcomes, purchased services)
- Other agency involvement
- Counselor impressions/observations
- Military experience:
- Type of work done
- Type of discharge
- Legal history
- Services requested
- Next steps (Including any additional assessments needed)

Verification of SSI/SSDI

Verification of SSI or SSDI benefits must be obtained for presumptive eligibility. The most common methods of verification are copies of the consumer's award letter or benefits reports that can be requested from the local SSA office. The date verification of benefits is received must be documented in the case record. Regardless of the method used to determine eligibility, presumptive eligibility or expanded definition, verification of benefits must be included in the case record.

Eligibility

The eligibility worksheet shall be completed thoroughly and all functional limitations must be related to the documented mental/physical impairment. Counselor should complete the progress note section of the eligibility worksheet (Step 1, Section 2), which will serve as case documentation for the eligibility determination and will include the following:

- Specific examples of how the mental/physical impairment with functional limitations and attendant factors result in substantial impediment to employment for this individual.
- If the individual has a work history, describe the functional limitations which causes difficulty in performing the duties of those jobs, or cause him/her to lose jobs.
- If little or no work history exists, explore how the functional limitations might limit the vocational choices for the individual, or how the limitations might cause them problems preparing for a job consistent with their abilities.
- Explain how the individual can benefit in terms of employment at this time; i.e. stability, motivation, availability, and cooperation.
- Next steps (including any additional assessment needed to determine necessary services)

If the individual is in a priority category not being served under the current Order of Selection, a separate progress note is required indicating that Information & Referral services were sent.

IPE and IPE Amendment

The IPE and IPE Amendment detail the specific vocational goal, services and anticipated time frames. As appropriate the following topics should be included when documenting the IPE and IPE Amendment:

- Identify existing information utilized
- List and discuss assessment tools used to justify vocational goal:
- Aptitude tests and Interest inventories i.e. ACT, CareerScope, COMPASS
- Psychological evaluations
- Transferable skills
- Labor market
- Limitations
- Grades

- Existing information
- Counselor judgment
- Family information
- Comprehensive vocational assessment
- Situational assessments
- Job samples
- Consumer choice
- Justify the selection of the specific appropriate vocational goal and whether the outcome is planned to be full or part-time
- Discuss how planned services will assist consumer in reaching appropriate vocational goal
- Next steps
- Documentation for Vocational Goal of Homemaker

The reason for the selection of homemaker as a vocational goal must be thoroughly documented, including the consumer's choice and the counselor's input. Documentation should include the assessment, which has identified the individual's needs and the services required to achieve the successful outcome. As appropriate the following topics should be documented:

- How the individual's disability in conjunction with attendant factors has impacted the individual's ability to successfully complete the tasks associated with homemaking (i.e. food preparation, housekeeping, budgeting, shopping, childcare, etc.)
- Vocational assessment information, whether formal or informal. This should include other vocational goals that were considered and why they were not chosen.
- The individual's strengths, interests, and abilities; as well as the sufficiency of the individual's financial resources to sustain self and family, when appropriate, as a homemaker.
- The services the individual requires in order to successfully meet the demands of homemaking. It is expected practice that the IPE include guidance and counseling and at least one service directly related to homemaking. Services needed by a homemaker may include:
- Budgeting classes
- Benefits planning consultation
- Independent living skills training
- Self-advocacy or assertiveness training
- Childcare instruction
- Rehabilitation technology necessary to complete work tasks
- Nutrition classes
- Bus training
- Mental or physical restoration
- Documentation for Vocational Goal of Unpaid Family Worker

The reason for the selection of unpaid family workers as a vocational goal must be thoroughly documented, including the consumer's choice and the counselor's input. Documentation should include the assessment, which has identified the individual's needs and the services required to achieve the specific vocational goal. As appropriate the following topics should be documented:

- How the individual's disability in conjunction with attendant factors has impacted the individual's employment opportunities.
- Vocational assessment information, whether formal or informal. This should include other vocational goals that were considered and why they were not chosen.
- The individual's strengths, interests, and abilities; as well as the sufficiency of the individual's financial resources to sustain self and family, when appropriate, as an unpaid family worker.
- The services the individual requires in order to be successful as an unpaid family worker.

Annual Review

Annual review shall be done within one year of the date on the original IPE or the last annual review, and shall be clearly identified on the progress note. The minimum requirements include:

- Review of disability and disability-related issues as they relate to rehabilitation and employment
- Consumer progress toward reaching the expected vocational outcome
- Grade review if applicable
- Document discussion of annual review with consumer or, if applicable, his/her representative
- Problems or situations, including the review of the need for any changes or additional services
- Date of next review
- Review of all services listed on the IPE
- Financial update
- Next steps

Case Closure

Documentation of a case closure should be included in the case record regardless of the type of closure. The minimum requirements for case closure documentation are provided below for each specific closure type.

Positive Employment Outcome

Explain how services contributed to the success of the consumer
Address the consumer/counselor agreement that the closure is consistent with the plan goal (IPE or amendment)
List place of employment, job title, and report wages/benefits
Describe satisfactory adjustment to employment
Address post-employment services

From Applicant status

Note multiple attempts at trying to reach the consumer
Note date of closure
Note closure reason

After IPE developed but not successful

Note multiple attempts at trying to reach the consumer
Note date of closure
Note services provided
Note reason for closure

From Eligible status

Note multiple attempts at trying to reach the consumer
Note date of closure
Note reason for closure

From Post-Employment status

Note date of closure
Note reason for closure
Note services provided

Errors

Errors Policy

*Effective Date 4-13-15

In the event that information is written incorrectly in a paper case file, or entered incorrectly into the electronic case management system (CMS), the corrections must be made as soon as they are discovered. This policy outlines the steps that should be taken to address these corrections.

CMS

It is important to remember that the paper case MUST reflect what is recorded in CMS and vice versa. When an error occurs in CMS, the individual responsible for the error, or the one who discovers it (depending on the circumstances), must submit a "change request" in CMS. This allows the agency to submit corrections to federal reports, some of which are submitted on a quarterly basis. If the change request is approved, the employee will be notified by email and, if

necessary, the correction must also be made in the paper case file. No change shall be made until the request to change is approved by CMS Administrators or Program Services Director or Assistant Director. If the change request is not approved, the error must stand and be documented in a progress note. Print the change request exchange and place a copy in the paper case file in order to document the process of identifying and correcting the error.

PAPER FILE

When an error occurs or is found in a paper case file, the incorrect information must be marked through, initialed by the person making the correction, and dated (all in red ink). The correct information should then be written in with red ink. Add a progress note to the case indicating the reason for the correction. With regard to the eligibility worksheet, updates and corrections must be delineated in a progress note. An update indicates new information that is being added. A correction indicates that something was in error and is being corrected.

Errors found in closed cases must be left as they were when the case was closed. There shall be no corrections to existing information nor will any information be removed from the case record (open or closed).

Progress notes indicating the discovery of an error in a closed case may be added only if the case has not yet been scanned and archived.

Failure to follow this policy may result in disciplinary action, including termination of employment, and may be a criminal offense.

KRS 519.060 Tampering with public records.

(1) A person is guilty of tampering with public records when:

(a) He knowingly makes a false entry in or falsely alters any public record; or

(b) Knowing he lacks the authority to do so, he intentionally destroys, mutilates, conceals, removes, or otherwise impairs the availability of any public records; or

(c) Knowing he lacks the authority to retain it, he intentionally refuses to deliver up a public record in his possession upon proper request of a public servant lawfully entitled to receive such record for examination or other purposes.

(2) Tampering with public records is a Class D felony.

Effective: July 14, 1992

Errors policy originally placed in OVR Policies and Procedures Manual on January 22, 2015.

Edits made by Statewide Council for Vocational Rehabilitation on March 16, 2015 and approved by OVR Executive Leadership Team on April 8, 2015.

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(b) Knowing he lacks the authority to do so, he intentionally destroys, mutilates, conceals, removes, or otherwise impairs the availability of any

public records; or

(c) Knowing he lacks the authority to retain it, he intentionally refuses to deliver up a public record in his possession upon proper request of a public servant lawfully entitled to receive such record for examination or other purposes.

(2) Tampering with public records is a Class D felony.

Effective: July 14, 1992

INFORMED CHOICE

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Authority

The Rehabilitation Act of 1973 as amended
Federal Regulation: Section 361.52

Informed Choice-General Information

Informed choice has been an increasingly prominent facet of public VR programs since its inception. Consumers have advocated for more power and control over their individual destinies and for more choice in decisions, service delivery and selection of career goals. With this new self-advocacy, combined with the advocacy of rehabilitation professionals and others, the more recent amendments to the Rehabilitation Act of 1973 contain substantial language emphasizing consumer choice.

Office staff are better able to assist individuals with the most significant disabilities when the individual has the desire to make decisions about his or her personal future. To that end, the Office has developed guidelines and best practices to insure that consumers make informed choices about their personal, individualized rehabilitation program.
Informed choice is defined as effective access to information on VR related choices and to the necessary counseling, services and supplies to help individuals choose and use an appropriate method of vocational preparedness planning.
Federal Requirements

State agency requirements to "informed choice" as it relates to vocational rehabilitation services were first encountered in the Rehabilitation Act of 1973 as amended in 1992. Section2(c)(1) of the Act states that "it is the policy of the United states that all programs, projects, and activities receiving assistance under the Act shall be carried out in a manner consistent with the principles of: (1) respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers, based on informed choice, for individuals with disabilities." In addition, Title I, Part A, Sec. 1OO(a)(3)(C) provided one of the strongest provisions about informed choice. It stated that "individuals with disabilities must be active participants in their own rehabilitation programs, including making meaningful and informed choices about the selection of their vocational goals and objectives and the vocational rehabilitation services they receive."

Guidance Related to Informed Choice

The items below have been identified as opportunities for informed choice throughout the VR process:

- Identify where and when you may be making choices for the consumer that the consumer could make or assist in the decision making process
- Let the consumer know that choice needs to be made periodically and at discrete points and that she or he should make the choice or be a partner in making the choice.

- Give the consumer all available information. If not available, a choice may need to be made about who should gather the needed information and how the information should be collected. The counselor could be the gatherer of information, the consumer could be the gatherer of information or both the consumer and counselor could collect information.
- Help clarify issues and options. This is where professional skills can be of greatest value. Frequently the consumer may not see options that we may be able to readily identify. They may also not see implications about this decision versus that decision.
- Accept and be open to challenge. Recognize the fact that people are not always going to be in agreement. The intent of informed choice is to give more choice to consumers.
- Recognize when a consumer CANNOT make a choice. CANNOT is different from refusing to or reluctance to make a choice. Professional expertise is absolutely essential in identifying when a consumer CANNOT make a choice and may need assistance from the counselor or others. Knowing the difference among refusal, reluctance or inability to make a choice is a significant test of professional expertise. Consumers, like all people, may be able to make choices on some days and unable to make choices on other days. Timing comes into play, also. Perhaps, taking a couple of days to reflect on issues and information will enable the consumer to make a choice that he or she was unable to decide earlier.

Be aware of opportunities for informed choice.

- First contact;
- Initial interview;
- At and during assessment (includes vocational assessment, assistive technology assessment, etc.);
- At and during services leading to selection of a vocational objective;

Relevant factors related to vocational rehabilitation goals and objectives will be solicited from and described and discussed with all eligible individuals including, but not limited to the following:

- vocational assessment techniques
- assessment of physical capacities
- assessment of learning capacities
- job market information
- relevant job seeking factors
- job retention factors
- environmental factors
- relative pay
- benefits
- integration
- upward mobility

Necessary choices to be made will be identified by both the individual and the counselor. Information needed to make each choice that has been identified will be discussed and obtained. The counselor will assist the consumer in gathering the needed information or, when necessary, will gather the information for the consumer.

As the beginning step in the IPE development process and prior to amending the IPE, all eligible individuals will be given a thorough description of the scope of available services. Whenever possible, alternative providers of services will be identified for consumers and the consumer will choose the provider. Except where otherwise provided by state or federal law or regulation, alternative methods to provide and/or secure services will be identified for the consumer and the consumer will choose the method:

- Selection of Any Service Provided (including Post Employment);
- Selection of Any Service Provider;
- Selection of the Method of Providing a Service;
- Closure and Closure Status;
- Disagreements and Disputes

Any disagreement regarding choices will be thoroughly discussed and resolved as quickly as possible so as not to impede the consumer's rehabilitation program. Consumer choices will be given preference unless there are overriding considerations of appropriateness. Choices will be reviewed periodically, especially during reviews of vocational rehabilitation goals and objectives.

COUNSELOR CREDENTIALS

REVISED 08-2013

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Authority
Federal Regulation: CFR 361.18(c)(1)(i)

Definitions

The Office recognizes the **Qualified Rehabilitation Professional (QRP)** as an employee who holds a national certification, or is educationally eligible to take the national certification examination (Commission on Rehabilitation Counselor Certification-CRCC).

A **Counselor of Record** is any counselor and/or specialist who does not meet the definition of a QRP.

Approvals

Until the Counselor of Record obtains the appropriate credentials, a Qualified Rehabilitation Professional (QRP) will be assigned to review the following activities and supporting data to ensure accuracy:

1. Eligibility Determinations
2. Ineligibility Decisions
3. Individualized Plans for Employment
4. Amendments, and
5. Employment Outcomes.

The official date of eligibility, ineligibility, plan development and employment outcome is when the QRP has approved those actions, and has indicated their approval by signing and dating the form associated with that action. The closure progress note should be signed and dated by the QRP to indicate that an employment outcome has been approved. It is the responsibility of the Counselor of Record to notify all consumers of this process.

If a QRP is unavailable or absent, the field manager will designate another QRP to provide approvals in order to avoid delaying service provision.

By becoming educationally eligible to take the national certification examination or by passing the examination to obtain a national certification, a Counselor of Record will become a QRP, and will no longer be required to obtain approvals from a QRP.

The CMS procedures for actions related to counselor credentials can be found in the CMS Training Guide.

ELIGIBILITY FOR SERVICES

UPDATED 08-14-2014

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Applicable Forms
Eligibility Worksheet (OVR-6)
Eligibility Letter (OVR-6A)
Eligibility Extension (OVR-6B)
Ineligibility Procedures (OVR-5) [*CMS-Generated]*
Eligibility Reconsideration (OVR-5A)
Information and Referral – (OVR-5B) [*CMS-Generated*]

Authority

Rehabilitation Act of 1973 as amended, Section 102(a).
Federal Regulations, Sections 361.36, 361.37, 361.42, 361.43
Administrative Regulation 781 KAR 1:030 Section 3.

Eligibility-General Information

It is the responsibility of the counselor to document eligibility. For each individual determined eligible, the counselor shall certify, using the Agreement of Understanding, that the individual has met basic eligibility requirements.

There is no upper or lower age limit established which could, in and of itself, result in a finding of ineligibility for any individual with a disability who otherwise meets the basic eligibility requirements. The individual, however, must be of employable age by the time rehabilitation services have been completed. There are no residency requirements for eligibility purposes. However, the individual must be available to participate in rehabilitation services. Eligibility requirements are applied by the Office without regard to sex, age, race, creed, color, type of disability, or national origin of the individual applying for services.

The determination of eligibility is a totally individualized process, and the conclusions and inferences drawn from the study of one case cannot be generalized to another case. All facets of eligibility have to be considered in each specific case to measure the impact of a disability on that particular individual's vocational life.
Not all individuals who are eligible will receive VR services. The Act requires the VR program to serve individuals with the most significant disabilities first when there are not enough resources to serve everyone who is eligible for VR services. This means that individuals with the most significant disabilities are given a priority over those with less significant disabilities. This process is called an "order of selection."

The existence of an impairment does not constitute eligibility. One individual may experience a "substantial impediment" while another individual with the same impairment may not. Use of

the words “for that individual” in the Federal definition implies that rehabilitation professionals should not generalize about types of impairments (e.g., individuals with epilepsy should not drive an automobile, individuals with learning disabilities are not good candidates for training, etc.).

Considerations when Determining Eligibility

There are four questions to be considered when determining whether an individual is eligible for OVR services:

1. Does the individual have a physical or mental impairment?

2. Does this impairment result in a substantial impediment to employment?

3. Can the individual benefit from OVR services in terms of employment outcome?

4. Does the individual require OVR services in order to obtain or maintain appropriate employment?

Each of these criteria must be met in order for an individual to be determined eligible for OVR services.

Physical or Mental Impairment

A physical or mental impairment can be defined as a physical or mental condition that materially limits or contributes to limiting one or more of an individual’s life activities. For the purpose of qualifications for eligibility, the counselor determines if any permanent or progressive limitations result from the impairment. Documentation of impairment should be derived to the extent possible from existing data. Every attempt should be made to procure and utilize information from past or current medical treatment, hospitalizations, treatment programs, school records, etc. There is no time limit on the use of existing data. It is left up to the judgment of the counselor and the consumer as to the relevance of information.

Existing Data

To the maximum extent appropriate, existing information is to be used to determine eligibility and develop an individualized plan for employment. The counselor should particularly consider information from education officials, the Social Security Administration, the individual, and the family of the individual.

In gathering information on either mental health or physical disabilities, documentation from hospital/medical facilities regarding services rendered by a physician (even if the documents do not contain the physician’s signature) may be used for determining eligibility.

Counselors may use the following types of existing information for the determination of eligibility in mental health cases: 1) information obtained from a licensed psychologist, psychiatrist, licensed psychological practitioner, certified psychologist with autonomous functioning, licensed professional clinical counselor, and advanced registered nurse practitioner with MS in mental health, or licensed clinical social worker; 2) data from drug and alcohol treatment programs when a diagnosis is given even if it is not signed by a licensed psychologist, psychiatrist, or a licensed clinical social worker; and 3) information from Title XX Community Mental Health Centers, regardless of the credentials of the treatment provider. A DSM-V diagnosis from a general practitioner may also be used to establish eligibility. However, it is best practice to further explore the condition through other existing information, consultation, or assessments by individuals specializing in psychiatric or psychological conditions before developing an individualized plan for employment.

Existing information may be satisfactory for eligibility but fall short for the assessment requirement to develop a plan. Consequently, at times, it is necessary to purchase additional diagnostic information to adequately develop a plan to meet the vocational rehabilitation needs of the individual.

It is important to note that this section deals with the use of existing data for determining eligibility not with purchasing services. Please consult the appropriate service section of this manual and the Service Fee Memorandums for the guidelines and policies regarding the purchase of services.

Eligibility Based on Counselor Observations

If direct counselor observation is utilized to establish the presence of a physical impairment, an appropriate case note to the individual's record of services is required that describes the observations and the circumstances under which they were made, and a confirming diagnosis must be obtained from a qualified medical source prior to IPE development.

When direct counselor observation is the basis for establishing the presence of a physical impairment, it must also be noted that medical, psychological, or other formalized diagnostic and functional evaluations may still be necessary: (A) to make the other determinations required for assessing eligibility; (B) to identify and assess other, co-occurring impairments; and/or (C) to conduct a comprehensive assessment for determining vocational rehabilitation needs.

Substantial Impediment to Employment

Substantial impediment to employment refers to a consequence of a physical or mental impairment, (in conjunction with attendant medical, psychological, vocational, educational, and other related factors) that impedes an individual's occupational performance by preventing or making extremely difficult obtaining, retaining, or preparing for employment consistent with the individual's capacities and abilities. It is the responsibility of the counselor to analyze numerous factors when determining if this criteria of eligibility is met.

1. What are the specific functional limitations or restrictions identified in the case record? How do they interfere with the pursuit of or participation in appropriate employment?

These restrictions should be derived from existing data to the extent possible. Needed medical, psychological, educational, or vocational assessments may be purchased if necessary. The counselor's knowledge of a particular disability and observations can also be utilized when determining functional limitations. Reference materials such as medical dictionaries, the Handbook of Severe Disability, Arkansas Disability Handbook, The Merck Manual, and the DSM-V-TR may provide pertinent information. It is important for the counselor to remember that the consumer is the best source of information regarding the daily impact the disability has upon function. It is also important to note that limitations in functional capacity must be a direct result of the disability and not be confused with attendant factors.

Only those areas that seriously limit functional capacities should be considered. Serious limitation means that the individual frequently requires assistance from others, personal adaptations, assistive technology and/or accommodations not typically needed for other workers to participate in employment. Counselors should use their judgment about whether or not the limitations are substantial in terms of employment outcome.

For progressive disabilities, the counselor can use professional judgment, experience, and resource materials to document the presumption of potential limitations.

The eligibility worksheet has been divided into 7 major areas of specific functional limitation:

- Work Tolerance: The ability to carry out required physical and cognitive work tasks in an efficient and effective manner over a sustained period of time.
- Mobility: The physical, cognitive, sensory or psychological ability to move efficiently from place to place, including community, school, home, and work.
- Work Skills: The ability to learn and/or perform work functions.
- Self-Direction: The ability to plan, initiate, organize, and carry out goal directed activities related to job preparation and employment.
- Communication: The accurate and efficient transmission and/or reception of information, either verbally or non-verbally due to physical, sensory, emotional or cognitive impairments. This does not include communication difficulties related to foreign language or cultural differences.
- Interpersonal Skills: The ability to interact in an acceptable and mature manner with co-workers, supervisors, and others to facilitate the normal flow of work activities (not due to cultural or language factors).
- Self-Care: The ability to perform activities of daily living as they affect the individual's ability to participate in training and/or work activities.

Functional limitations are identified and categorized into the appropriate area of major functional limitations during the eligibility determination process. Any limitation which is marked on the eligibility worksheet must be substantiated somewhere in the case record. These limitations come into play again in determining the appropriate priority category to assign after a determination has been made regarding whether a disability is significant or non-significant.

2. **What other factors, which are not direct results of the medical condition (attendant factors), impact the individual's ability to obtain, maintain, or progress in employment and in what way?**

Some examples of attendant factors are:

- lack of marketable skills
- low educational or academic levels
- long-term unemployment or sporadic work history
- criminal record
- lack of transportation or childcare
- lengthy history of dependence on others
- residence in areas of poverty or limited employment opportunity
- inadequate motivation to work
- inadequate peer, family, or community support
- disincentives – reliance on financial or medical benefits
- unstable or inadequate living arrangements
- poor personal or social adjustment
- appearance – grooming and hygiene

3. **How do the specific functional limitations in combination with the attendant factors negatively affect employment to a significant degree?**

Keep in mind that although an individual may have severe limitations in other areas of functioning, the counselor's responsibility is to determine the impact these limitations have on employment. If the limitations do not substantially limit the individual's ability to prepare for, secure, retain, or regain employment, this person is not eligible for OVR services.

Benefit in Terms of Employment Outcome

It is presumed that all individuals with disabilities can benefit from OVR services in terms of employment outcome unless there is "clear and convincing evidence" to the contrary. The emphasis is on uncovering the specific services necessary to make full participation in employment possible.

Clear and Convincing Evidence

"Clear and convincing evidence" means that the counselor must have a high degree of certainty that, due to the severity of disability, the individual could not benefit from Office services in terms of employment outcome. The basic standard is that eight out of ten counselors would agree that the individual could not be successfully rehabilitated. This determination cannot be made solely on the basis of existing data. A trial work experience must be instituted to explore the individual's abilities, capabilities, and capacity to perform in real work situations with appropriate supports and training. The trial work experiences must be of sufficient variety and over a sufficient period of time to obtain evidence of employment potential.

It is important for the counselor to remember that the purpose of the trial work experience is to find a way the individual could benefit in terms of employment from Office services, not to provide clear and convincing evidence to the contrary. The counselor's approach should be individualized, flexible, and adaptable. It should be designed in such a way that all possible avenues are explored. The counselor should go beyond the usual practices and try new ideas and innovative techniques to uncover the individual's vocational potential. If, however, despite the best efforts of the counselor and the individual with a disability, these experiences show a very high degree of certainty that the individual could not benefit from Office services in terms of employment, the individual would not meet this eligibility criterion. For specific guidelines related to Trial Work Experience, please refer to the Trial Work Experience section of the OVR Policies and Procedures Manual.

Requires OVR Services

The final criteria for determining eligibility for OVR services is that the individual must require these services in order to enter or participate fully in appropriate employment. An individual meets this criteria if the unique skills of a qualified vocational rehabilitation professional are needed for the individual to prepare for, secure, retain, or regain employment. Examples of unique skills that cannot be obtained independently through available comparable benefits or resources might include: counseling on the impact of impairment on employment, providing information regarding disability related laws, developing appropriate vocational goals in relation to disability, etc.

In some cases, the applicant may be employed in a job that is appropriate given the individual's interests and abilities but wants to change jobs or pursue training as a matter of choice. This individual would not require OVR services and, therefore, would not be eligible. However, if this same individual was at risk of losing his/her job or could not advance to a higher position without OVR services, due to limitations resulting from a disability, and met all of the other criteria for eligibility, the individual would be eligible for OVR services.
The counselor shall justify that the individual required VR services as a result of one or more of the following issues:

- the current employment is adverse to the disability
- the employment is in jeopardy due to the disability
- the individual is significantly underemployed.

Underemployment

KY OVR defines underemployment as a level of employment that is *substantially* below the consumer's potential due to the **direct result of functional limitations**. An employed consumer is considered as underemployed when a *disability adversely affects* him/her from obtaining an employment position that:

1. Could reasonably be expected in light of education, experience, and capabilities,

2. A level of employment which is below what was achieved prior to the onset or worsening of a disabling condition, or

3. Below the current capabilities of the particular consumer with or without accommodations.

There are a variety of reasons individuals may be underemployed, such as access to a major labor market, legal history and the economy. <u>However, for OVR purposes underemployment must be related to the functional limitations caused by a disabling condition(s)</u>.

Examples

Consider a person who has successfully maintained employment working 40 hours weekly, with earnings of $10.00 an hour. He has a disability; however it does not adversely affect him on his current employment position. He and his wife are getting a divorce, therefore he needs additional income. For OVR purposes, this person would not be considered underemployed. His current and previous level of employment and his ability to obtain future employment is not directly limited by his disability.
If however this same person could not obtain additional income due to limitations resulting from a disability, such as driving restrictions, academic limitations, etc, then he may be considered underemployed regardless of his current level of income.

Eligibility and Underemployment

There is no specific federal or state law or regulation (not related to job retainment) that specifically addresses situations in which the individual is employed at application. This absence of guidance means the counselor must follow eligibility policy and guidelines as defined by federal law, which includes documentation of the following:

A. Does the applicant have a physical or mental impairment?
B. Does the individual have functional limitations that (in conjunction with attendant factors) result in a substantial impediment to employment?
C. Are VR services REQUIRED to prepare for, secure, retain, or regain employment?

Although functional limitations may not be a hindrance to a job the consumer has at application, they may be a barrier to advancement or to obtaining another employment position. Underemployment may be considered as evidence that a substantial impediment to employment exists if it is directly related to existing functional limitations. If underemployment is not directly related to functional limitations it may be considered as an attendant factor This is applicable even when VR services are required to secure, *retain,* or regain more than one employment *position, i.e. multiple employment or the consumer is underemployed.*

The benefit of securing more than one job or a second employment position may be considered for consumers who are underemployed. For example, a consumer with a bachelor's degree is working as a server in a restaurant. The individual has not been able to obtain a career consistent with identified interest or abilities, nor obtain a second job (multiple employment) due to the disability. Without KY OVR assistance, the individual will likely be unable to access employment opportunities fitting of identified skills and abilities. In this case, the individual

could be considered underemployed because he is an individual with a disability that is partially or fully employed in a position below his/her identified skills and abilities as a direct result of the disability and not other factors such as the economy, the labor market, etc. This individual requires unique KY OVR services.

In determining eligibility, OVR Counselors must systematically assess the individual's education, vocational training, work skills and employment experience, available labor market and available resources. and compare the results with OVR eligibility criteria. Best practice dictates OVR counselors document how the individual requires OVR services to achieve a vocational goal/s.

Presumptive Eligibility for Social Security Recipients

Any Social Security Disability (SSDI) recipient or individual receiving Supplemental Security Income (SSI) for a disability is presumed eligible for Vocational Rehabilitation services, and to have a disability that is significant, so long as the individual intends to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. This presumption can be overcome only by clear and convincing evidence that the individual cannot benefit from services, and only after a period of trial work.

It is important to note that some individuals receive SSI or SSDI for reasons other than disability. They may receive retirement benefits, dependent benefits or survivor benefits. To meet the requirements for presumptive eligibility, they must be receiving benefits because they have been determined by SSA to be either an adult or a child with a disability. Individuals receiving benefits based on age (Social Security retirement or SSI-aged) are not presumed eligible even if previously they received SSDI or SSI benefits because of a disability. Note that services should continue for consumers already determined eligible who reach retirement age. For guidance regarding individuals who receive

SSI based on age, please see the retirement age section below.
In order to determine eligibility under this presumption, disability benefits must be verified. This verification may be completed in several ways. The most common methods of verification are copies of the consumer's award letter or benefits reports that can be requested from the local SSA office. It is highly recommended that a BPQY (Benefits Planning Query, SSA-2459) be obtained from the SSA office because it is easy to understand. To request a BPQY, the Social Security Consent for Release of Information form is completed. On this form, check the box for "Other records from my file", and write "Benefits Planning Query (BPQY) including tax-related information" on the provided lines. According to Final regulations published in Federal Register Vol. 66, No. 11, January 17, 2001, the Office, "must accept a ticket as sufficient evidence that the ticket holder has a disability, is receiving Social Security benefits, and therefore is presumptively eligible under the VR program". To verify that a paper Ticket is current, or for other technical assistance on how to obtain ticket verification, contact the Social Security/Vocational Rehabilitation Coordinator. Regardless of the method used to determine eligibility, presumptive eligibility or expanded definition, verification of benefits must be included in the case record.

The purpose of presumptive eligibility is to streamline the eligibility process and speed access to services for SSI/SSDI recipients. Therefore, a decision regarding eligibility or the necessity for trial work experience must be made as quickly as possible and certainly within the required sixty days.

Recipients, by statutory requirement, are considered to have a significant disability. Therefore, the case must be assigned Priority Category I, II, III, or IV in the Order of Selection. Presumptive Eligibility, while presuming an individual has a significant disability, does not presume these cases meet the most significant disability category. The counselor should assign the appropriate category based on the individual's functional limitations.

To meet the requirements for presumptive eligibility the applicant must intend to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. This intent is expressed through the completion of the application process. Counselors should stress early in the application process that OVR services are provided to address the employment needs of individuals with disabilities.

Even with Presumptive Eligibility, the counselor may need to conduct an appropriate assessment to develop the Individualized Plan for Employment.

Retirement Age

As stated above, individuals receiving benefits –based-on-age (Social Security retirement or SSI-aged) are not presumed eligible even if previously they received SSDI or SSI benefits because of a disability.

The age at which someone can receive benefits-based-on-age is not the same for everyone. The following bullet points may be helpful when trying to determine if someone is receiving benefits-based-on-age.

- In cases of early retirement, an individual as young as 62 may receive benefits based on age.
- When someone receiving disability benefits reaches "full retirement age", their disability benefits **automatically convert** to retirement benefits.
- "Full retirement age" is not the same for everyone. For SSI recipients it is 65.
- For SSDI recipients "full retirement age" is based on birth year. See the chart below.

Year of Birth*	Full Retirement Age
1937 or earlier	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months

Year of Birth*	Full Retirement Age
1941	65 and 8 months
1942	65 and 10 months
1943--1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

**If you were born on January 1st of any year you should refer to the previous year. (If you were born on the 1st of the month, your benefit (and your full retirement age) is figured as if your birthday was in the previous month.)*

Time Limit for Determining Eligibility

Eligibility determination must be made within 60 calendar days from the date of application, unless there are unforeseen circumstances beyond the control of OVR that make an extension necessary and the consumer and counselor agree to extend the deadline. OVR policy requires that, in such cases, an agreement be executed in writing and include a specific time frame for making the eligibility determination and be signed by the consumer. Best practice dictates that the eligibility decision be made as quickly as possible and that the extension should not be longer than 60 days.

The purpose of presumptive eligibility is to streamline the eligibility process and speed access to services for SSI/SSDI recipients. Therefore, a decision regarding eligibility or the necessity for trial work experience must be made as quickly as possible and certainly within the required 60 days.

Ineligibility

If any of the eligibility criteria are not met, the individual is ineligible for vocational rehabilitation services. Before such a determination can be made, the individual and, as appropriate, the individual's representative must have an opportunity to fully consult with the counselor on the decision. In addition, the individual or representative must be informed in writing and other appropriate modes of communication of the ineligibility decision. This document must contain the reason for the determination and a description of the consumer's appeal rights. The Office's computer generated Ineligibility Certificate meets these requirements.

If the individual is determined ineligible due to inability to benefit in terms of an employment outcome after a period of trial work, the counselor must review the ineligibility decision within the first twelve months. Thereafter the review is completed upon the request of the individual or, as appropriate, the individual's representative.

See the Closure Section of this Manual for specific closure procedures.

Determining Significant Disability

Significance of disability is a separate issue from eligibility. Once eligibility is determined, the significance or non-significance of the disability must be established. As part of the eligibility decision, the counselor determines whether the individual has a physical or mental impairment or combination of impairments that seriously limit one or more functional capacities in terms of employment outcome. In order to be considered significantly disabled, an individual is expected to require multiple vocational rehabilitation services one of which is assumed to be vocational rehabilitation counseling and guidance. At least one additional service must be expected to continue over an extended period of time as defined by the definition of expanded services.

Guidance for Counselors: This process relies heavily upon counselor judgment. Limitations identified during the eligibility process through medical recommendations, information about disabilities, labor market trends, attendant factors, etc. will be considered when determining the need for multiple services and whether the service needs meet the definition of an expanded service.

Expanded Services

Expanded services are those services required as the result of a disability(ies) to circumvent, minimize, or alleviate barriers to employment but, due to their intensity, duration, or complexity, go beyond the routine services normally required for that disability. These services are defined below.

It should be noted that it is the assessment of need for an expanded service that constitutes meeting the definition. If, at the time of determination, the counselor believes the consumer will require a service that meets the expanded definition, that belief is adequate to determine the significance of disability whether or not the consumer takes advantage of that service. The

expanded definition may be considered met if the individual receives or is expected to receive these services even if they are provided or funded by comparable benefits.

Mental Restoration

As a direct result of the disability (disabilities), therapeutic psychological, psychiatric or counseling intervention in either an individual or group setting, provided on a regular basis within the context of the rehabilitation program is considered mental restoration. Routine medication maintenance alone would not meet this definition. These services must be expected to last for at least six months during the period covered by the IPE or has been required for six months within the twelve months prior to the date of referral.

Guidance for Counselors: The counselor and the individual as well as appropriate medical, psychological, or counseling personnel need to decide the frequency necessary for this type of intervention. A fifteen-minute appointment with a psychiatrist every three months would not meet this definition. Peer support groups, i.e. AA, NA, etc., do not meet this definition.

Physical Restoration

As a direct result of the disability (disabilities), any medical, prosthetic/orthotic treatment, therapy, or services beyond routine medical maintenance required to address functional limitations resulting from the identified impairment. To meet this definition, such treatment must be expected to last for at least three months during the provision of OVR services or for a period of three months within the twelve months prior to the date of referral. There does not have to be one specific service that has or is expected to last three months in order to meet this definition. When an array of medical services is or has been required over the appropriate time frame, this definition could be considered met.

Guidance for Counselors: Routine medical maintenance may be defined as those services provided repetitively in an established manner to monitor or sustain stabilization of the physical condition. Some examples might be insulin treatment for individuals with diabetes or medication management for individuals with high blood pressure whose symptoms are well controlled, routine blood work, or regular check-ups.

Examples of physical restoration beyond what is routine might be an individual with a seizure disorder who has been well controlled but for some reason begins having frequent seizures and must change the type of treatment received. Another example might be a consumer who is HIV positive and begins to develop opportunistic infections thus requiring medical treatment.

As always, counselors should use professional judgment in determining whether a treatment is routine taking into consideration the disability and the specific impact it has on the individual.

Training

As a direct result of disability (disabilities), any occupational skills training which exceeds the time frame normally required to achieve a specific vocational goal, or specialized training

customized to address the individual's unique functional limitations such as supported employment or other individualized work adjustment. The provision of multiple accommodations for a disability, such as tutoring, notetakers, interpreters, job coaches, extended testing time, testing in an isolated setting, assistive listening devices (not hearing aids), etc. meets the expanded definition of training.

Guidance for Counselors: In order to meet this definition, these factors must be required by the individual as a direct result of the disability. Therefore services such as class content tutoring that is unrelated to an individuals' disability does not meet this requirement. Likewise, specialized training opportunities that are requested by an individual but are not necessary to the achievement of the vocational goal would not meet this definition.

Specialized training that would meet the definition might include specific work adjustment programs serving individuals with disabilities such as Pace classes with disability related content and individualized Pace slot development. Supported Employment, Community-Based Work Transition Programs, and compensatory strategy courses would also meet this definition. Job coaching services without the expectation of long-term support services would meet this definition.

Intensive Vocational Rehabilitation Services

As a direct result of disability (disabilities), intensive vocational rehabilitation services tailored to the specific needs of the individual based upon the impact of the impairment. In order to meet this definition, the individual must require intensive, one-on-one sessions beyond that generally provided to other consumers. Expected practice would be that such consumers would require multiple one-on-one sessions with a VR counselor, a job placement specialist, or a Community Rehabilitation employment specialist for a minimum of 3 months. Intensive services are individualized and can be expected to vary in the number of on-on-one sessions. The case documentation should include the counseling issue, action steps, outcome, follow-up, and the resulting impact on the consumer's rehabilitation program. Extensive professional advocacy with potential employer or current employer to assist consumer in overcoming multiple barriers will also assist in meeting this definition. This sort of intervention often occurs as a result of Pace services.

Guidance for Counselors: For the purpose of meeting this definition, developing a vocational goal, arranging a job search plan, and writing a resume are customary services provided to most consumers and would not meet the definition of an intensive services. Job clubs or orientation classes would also not meet this definition. Pace or Community Rehabilitation Programs meet this definition if the services provided meet the definition of intensive.

If a Pace slot is being developed specifically for an individual due to their unique needs; and accommodations, regular follow-up, counseling, job coaching, or on-going support services are being provided to assist the individual in adjusting to the training slot and preparing for employment, this would qualify as intensive services.

In some cases an individual is placed in a Pace slot to give them an advantage over another applicant or to give the employer the opportunity to try them as a temporary employee before they make a decision to hire. Although this is a very valuable and unique service it would not qualify as intensive for the purpose of this expanded definition.

Examples of Intensive VR Services:

- An individual has a primary impairment of mental illness. This person has been served on two other occasions with unsuccessful employment outcomes. The counselor believes more counseling sessions are needed to insure treatment compliance and follow-up. Case documentation should include counseling issues and expected action steps.

- An individual had a primary disability of Mental Retardation with reading and spelling skills below first grade level. At 45 years old he had always worked for his father as a laborer. When his father's health began to decline the consumer was forced to seek employment elsewhere. Due to his inability to read and write this was a challenge. A Pace slot was developed in a stock clerk position. With the help of Pace staff a system was devised to assist the consumer in recognizing the bar code numbers when stocking shelves. Pace staff also participated in the new employee orientation with the consumer to insure that he could complete the necessary paperwork and was given accommodations in testing.

- An individual had a closed head injury due to an accident. He had memory difficulties and attendant factors included a history of rebellious behavior in his community prior to his injury. A Pace slot was developed at a local restaurant where the employer was familiar with the individuals past difficulties and was willing to give him an opportunity. As an accommodation, cards were made listing the ingredients for each menu item and eventually, through repetition; the consumer became proficient in his job and was hired as a permanent, full-time employee.

Although eligibility is based on the existence of functional limitations, the need for intensive vocational rehabilitation services may be the result of attendant factors.

Rehabilitation Technology: Adaptive Equipment/Home, Vehicle, or Worksite Modification

Rehabilitation technology is the application of technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronting individuals with disabilities in rehabilitation, employment, transportation, independent living, and/or recreation. Rehabilitation technology may include structural, mechanical or other adjustments or design changes, for the purpose of increasing usefulness or access.

As a direct result of disability (disabilities), adaptive equipment, home, vehicle or worksite modifications are required to obtain, prepare for, participate in, or retain employment.

For the purpose of meeting this definition, rehabilitation technology does not include orthotic/prosthetic devices or computers. It is possible that these devices may be part of a total rehabilitation technology package but not rehabilitation technology in and of themselves.

Personal Assistance Services

As a direct result of disability (disabilities), personal assistance services are a range of services designed to assist an individual with a disability in performing daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. Such services can include an attendant for any individual with a disability, an interpreter for a person who is deaf or hard of hearing, or a reader for a person with a visual impairment. For further guidance, refer to the Personal Assistance Services section of this manual.

Most Significant Disability

An individual who has a most significant disability is an individual who has a significant disability and:

- Requires intensive long term support to facilitate the performance of work activities on or off the job which would typically be performed independently if the individual did not have the disability;

or

- Has limitations in four or more areas of major functional capacities.

Long-term support may include, but is not limited to, the need for a personal care attendant, supported employment, ASL interpreter, or a disability related case manager. It does not include routine medical maintenance, hearing aids, or peer group support such as NA/AA. An eligible individual with a significant disability who requires long-term support as defined above meets the definition of most significant disability regardless of how many areas of major functional capacities have limitations.

Individuals with a significant disability who do not require long term support are considered most significantly disabled if they have limitations in four or more areas of major life functioning, if in the professional judgment of the counselor, such limitations constitute a most significant disability.

Guidance for Counselors: Supported Employment Services include as components both job coaching and long-term follow-up. When job coaching is utilized without the expectation of long-term support services, the consumer would meet the expanded definition of training (special setting). Intensive vocational rehabilitation services may also be used. In either case, the individual would meet the requirements for significant disability. The individual would not meet the definition of most significant disability for job coaching services without the need for long-term services unless they have limitations in four or more areas of major functional capacities. The counselor does have discretionary judgment in regard to the four functional areas when determining most significant disability. If the counselor determines that the consumer has significant limitations in less than four functional areas, even though limitations may be marked

in four or more areas, the consumer can be determined to have a significant disability. The counselor may also determine that the consumer has a non-significant disability.

Implementation Of Order of Selection

When the Office determines OVR will be unable to provide services to all eligible applicants, an Order of Selection will be implemented. The Executive Director will issue a memorandum with appropriate instructions for OVR staff.

Any individual previously declared eligible for services and receiving services under an IPE will not be affected when OVR implements an Order of Selection. Upon implementation of an Order of Selection, OVR will continue to accept referrals and applications from individuals with disabilities. The Order of Selection will not regulate the provision or authorization of diagnostic and assessment services.

Any person entering accepted status after implementation of the Order of Selection will be assigned to a priority category. In order to determine the priority category the eligibility statement will be completed. If there are changes in the functional limitations caused by the individuals disability, the consumer may request consideration of reclassification into a higher priority category.

Priority Categories

When the Order of Selection has been implemented, the system shall have five priority categories based upon functional capacities as follows:

Category 1: Eligible individuals who have the most significant disabilities.
Category 2: Eligible individuals with significant disabilities who have limitations in three (3) major areas of functional capacities.
Category 3: Eligible individuals with significant disabilities who have limitations in two (2) major areas of functional capacities.
Category 4: Eligible individuals with significant disabilities who have limitations in one (1) major area of functional capacity.
Category 5: All other eligible individuals whose disabilities are non-significant.

Individuals in Unserved Categories

In federal fiscal year2014, the Office is serving only priority categories 1,2 and 3, meaning that individuals in priority categories 4 and 5 are eligible for OVR services, but will not be served.

If the eligible individual is assigned to a priority category that is not being served, the case will be placed on a pre-service waiting list to allow them to be served should the Office reopen their applicable priority category. A Shortage of Funds letter, from the Case Management System, should be sent to the individual and a copy placed in the case folder.

This letter provides basic information regarding:

- The individual's assigned priority category
- Order of Selection
- Waitlist procedures
- Informs the individual of their ability and process to appeal their priority category designation
- Information and Referral to other applicable services.

The individual has the opportunity to voluntarily place their name on the waitlist and provide applicable contact information. If the individual fails to respond within thirty (30) days, the case should be closed.

Whenever OVR is unable to serve an individual with a disability due to the Order of Selection, information and referral services must be provided. Best practices for providing information and referral are presented in the next sub-section of this policy.

At the consumer's request, an Individualized Plan for Employment (IPE) may be developed to the extent possible and held so that services may be initiated as quickly as possible if the Order of Selection changes to serve that category. A case may be moved from the pre-service listing to an open priority category, trial work experience, or closure as appropriate.

A consumer may remain on the pre-service waitlist indefinitely. Follow-up letters should be mailed once a year to individuals to determine if they wish to remain on the waiting list. This letter should also remind the individual that if the circumstances to their disability have changed, their priority category can be reconsidered. A list of pre-service waitlist cases can be generated by CMS.

Should funds become available, the Office may re-open services to closed priority categories. KYOVR will first serve those individuals on the waitlist on a first-applied, first-served basis, as established by the date of application. In cases where more than one priority category is opened, preference will be given to the higher priority category group based on significance of disability.

Information and Referral

The 1998 Amendments to the Rehabilitation Act require that information and referral services be provided to all individuals with disabilities who do not meet the open categories of the Order of Selection. These cases are those placed on the pre-service list. These services include:

- Providing vocational rehabilitation information and guidance to assist individuals in achieving employment; **and**
- Appropriately referring individuals to other Federal and State programs, including other statewide workforce investment programs, which are best suited to meet the individual's specific employment needs.

It is the responsibility of the counselor to have accurate information about available services and service providers in order to aid the individual in accessing the most suitable services to prepare for, secure, retain, or regain employment. Information about local services and service providers can be obtained from a variety of sources including local One-stop Centers and www.Kentucky.gov .

The referral must include a notice of the referral; information about a specific point of contact and information and advice about the most suitable services for assisting the individual to prepare for, secure, retain or regain employment. Counselors may utilize any method of referral as long as the required information is provided and appropriately documented in the case record. The Information and Referral Form has been developed to meet the requirements of the amendments. If the counselor opts to utilize the form, a separate Information and Referral Form should be completed for each agency the consumer chooses. The counselor and consumer have the option of selecting the most appropriate method of communicating the referral to the potential service provider (i.e. mail, phone, e-mail, etc.).

The lower portion of the form may be detached if the individual does not want to be identified as a consumer of the Office of Vocational Rehabilitation. As best practice the consumer should be provided with a copy of the form and another copy should be included in the case record.

Specific Disability Groups

Due to the unique nature and often complex circumstances of various disabilities, additional guidance is provided related to the eligibility and provision of services related to individuals presenting with functional limitations associated with the following disabilities:

- Substance Use Disorders
- Deafness/Hard of Hearing/Deafblind
- Learning Disability
- Morbid Obesity
- Terminal Illness
- Visual Impairments

These sections provide discussion regarding the various issues often related to these disabilities by giving assistance in identifying the key issues in the relationships with functional limitations and Federal and OVR policies related to eligibility and Order of Selection.

For more guidance regarding eligibility and other concerns for these specific disability groups, please refer to the Policies and Guidance Related to Specific Disabilities in this manual.

TRIAL WORK EXPERIENCE

UPDATED 4-3-14

Table of Contents

Applicable Forms
Trial Work Experience Plan (OVR-5)

Authority
Federal Regulations: CFR 361.42
Rehabilitation Act of 1973 as amended, Section 7.

For the purpose of this manual, use of the terms *must* or *shall* reflect the requirements of Federal law or regulation or state or administrative regulation and must be adhered to strictly.

Introduction

The l998 amendments to the Rehabilitation Act mandate that consumers with significant disabilities be afforded real work experience rather than an extended evaluation period. Counselors provide real work experience for consumers with significant disabilities through our supported employment system, utilization of job coaches, job placement specialists, and other individualized services.

Counselors will continue to determine consumers with significant disabilities eligible and provide appropriate services through supported employment, rehabilitation technology, and other individualized services that will lead to an employment outcome. Trial Work Experience will be used in those rare instances when eligibility cannot be determined. When this decision is made, the counselor should take into account the broad range of services, supports and creative employment options that can be accessed for consumers with the most significant disabilities. The consumer will be given a full opportunity to explore and demonstrate his or her abilities, capabilities, and capacity to perform in work situations through the use of trial work experiences. The counselor will arrange for trial work experiences that are of sufficient variety, over a sufficient period of time, and with appropriate supports and training to obtain evidence of employment potential.

It is important for the counselor to remember that the purpose of the trial work experience is to find a way the individual could benefit in terms of employment from Office services, not to provide clear and convincing evidence to the contrary. The counselor's approach should be individualized, flexible and adaptable. The approach will need to be holistic in nature while seeking out resources to ensure all avenues are investigated. One technique that is recommended for the counselor to assess the consumer and develop a profile for employment potential is the use of the "Person Centered Planning" process. This systematic approach to learning about a person will assist in identifying many factors needed to develop a trial work experience. There are many advantages to Person Centered Planning. Examples of life areas to include in the plan are listed below:

- family relationships

- family involvement and support
- what is important to the consumer
- past experiences both positive/negative
- community resources the consumer uses regularly
- consumer preferences
- consumer gifts and capacities
- consumer uniqueness
- most marketable characteristics of the consumer
- practical assistance the consumer needs
- physical assistance the consumer needs
- instructional strategies that have been most effective with the consumer
- health issues and daily medical care
- natural supports including family and friends
- transportation issues
- personal care assistance needs
- ability to independently perform activities of daily living
- determine daily medical care

Person Centered Planning can identify compensatory strategies which counselors may introduce in the counseling session, such as job carving, job queuing, job sharing and assistive technology. A rehabilitation technology assessment can identify technology needs.

The trial work experience(s) must be assessed periodically. These assessments will be used to make a timely eligibility determination. The consumer will either be accepted for services or determined to be ineligible based on this clear and convincing evidence, beyond probability, that the consumer cannot benefit from vocational rehabilitation services in terms of an employment outcome.

Case Documentation

The case will be placed in Trial Work Experience in the Case Management System for tracking purposes and service expenditures. A Trial Work Experience Plan should be completed with the consumer to the extent possible to identify services, service providers, funding and beginning date for services. The form is to be used as a guide for the Trial Work Experience and is not considered an Individualize Plan for Employment.

When designing an appropriate trial work experience, it is expected practice to complete a self-report eligibility worksheet with the consumer reviewing all areas covered on the eligibility worksheet. The use of the self-report eligibility worksheet is recommended primarily to identify appropriate trial work experiences. A consumer can offer more personal insight in identifying important employment related information where medical and other treatment providers' records and notes may not be comprehensive. The counselor will also be able to examine seven key areas of functional capacity that will determine limitations and barriers for the consumer. These seven areas will concentrate on the consumer's mobility, work tolerance, work skills, self-care, self-direction, communication, and interpersonal skills. Once the consumer's needs are known, the

counselor and consumer will be able to discuss and design an appropriate trial work experience, which may include rehabilitation technology.

Greater success will be found when the counselor and consumer work together in outlining needs, wants, and realistic goals. This planning process will be beneficial in identifying appropriate service needs to be outlined in the development of the Trial Work Experience Plan.

Resources for Trial Work Experience

Pace

Pace is an internal community-based work adjustment service. Pace is available as a tool statewide. Counselors who do not have access to job placement staff can still offer the slot portion of Pace as a service on a case-by-case basis. In some instances, this may be the most appropriate venue to provide trial work experiences.

Pacecan be used on an individual basis in conjunction with a CRP or supported employment program. This service shall be designed to meet the unique needs of an individual consumer, including the provision of trial work experience through a slot placement. (See P&P Manual Section on "Pace")

In this component, a consumer is placed in a training site based on their abilities, interests, and choices. The duration of this training is short-term and determined by the prevailing minimum wage. Follow-up support and guidance are primary services in this component. A job coach may be provided by Pace staff or contracted with a CRP depending on the consumer's needs and availability of staff.

Pace Partnerships with Community Rehabilitation Programs To Provide Trial Work Experiences:

Sometimes an individual may need short-term job coaching or a support service not available from within the Office. In this case, it is acceptable to contract with an individual job coach or work with a CRP for the required services. These services might include individual slot development, job coaching, and on-site assessment. The Pace staff and the counselor will work together to coordinate these services and to ensure the effective use of a Pace slot as trial work experience.
In developing a Pace slot, the unique needs of the consumer are to be considered and a placement is to be developed specifically for each individual consumer.

The Pace staff or counselor will coordinate additional services with other agency providers to assess and meet the needs of the consumer through rehabilitation technology, Person Centered Planning, and continuing evaluation of the need for job coaching. Individual responsibilities of the counselor, Pace staff, and the CRP shall be clearly outlined in each individual case prior to the provision of trial work experience to ensure the consumer's needs are considered and met.

Job Coaches

The first place to look for a job coach for a consumer requiring a trial work experience would be with existing resources that may already be involved with the consumer, but using the Person Centered Planning approach. Other sources may be:

- Community Rehabilitation Programs (CRPs)
- Retired Office of Vocational Rehabilitation/Office for the Blind/Office of Employment and Training services personnel, teachers, social workers, and nurses
- Graduate programs in Rehabilitation Counseling, Social Work, Psychology, or Education
- Independent Living Centers
- Comprehensive Care or other organizations serving consumers with mental illness
- Service Corps of Retired Executives (SCORE)
- Various community organizations or clubs

Developing Contracts for Job Coaches

The counselor must develop an OVR-9 (Agreement for Services) when hiring an independent job coach. The contract should outline the specific expectations for the job coach to assist a consumer during a trial work experience. The qualifications of a potential job coach should be closely reviewed for compatibility with the consumer. The Services Section of the OVR-9 should include the following job coaching activities:

The Job Coach will explore the consumer's ability to perform in a variety of work situations and will provide consumer instruction to assist the consumer on at least three trial work sites to determine that the consumer can benefit from services in terms of an employment outcome. This service should be tailored to each consumer's needs and provide appropriate supports which may include, but are not limited to, assistance in relating to supervisors and coworkers, general orientation to the work setting, ensuring that the consumer is punctual, and helping the consumer become oriented to the actual job tasks. This may involve assisting the consumer in learning the duties of his/her trial work experience through job/task analysis and other methods.

The amount of job coaching per consumer will vary based on the needs of the consumer as assessed by the OVR counselor. The authorization will be issued in advance of the service provided, specifying the actual number of hours anticipated. Any change of plans will require approval of the counselor. The rate of reimbursement for these services will be based on contracts negotiated with consumer job coaches in compliance with the appropriate service fee memo. No obligation for services for any consumer is assumed by the Office of Vocational Rehabilitation until it is authorized.

Regular progress reports will be given to the OVR counselor by the job coach for each consumer. Reports in the form of progress notes should be made for each day of service and

shared with the counselor at least monthly, and the actual amount of hours and description of services should accompany each authorization (EP-8) to document the service provided. This must be done prior to the authorization being processed for payment.

Training for Job Coaches

Training can be provided through CRP's, a local school system's School to Work Transition Program, or the UK Human Development Institute's training workshop on supported employment.

Carl D Perkins Vocational Training Center

If resources are not available in the consumer's home community, the Carl D. Perkins Vocational Training Center (CDPVTC) is an alternative for trial work experience. The CDPVTC staff will work with each counselor on an individualized basis to develop a trial work experience program that is appropriate to meet the needs of the consumer.

CONSUMER COST SHARING

Table of Contents

Applicable Forms
OVR-6C – Consumer Cost Sharing Form
OVR-19 – Training Notification

Authority

Federal Regulations: CFR 361.53 and CFR 361.54.
State Administrative Regulation: 781 KAR 1:120 Section 11(6) and 781 KAR 1:030 Section 2.

For the purpose of this manual, use of the terms *must* or *shall* reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Economic Need Determination

In an effort to maximize services to those with the greatest financial need, KYOVR utilizes an economic need test to determine the amount of available funds an individual may be able to contribute to their VR program. After the application and eligibility determination have been completed, the individual's ability to share in the cost of their rehabilitation program will be assessed. This information is important in determining whether a consumer has excess income that can be applied to the rehabilitation program. If the consumer's income or number in household changes, the counselors will update the information on the Consumer Cost Sharing Form as necessary. Consumers receiving SSI or SSDI are not included in the consumer cost sharing process, but are not exempt from using comparable benefits.

Services included in economic need testing

Provision of the following services requires an economic needs test:

- Physical and mental restoration services;
- Tuition and initial registration fees for vocational and college training;
- Maintenance other than diagnostic;
- Transportation other than diagnostic;
- Services, other than diagnostic, to members of an individual's family necessary to the adjustment or rehabilitation of the individual with a disability;
- Occupational licenses, tools, equipment, and initial stock (including livestock) and supplies;
- Post-employment services other than those listed under the excluded section;
- Tuition and initial registration fees for training beyond the baccalaureate level;
- Computer purchases for consumers;

- Other goods and services which can reasonably be expected to benefit an eligible individual in terms of employment outcome; and
- Vehicle and property modifications in excess of $10,000.

Services excluded from economic needs testing

The following services shall be excluded from an economic needs test:

a. Assessment for determining eligibility, priority for services, and vocational rehabilitation needs;

b. Counseling and guidance and referral services;

c. Services provided by staff at state owned and operated rehabilitation facilities;

d. Placement;

e. Communication assistance in the consumer's native language;

f. Supported employment services;

g. Interpreter services for the deaf;

h. Reader services for the blind;

i. Personal assistance services;

j. Tutors, notetakers, and assistive technology educational aids;

k. Other training, including: driver training, on-the-job training, job coaching, job development and training; and

l. Books, supplies, tools and equipment for vocational and other training.

m. Rehabilitation technology services are excluded except for vehicle and property modifications in excess of $10,000;

Exception for consumers receiving SSI for disability or SSDI

Federal regulations exempt economic needs testing from being used as a condition for furnishing any vocational rehabilitation service, if the individual in need of the service has been determined eligible for Social Security benefits under Titles II or XVI of the Social Security Act (SSI for disability or SSDI). Comparable benefits, however, are to be applied. For example, an individual who receives SSDI and Medicare coverage would be required to use Medicare to pay for needed medical treatment. Similarly, students who receive SSI for disability and PELL grants would be required to use their grant monies toward the cost of training prior to VR expending training funds.

Procedures for Determining Consumer Cost Sharing

After the OVR-2 has been completed and eligibility has been determined, the counselor will complete the Consumer Cost Sharing Form (OVR-6C) prior to IPE implementation, which provides guidance to the counselor in determining the available income for rehabilitation services of the individual and any other members of the household. Adult consumers who are at least 24 years old are considered independent, regardless of their place of residence. For more information on Determining Family Contributions in Consumer Cost Sharing, read further in this section.

Even though this procedure is not required until after the completion of the eligibility process, it is important the counselor have a conversation with the consumer regarding cost-sharing expectations and procedures. This conversation should focus on the reasons behind cost sharing and why the Office requests financial information.

Total Family Adjusted Gross Income refers to gross yearly income for the entire household, and may include income from salary and wages, farm income, business income, SSDI, SSI, Public Assistance (including any types of grants and/or food stamps, assistance grant such as TANF, County Welfare, etc), VA benefits, unemployment benefits, Worker's Compensation, pensions (VA, retirement, disability, etc.), income from property, interest and dividends, trust income, maintenance (alimony), child support, and all other taxable and nontaxable income, including gifts. Adult consumers who are at least 24 years old are considered independent, regardless of their place of residence. For more information on Determining Family Contributions in Consumer Cost Sharing, read further in this section.

To verify income, the counselor should utilize the household's income tax form from the previous year. If an individual did not make enough money in the previous year to file a tax return, a pay stub or award letter are examples of documents that can substitute for the income tax form. For individuals whose living situation has been transient in nature, a statement can be provided from a group home, shelter or other agency documenting the individual's lack of previous income. **If a counselor anticipates the consumer will only require exempt services, income does not need to be verified. In these cases, the counselor only needs to complete items 1 and 2 of the OVR6-C.**

The adjusted gross income amount on any applicable tax forms, the gross income amount from the individual's pay stubs or award letter will serve as the individual/household's yearly income. After completing the Consumer Cost Sharing form, please return the original documentation to the consumer and retain a copy of the information in the case.

The counselor will then subtract a cost of living deduction based on the state's median income, which is located in Table 1 at the end of this section which identifies the income to be excluded based on family size. The amount left after this deduction is the Available Income. If this number is $0 or less the consumer does not have to share in the costs of their VR services. If the number is more than $0, the counselor should continue with the cost sharing process.

Counselors then take into consideration the disability related services and expenses already being paid by the consumer and may deduct them from the Available Income. Acceptable uses of

excess income may include any service that may contribute to the consumer's Individualized Plan for Employment. Examples of such application of excess income include:

- Impairment related work expenses
- Physical restoration services, such as office visits, lab work, unreimbursed medical expenses, and prescription medications;
- Mental restoration services, such as therapy, counseling, lab work, and prescription medications;
- Medical devices/equipment, such as hearing aids, glasses, prosthetics/orthotics, wheelchairs, and repairs to such devices/equipment;
- Medical supplies;
- Transportation;
- Health insurance premiums, co-payments, deductibles;

In instances where the individual with a significant mobility impairment is purchasing a vehicle to have the Office modify, the counselor will take the basic price of the vehicle, not including any non-disability related upgrades, and enter that amount in the "Other" field under the Impairment Related Work Expenses section of the form.

If the individual is seeking a self -employment venture as part of their IPE, any cash funds they are obligated to contribute toward their business plan should be included as an out of pocket expense in the "Other" section. Please refer the Self-Employment Chapter of the Policy and Procedures Manual for more specific guidance related to the cost-sharing process.
For the purposes of this procedure, payment of tuition at a private institution over the highest state rate is not to be considered out of pocket expenditures.

The counselor will note this application of income and review each year during the term of the rehabilitation program. Remember that if any drastic change in household income takes place, especially due to the loss of a job, the counselor may reassess the amount of excess income.

After any applicable deductions for disability related expenses, the remaining amount is considered the Adjusted Available Income. If this amount is less than $0, the individual does not have to share in the cost of the VR program. If the amount is more than $0, the counselor will utilize the Consumer Cost Participation Table to determine the percentage of costs to be shared by the individual.

To determine the amount, locate the Applied Available Income column on the form and find the range which includes the individual's Applied Available Income. After finding the appropriate income range, find the column indicating the percent of consumer participation. This amount indicates the yearly required percentage of financial participation to be applied to the maximum allowable rate of any good or service purchased by KYOVR. The next column provides the annual maximum percentage of their applied available income the individual will have to apply in any year their current case is active with KYOVR.

If the individual will have property or vehicle modifications of more than $10,000, only the amount above $10,000 is to be considered for cost participation. For example, if the individual has a vehicle modification that will likely cost $25,000, only $15,000 of that cost is available for consideration in consumer cost participation.

Cost sharing example

To illustrate this procedure in a fairly typical case, an 18 year old consumer who has a diagnosis of cerebral palsy, with no income and no benefits has been determined eligible for KYOVR services. The mother works as an office manager, making approximately $29,000 per year and the father works in a local factory with an income of $50,000. The family has another child, 15 years of age, who does not work or provide any income to the household. Through the use of income tax information, the counselor has determined the family adjusted gross family income to be $65,000.

Consulting the Family Deduction Table (Table 1), the deduction for a family of 4 is $61,207. This amount ($61,207) is then subtracted from the adjusted family gross income, leaving an available amount of $3793. Since this amount is more than $0, the counselor would continue the cost sharing process. If the amount was less than $0, the counselor would not continue with the assessment and the individual will not have to financially share in the cost of the VR program.

Since the consumer's household has some additional income that can be applied to their VR program and the individual will be receiving non-exempt services, the counselor will then make a determination if there have been any disability related expenses paid on behalf of the client. After discussions with the consumer and his family, the counselor determines the family has paid around $2000 in disability related expenses associated with insurance (Ex: $750), medical co-pays(Ex: $1,000), and transportation to and from doctor's appointments($250). This amount ($2000) is subtracted from the available family income ($3793) for a total of $1,793. This $1,793 is considered the family's adjusted available income.

Using the Consumer Cost Participation Table (Table 2), the counselor would apply that amount ($1,793) to the table, determining the adjusted available income would fall in the $0 and $2,000 range, requiring the family contribute 10% towards the maximum allowable rate of the cost of non-exempt services, with a maximum annual payout of 25% of their adjusted available income. In this case, the maximum yearly payment by the individual would be $448.25.

Taking the example a step further, the consumer and counselor develop a vocational goal which requires a four year degree at a local university. The maximum allowable rate KYOVR will pay for this service is $3000, of which the consumer would have to contribute 10%. Ten percent of $3000 is $300, which is lower than the maximum yearly participation amount ($496.40), therefore the consumer would only have to contribute $300 and VR would pay $2700. If the individual required further services, he/she would be required to contribute up to $448.25

IPE Guidance for Consumer Cost Sharing

During IPE development, the consumer and counselor can negotiate the manner by which the required financial participation will be applied. Best practice in this situation would encourage the consumer with the available income to purchase all or part of a service, piece of equipment or any other cost related to the VR process. When possible, if the consumer chooses to split payment with VR for a service, the vendor should arrange payment from the consumer for the remaining amount by direct bill. It is not recommended the consumer pay the counselor or reimburse KYOVR directly for their financial participation. KYOVR is not responsible for any unpaid debts of the consumer.

Counselors should carefully consider all of the costs to be incurred by the consumer during the VR process such as work clothes, transportation, supplies, etc. and ensure the consumer is credited for these costs in determining cost participation.

It is important for the counselor to maintain good documentation regarding consumer cost participation. Counselors should carefully document the agreed upon cost participation process and record when the consumer has fulfilled their payment obligations. Any VR related expense the consumer agrees to incur must be identified on the IPE. The counselor should identify the type of expense/service and the amount to be contributed by the consumer.

Exception from Consumer Cost Sharing

In certain extreme cases, the financial situation for the consumer or their household may be so unstable they are unable to participate in the required cost sharing. In these cases the counselor may request an exemption from consumer cost sharing to the Branch Manager. The counselor should present, on the consumer's behalf, a justification as to why the consumer cannot contribute toward their VR services.

Determining Family Contributions in Consumer Cost Sharing

Because VR is the payer of last resort, the financial resources of the individual and their family must be taken into consideration. Based on the particular situation of the applicant, the counselor will make the determination as to how the income of the individual and their families will be utilized to determine cost participation. The counselor will make that determination as follows:

A. Married Consumer

The counselor will perform a financial assessment on the basis of the resources of both the consumer and the spouse if the consumer is married.

B. Single (Unmarried) Consumer Living in Family Unit

The counselor will perform the financial assessment on the basis of the resources of the family unit for all single consumers, under age 24, living in the family home as a family member. Temporary absences from the home, such as for vacations, school, or illness, count as time lived in the home.

The following reasons are not acceptable justifications for declaring the individual as a single consumer:

- Parents are unwilling to contribute to the consumer's rehabilitation program.
- Parents will not provide financial disclosures information for completion of the OVR-2.
- The consumer is reluctant to request income information from parents or legal guardians.
- Parents do not claim the consumer as a dependent for income tax purposes.
- The consumer is legally emancipated.
- The consumer files his/her own state and federal income tax form and/or has personal income in an amount necessary to demonstrate self-sufficiency.

C. Single Consumer

The Office will perform the financial assessment on the basis of the resources of a single individual who is not married and is at least 24 years of age, regardless of place of residence.

D. Single Consumer Under Age 24

The Office will perform the financial assessment on the basis of the income of a single individual under the age of 24, only if any of the following conditions apply with appropriate documentation:

- The consumer is documented to be an orphan and has no adoptive parent(s), or is a ward of the court or was a ward of the court until age 18.

- The consumer can provide documentation that he or she has been judged to be an "independent" student (Dependency override) by the financial administrator of a post-secondary school.

- The consumer can provide documentation indicating they have independently maintained a household for the previous three months.

- Documentation of an abusive family situation resulting in the consumer living with a third party.

- Custodial parent(s)incarcerated or whereabouts of parent is unknown.

- The consumer is documented to have served on active duty in the U.S. Armed forces, regardless of the place of residency.

- Unusual or Exceptional Family Circumstance – If the consumer's situation is not described above, but the case record documents the particular situation constitutes an unusual or exceptional family circumstance, the Case Manager may request an exception from the Branch Manager.

Family unit

Family unit is defined as the consumer and the consumer's parents or the consumer and any significant others(s), such as aunts, uncles, legal guardians, etc., who are living in the household and are providing support for the maintenance of the household in which the consumer lives. Adult siblings of the consumer can be excluded as a member of the family unit for income reporting. Foster parents are not considered legal guardians. Adult consumers who are at least 24 years old are considered independent, regardless of their place of residence. For more information, read Determining Family Contributions in Consumer Cost Sharing found above.

Refunds/Warranties

In certain cases the consumer may be refunded or reimbursed by a comparable benefit, such as insurance, after the purchase of the goods or service and Office payment. In these cases the individual will recoup their costs for the good or service, with the remaining balance given back to KYOVR up to the Office cost. Because this issue can be very time consuming, it is recommended, staff encourage consumers to apply to the comparable benefit source for the payment of goods or services prior to OVR authorization for payment.

In cases where the product fails and is covered by a warranty, it is the responsibility of the consumer to apply for reimbursement. Any funds received through this warranty should be applied to the purchase of a replacement product.

Table 1 – Family Deduction

Family Size	Exclusion Amount
1	$31,828
2	$41,620
3	$51,413
4	$61,207
5	$71,000
6	$80,793
7	$82,629
8	$84,466
9	$86,302
10	$88,138

Table 2 – Consumer Cost Sharing Percentage

Adjusted Available Income	% of Participation	Maximum Out of Pocket
$0.00	10%	25%
$2,000.00	15%	25.00%
$4,000.00	20%	25.00%
$6,000.00	25%	25.00%
$8,500.00	30%	25.00%
$11,000.00	35%	25.00%
$14,000.00	40%	50.00%
$17,000.00	50%	50.00%
$20,000.00	60%	50.00%
$25,000.00	100%	50.00%
$30,000.00	100%	50.00%
$40,000.00	100%	50.00%

COMPARABLE BENEFITS

General Guidance

Any funding and/or services available to consumers will be used before spending VR resources. Comparable benefits do not include awards and scholarships based on merit.
Consumers must apply for, and accept available comparable benefits unless it would interrupt or delay the progress toward achieving the positive employment outcome, interfere with an immediate job placement, or the counselor can clearly document "extreme medical risk."
Extreme medical risk is defined as "probability of substantially increasing functional impairment or death if medical services, including mental health services, are not provided expeditiously."
The determination of medical risk should be based upon medical information provided by an appropriate qualified medical professional.

When consumers refuse to apply for or accept comparable benefits, VR funds cannot be expended for that service or benefit unless maximum efforts have been made to secure comparable benefits.

Comparable benefits must be used as they become available during the entire rehabilitation process. Before services can be provided to family members, comparable benefits available to that family member should be used.

Services Exempted from Comparable Benefits

Except as provided in this section, the counselor should fully consider any comparable benefits available under any other program, to meet, in whole or in part, the cost of services.
The following services, according to CFR 361.53(b), are exceptions, and shall be provided without full consideration of available comparable benefits:

- Assessment for determining eligibility and vocational rehabilitation needs
- Counseling, guidance, and work related placement services
- Referral to secure needed services from other agencies
- Job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services
- Rehabilitation technology; and
- Services listed here when provided in post-employment status

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

"Full consideration" requires:

1. The counselor to make an eligibility decision and determine the availability of appropriate comparable benefits in the community; and

2. The consumer to make formal application to appropriate programs.

The case file must document consideration of Comparable Benefits. The IPE must reflect consideration of comparable benefits. The following guideline can assist you in determining how comparable benefits related to medical expenses are applied within the Office:

Medicaid – No additional OVR payment for same service. Physician accepts Medicaid as payment in full.

Medicare – OVR may pay the Initial Part A and Part B deductibles as well as the 20% consumer obligation as long as it does not exceed rates established by The Office.

Medicare and Medicaid – No additional OVR payment for the same service. Medicare provides 80%. Medicaid covers the remaining 20% including the initial deductibles for Part A and Part B. Essentially, Medicare is primary and Medicaid is secondary.

Individual or group medical insurance (Private) – OVR may pay the initial consumer deductible and co-pay as long as they do not exceed the OVR established rate for the procedure

Workers Compensation – No additional payment

If a vendor of medical services refuses to accept a consumer's public or private medical coverage, the Office will locate and make a referral to a medical provider that will accept the medical coverage.

COMPREHENSIVE ASSESSMENT

Table of Contents

Applicable Forms
Assessment Resource Manual

Authority
Rehabilitation Act of 1973 as amended, Sec. 102, 103
Federal Regulation: CFR §361.42, 361.45, 361.52
Applicable Resources

Definition of Vocational Assessment

A vocational assessment is an individualized process that reflects an individual's physical, mental, and emotional abilities, limitations, and tolerances. In accordance with federal law, the rehabilitation counselor is required to conduct a comprehensive vocational assessment for the purpose of gathering information that will assist and empower the individual in making decisions. The assessment provides information on the unique strengths, resources, priorities, concerns, interests, abilities, capabilities, and the potential need for supported employment. This information is used to increase the individual's knowledge of his/her capacities so appropriate and informed choices can be made during the rehabilitation process. It enables the individual to identify an optimal vocational outcome and to reach their maximum vocational potential. The comprehensive vocational assessment must be limited to information that is necessary to determine eligibility, identify the rehabilitation needs of the individual and to plan for services or activities that are required to assist the individual to become employed.

Determining Vocational Potential

A comprehensive vocational assessment is required to determine what services will best assist the individual to meet his/her vocational potential. The assessment process begins at referral or initial contact with an individual and ends when the consumer exists the rehabilitation system. The focus of an assessment should be work readiness with the expected outcome of the assessment being appropriate and successful job placement.

There are two components to work readiness: employability and placeability. Employability refers to the physical, intellectual, and emotional attributes as well as social and environmental support necessary to meet the varied requirements of certain jobs and occupations. Placeability refers to the individual’s job search and interview skills, the impression he/she makes during the process of getting a job and whether the job market supports his/her career choice.

The consumer’s personal attributes should be examined and a determination should be made as to how these attributes relate to the world of work in general. The assessment may examine personality, interests, interpersonal skills, intelligence and related functional capacities, education achievements, vocational attitudes, personal and social adjustment and employment

opportunities. It may also include medical, psychiatric, psychological, and other pertinent, vocational, education, cultural, social, recreational, and environmental factors that affect the employment and rehabilitation of the consumer. In general, the comprehensive assessment explores what the consumer brings to the job in terms of work attitudes and behaviors, habits, tolerance, social patterns and how to they relate to successful job performance.

Use of existing information

The primary source of assessment data must, to the extent possible be current existing information. "Current" in this instance, refers to that information that provides an accurate reflection of the consumer as of the date of eligibility and date of development of the Individualized Plan for Employment (IPE). It should be used before considering the purchase of any additional evaluations or tests. This can include information available from other programs and providers, particularly information used by education officials and the Social Security Administration, and information provided by the individual and the family of the individual. Additional sources for obtaining information can include an analysis of work history, educational and social data, medical and psychiatric consultations, psychological testing, work sample evaluations and/or an analysis of part-time, temporary, or on-the-job work experiences. Any one or a combination of these sources may be adequate to obtain the information necessary for eligibility and planning purposes.

When utilizing data extracted from the documentation for the purposes of assessment, it is important the counselor accurately indicate this in a progress note. This progress note should include a description of the data utilized, a justification of its use in terms and the interpretation or impression of the information based on an objective review.

Assessment tools

In selecting assessment tools and strategies the rehabilitation counselor must first decide what question or questions he/she is attempting to answer about the consumer. Questions are determined by the consumer's rehabilitation needs and experiences, therefore the assessment process is highly individualized - neither the questions nor the process should be standardized. One resource to consider when determining what assessment tool to use is the Assessment Resource Manual, which was developed by an internal OVR team. This manual lists and describes many assessment instruments.

As part of the comprehensive assessment, reasonable accommodations should be addressed. The consumer may be the best source of information based upon life experiences. However, simulated or trial work experiences may provide the counselor and the consumer with valuable insight into appropriate accommodations that can be transferred to the actual work site.

Role of the counselor

The role of the counselor in the assessment process is to assimilate all of the information obtained and translate it into employment terms. The comprehensive assessment is an ongoing process. It is essential that the rehabilitation counselor continually assess the consumer during the rehabilitation process to determine if the individual is making progress toward his/her goal and what intervention or changes to the program might be required. Any information obtained must be communicated to the consumer so that he/she is able to make informed choices during the rehabilitation process. It is important for the counselor to use the information to reinforce the consumer's capabilities.

INDIVIDUALIZED PLAN FOR EMPLOYMENT

Table of Contents

Applicable Forms
Individualized Plan for Employment (OVR-7)

Authority
Rehabilitation Act of 1973 as amended, Section 102(b)
Workforce Innovation and Opportunity Act of 2014, Title IV

For the purpose of this manual, use of the terms must or shall reflect requirements of Federal law or regulation or state law or administrative regulations and must be adhered to strictly.

General Information

The Individualized Plan for Employment (IPE) must be developed in accordance with the Rehabilitation Act of 1973, as amended, and the Workforce Innovation and Opportunity Act of 2014. The IPE (including amendments) is that portion of the case record used to plan for services leading to an employment outcome. It reflects the informed choice of the eligible individual in selecting the employment outcome, specific services, service providers, and method of procuring services.

The IPE shall be developed as soon as possible, and within ninety (90) days of eligibility determination unless the consumer agrees to an extension. Extensions must indicate a specific date by which the IPE shall be completed. Exceptions are documented in the case record using the Individualized Plan for Employment Extension Agreement (OVR 7F). An example of a case in which an extension is warranted might include that of an individual receiving transition services who may need a longer period of time to explore career options prior to plan development.

The consumer may choose to develop and write all or part of the IPE with the assistance of a counselor; alone or with the help of a representative or a disability advocacy organization; or may request that the counselor write the IPE. It must be executed on the Office approved form. The following elements must be included in the IPE, as appropriate:

1. Specific Employment Outcome in the most integrated setting based on informed choice
2. Outcome Date
3. Specific Services to be provided in order to achieve the employment outcome
4. Provider of each service
5. Initial Beginning Date for each vocational rehabilitation service (not to precede the date of the IPE)
6. Supported Employment to include extended services and provider
7. Comparable Benefits
8. Evaluation Criteria
9. Consumer Responsibilities

10. Office of Vocational Rehabilitation responsibilities
11. Post-Employment Services

The IPE (including amendments) must be mutually agreed upon and signed jointly by the Office of Vocational Rehabilitation counselor and the individual and/or, as appropriate, a parent, guardian, or other representative. The IPE must be reviewed with the consumer at least annually. A copy of the IPE, amendments and employment outcome, must be provided to the individual and/or, as appropriate, the parent, guardian, or other representative. The plan must additionally be provided in the individual's native language or mode of communication if necessary for the full participation of the individual with a disability.

Guidance

Some counselors have the misconception that consumer choice limits the role and responsibilities of the rehabilitation counselor in plan development. The most valuable service the Office provides is guidance and counseling. Counselors have knowledge and expertise in disabilities as they relate to employment, assessment techniques, career counseling, accommodations, employment law, assistive technology, labor market information, job search activities, rehabilitation services, and local service providers. It is the role of the counselor to help the individual explore interests, strengths, abilities, and resources and develop the best possible plan. Consumer choice is severely limited when the individual does not have access to the wealth of knowledge of a rehabilitation professional. Quality guidance and counseling provides the foundation for the individual to make appropriate informed choices regarding the vocational goal, services, and service providers necessary for achievement of a successful employment outcome.

The IPE is a natural extension of the eligibility process and the assessment to determine rehabilitation needs. Services, including expanded services, documented on the IPE should relate to the limitations and attendant factors identified on the Eligibility Worksheet or through the assessment to determine rehabilitation needs. Conversely, all significantly limited areas of functional capacity noted on the Eligibility Worksheet should be addressed through services on the plan. Services that contribute to the rehabilitation of the individual should be included on the plan whether or not the Office is providing or paying for the service.

All services should relate to the achievement of the vocational objective.

The Individualized Plan for Employment form was developed to insure that all mandatory components of the IPE are addressed. Some counselors find it helpful to add to the form to clarify content. The IPE form may be added to, but no portion can be deleted.

The IPE form does not contain a section for the projected need for post-employment services. That need must be assessed at the time of plan development and included in the IPE if determined to be necessary. The counselor may document this need on the IPE in any fashion deemed most appropriate.

Individualized Plan for Employment Options

The consumer has several options in developing an Individualized Plan for Employment. The individual with a disability may choose to develop and write all or part of the IPE with the assistance of a counselor; alone or with the help of a representative or a disability advocacy organization; or may request that the counselor write the IPE. An Individualized Plan for Employment Options and Instructions Packet is to be provided to each consumer interested in producing a plan without the assistance of the counselor. The packet contains a brief summary of the required elements of an IPE; instructions for completing the IPE forms including amendments; information on expanded definitions; and copies of the necessary forms. The IPE must be on Office approved forms. The Client Assistance Program is available to provide technical assistance to the eligible individual on developing an IPE.

Regardless of the option chosen, the IPE must be mutually agreed upon and signed by the consumer and/or, if appropriate, a parent, guardian or representative and the counselor.
As in all areas of the rehabilitation process, the establishment of a strong counseling relationship is imperative to the development of a successful plan. When differences of opinion occur, the counselor should utilize counseling and negotiation skills to resolve the dispute. If the consumer and counselor cannot come to an agreement, the counselor does not sign the plan and informs the consumer of all appropriate appeal rights.

Guidance

Regardless of the option chosen, the role of the counselor remains the same: to assist the eligible individual with a disability in making appropriate choices of goals, services, providers, etc. in order to achieve a successful employment outcome. The rehabilitation counselor has unique knowledge and skills for this task. It is the counselor's responsibility to provide adequate information and guidance regarding the local labor market, quality and availability of services, rehabilitation technology, accommodations, employment laws, comparable benefits, procedures and limitations for payment, etc. so that the individual can make appropriate decisions.
Although the IPE is required to be in writing, it is imperative that the consumer understands and fully participates in the development of the plan. All elements of the IPE are to be explored with the eligible individual in the language and communication mode that allows fullest participation.

Amendments

Amendments are written anytime there is a significant change in the IPE. Common reasons for amendments include changing the employment goal or adding/canceling a service. An amendment must be signed by the counselor, consumer, and/or, when needed, a parent, guardian, or representative prior to the delivery of services.

Since amendments must be agreed to and signed prior to a change in service, goal, or provider, the closure statement cannot serve as an amendment. It may be appropriate, however, to write an amendment concurrently with the closure to amend services that were planned but not provided.

Annual Reviews

At least once a year from the date of or prior to the IPE or the most recent annual review, the counselor and consumer must review the progress of the rehabilitation plan and make adjustments as needed. A record of these reviews must appear in the case record. The counselor may use progress notes or any other format deemed most appropriate for this purpose. When recording in the progress notes, it is best practice to clearly identify the note as an Annual Review. If the review results in a significant change to the rehabilitation program, an amendment must be written. Case progress should continue to be documented regularly in the progress notes.

Transition Students

In developing an IPE for a student who has an active Individual Education Plan (IEP), the counselor must consider the relevant elements in this plan while developing the IPE. Goals, accommodations, and services reflected in the IEP and relevant to the achievement of a vocational objective should be incorporated into the Individualized Plan for Employment. The purpose of this coordination is to provide continuity of services as the student with a disability leaves the school system and continues working with OVR. Every effort should be made to insure that obstacles or delays are addressed or resolved prior to the student leaving the school system. More information regarding transition services can be found in the Transition section of this manual.

Trial Work Experience

The Office has chosen to utilize the IPE form in documenting trial work experiences. The counselor and the consumer and/or, as appropriate, the consumer's parent, guardian or representative are to jointly develop a plan for a meaningful work experience to assess the individual's ability to benefit from OVR services. The IPE with trial work experience as the goal should be completed to the maximum extent possible identifying services, service providers, time frames, etc. There is no specific time period for reviewing the progress of an individual in a trial work experience. Counselor judgment should be used to develop appropriate time frames and measurements to assist the consumer in moving toward employment.

Documentation

The purpose of documentation is to show the progress of a case and should make case reviews easier. Documentation should be done so that a third party, totally unfamiliar with the case, can promptly and easily see what is happening with the case and can understand why counselor made a particular decision.

Generally we consider the progress notes as this documentation. However, the entire case record serves as documentation and information contained elsewhere does not have to be duplicated in the progress notes.

Notes should include a summary of counseling sessions, indicate services rendered that are not clearly marked in other case documents, denote problem areas, collaboration with other professionals, agencies, etc. Notes can be an overview capturing the content of a session or

event. For initial interviews, some counselors have found a structured form with key questions, checklist of forms, etc. to be helpful.
An entry in the case notes will give the counselor credit for the many services rendered. Much hard work and effort is often not reflected in the case. Notes should be kept as objective and factual as possible. Each case is a legal document that potentially could be examined in a court of law. Thus, judgmental statements, labels, innuendoes, etc. should never be included in the progress notes. The expected practice is that progress notes should be written so the content, if read by the consumer, would not cause harm.
Rehabilitation assistants may also write case notes reflecting the conversations and other pertinent work done with or on behalf of the consumer. Please see the "Case Documentation: IPE and IPE Amendment" section of this manual.

Training

If the counselor and consumer agree that post-secondary vocational training will be part of the individual's IPE, the counselor should indicate the specific degree to be obtained (A.A., B.A., B.S., truck driving certification, etc.). Counselors should not assume the dates of service will specify the degree, as many programs have now become accelerated or have alternate training times, reducing the consistency across colleges, universities and other training providers. The degree level specified on the IPE should be consistent with the level of vocational training necessary to meeting the entry level requirements of the consumers chosen vocation.

Supervisor or Administrative Approval

In certain cases, the services to be purchased by the Office (as defined on the Administrative Approval Sign Off List, Ex: purchases over $10,000) will require the signature of a supervisor, Assistant Program Director for Program Services or the Director of Field Services. In these instances, the consumer will sign the IPE, which will be forwarded on to the appropriate person for approval. The counselor should explain the required approval process to the consumer, specifying the IPE is not binding until all of the required signatures are acquired. The counselor will not sign the IPE until the required supervisor or administrator signs the document. Once the document has been signed by the counselor, implementing the plan, a complete copy should be sent to the consumer.

PLACEMENT IN SUITABLE EMPLOYMENT

Table of Contents

Authority
Federal Regulations: CFR 361.48
Rehabilitation Act of 1973 as amended, Section 103
For the purpose of this manual, use of the terms **must** or **shall** reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Definition

Job placement refers to activities that may lead to employment of individuals consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. Placement services are provided to eligible consumers in assisting them to prepare for, secure, retain, or regain employment. The placement of individuals must occur in the most integrated setting possible before they can be considered rehabilitated.
Placement is a joint effort among the counselor, consumer, OVR support staff, family (or other representatives) and groups that are involved in the individual's rehabilitation. It is not necessary in every case for the counselor to have direct intervention in placement. There are many tools and resources to assist both the consumer and counselor in job placement activities. These include the Vocational Rehabilitation Job Placement Specialists, Community Rehabilitation Programs, Pace, and private vendors. The counselor has the responsibility to ensure that the consumer has the information necessary to make an informed choice regarding the job placement services that are most appropriate in order to achieve a successful employment outcome.

Criteria for Determining Suitable Employment

Employment may be considered suitable after the individual has worked at least 90 days and the following minimum conditions are met:

- The work performed is consistent with the individual's identified vocational goal as identified in the IPE.
- The individual has the necessary skills to perform the work.
- The employment and working conditions will not aggravate the individual's disability or jeopardize the health or safety of others.
- The individual is able to perform the essential functions of the job as determined by the employer with or without reasonable accommodation.
- The employment is regular and reasonably permanent, and the individual receives a wage commensurate with that paid **to** other workers for similar work. If not employed full-time, the employment is consistent with the individual's capacity to work.

Types of Employment

Competitive employment

Competitive employment means work that is performed for which the individual is compensated at or above the minimum wage level. The primary placement objective for most individuals should be jobs with earned income in either the public or private sector, including self-employment. Individuals working part-time can be considered as working in competitive employment.

Self-employment

Self- employment is a consumer owned business, profession, or trade that sells goods or services for the purpose of making a profit. A self- employed consumer works for themselves for profit or fees, at home or at another work site, controlled by the consumer. Self- employment includes sole proprietorships, partnerships (51% consumer owned), or corporations.
The terms, "home based business" and "home-based employment", have different meanings and are not interchangeable in regard to self-employment. **A home-based business is a business, profession or trade that is consumer owned, managed and operated out of the consumer's residence. A home-based business is self-employment.**

Home-Based Employment

Home-based employment is work performed by a consumer at home, for another employer, through telecommuting or sub-contracting. Home-based employment is not self-employment. For further information on self-employment please refer to the Self-Employment section of the Policies and Procedures Manual.

Telecommuting

Telecommuting is when the work is performed out of the individual's home for an employer. The individual is on the employer's payroll so this is not considered self- employment.

Homemaker

Becoming a homemaker is a viable vocational goal for individuals who require increased skills, rehabilitation technology, or other services to successfully complete the job tasks of that occupation. Homemaking is not restricted to individuals who have functioned only as homemakers in the past. It includes the individual for whom a change in the vocational objective to homemaking is most suitable. It could also include those who live alone, male or female.

Homemaker Goal Development and Documentation

Whether homemaker is the original vocational goal in the IPE or the goal is changed later through an IPE amendment, the reason for the selection of the vocational goal must be thoroughly documented, including the consumer's choice and the counselor's input.

Documentation should include the assessment, which has identified the individual's needs and the services required to achieve a successful outcome.

The following should be documented at IPE development with the goal of homemaker and when amending an IPE from competitive employment to homemaker.

- How the individual's disability in conjunction with attendant factors has impacted the individual's ability to successfully complete the tasks associated with homemaking (i.e. food preparation, housekeeping, budgeting, shopping, childcare, etc.)
- Vocational assessment information, whether formal or informal. This should include other vocational goals that were considered and why they were not chosen.
- The individual's strengths, interests, and abilities, as well as the sufficiency of the individual's financial resources to sustain self and family (when appropriate) as a homemaker.
- The services the individual requires in order to successfully meet the demands of homemaking. It is expected practice that the IPE include guidance and counseling and at least one service directly related to homemaking. Services needed by a homemaker may include:

    - Budgeting classes
    - Benefits planning consultation
    - Independent living skills training
    - Self-advocacy or assertiveness training
    - Childcare instruction
    - Rehabilitation technology necessary to complete work tasks
    - Nutrition classes
    - Bus training
    - Mental or physical restoration

    Homemaker Successful Case Closure

The closure statement for homemaker should include the same types of information as other occupations.

a. Documentation of why the counselor and the individual jointly believe there has been adequate adjustment to employment as a homemaker.
b. How the services provided contributed to the success of employment.
c. Need for post-employment services.

Unpaid Worker

Individuals may be placed in work enabling where they are compensated through in-kind benefits (room & board, sustenance, etc.) rather than income. The services performed by the individual may include baby-sitting, attendant care, farm work, etc., and shall be a direct benefit to the work unit.

Job Placement Specialists

Job Placement Specialists provide services to employers, consumers, and counseling staff, with the goal of assisting the eligible, job-ready consumer in finding suitable employment. The Job Placement Specialist utilizes a marketing approach, which is designed to increase the quantity and quality of placements. Marketing is an on-going continuous approach that enables OVR to determine the needs of employers and how we can best assist them in meeting those needs. The goal is to develop long-term employer relationships and improve employer satisfaction, resulting in increased employment opportunities for individuals with disabilities.

A referral to the Job Placement Specialist for job placement assistance, Pace services, and other appropriate services should be considered in most cases. Consumers nearing completion of academic or vocational/technical training programs should be referred for employment assistance in advance of their completion date. Counselors are encouraged to refer all job ready consumers to the Job Placement (JP) staff in order for them to develop and maintain a qualified applicant pool, which will assist in the timely referral of applicants for job openings.
Counselors are to complete a job placement referral form, enclosing pertinent information related to individual's skills, interests, and abilities. Also include any pertinent medical or vocational testing information that would assist the JP staff in exploring appropriate employment opportunities. Upon receipt of the referral, the JP staff will contact the job ready consumer for an assessment of job seeking skills.

Job placement documentation

Documentation provided by the Job Placement staff is an essential element of the case file. It is very important for the counselor to keep the case up to date while the individual is receiving job placement services. The documentation provided by the job placement staff to the counselor facilitates the teamwork required for the consumer to have the maximum benefit of all the services available.
Progress notes should include a summary of contacts, indicate services rendered, denote problem areas, collaboration with other professionals, agencies, etc.
An entry in the progress notes and in CMS will give the job placement staff credit for the many services rendered. Without this documentation**,** much hard work and effort will not be reflected in the case. The Office measures job placement services and individual performance by reviewing the job placement data entered into CMS.

The following services should be entered into the CMS case records:

Job Readiness Training-Training to prepare an individual for the world of work:

- Appropriate work behaviors
- Getting to work on time
- Appropriate dress and grooming
- Increasing productivity

Job Search Assistance- Activities which support and assist in a consumer's search for an appropriate job:

- Resume preparation
- Identifying appropriate job opportunities
- Developing interview skills
- Making contacts with employers

Job Placement Assistance- Referral to a specific job resulting in an interview

Documentation by Job Placement staff should reflect the following elements:

- Counselor referral information
- Signed Release
- Initial staffing and progress notes regarding all on-going contacts
- Job seeking classes
- Resource Lab participation
- Job development contacts with employers
- Employment info including start date, place of employment, job title, wages and benefits
- Follow up contacts at 30, 60 and 90 days
- Notification of employment and 90 days to the counselor

Maintaining job placement case records

Most of the documentation that is kept in a Pace/Job Placement file should be a duplicate as Counselors are being sent copies of all records kept by Pace/Job Placement staff on a regular basis. It is best practice for the Pace/Job Placement staff to maintain their records for a minimum of one year after closure from Pace/Job Placement. The file should then be turned over to the Counselor so that these documents can be made part of the permanent case record and handled in accordance with the Office record retention policy which is mandated for all case files.

Services provided to consumers and counselors by job placement specialists:

- Develop placement strategies for job-ready consumers. This may include assisting the Counselor in the development and writing of On- the-Job training contracts or the development of Pace sites as needed. See Policies and Procedures manual on Pace and OJT for further information.

- Provide Pace services to include orientation, slot development and placement, job placement and follow up services to Pace participants.

- Provide information and assistance with potential job referral sources.

- Provide labor market information to include local job availability and future employment trends for counselor planning purposes.

- Prescreen consumers to determine their level of job readiness and to make appropriate recommendations as needed.

- Provide employability skills' training for consumers based on individual needs. This includes assistance in developing resumes, preparing for job interviews, dress and grooming, developing job search strategies, etc.

- Develop public relations and Office awareness activities within the community. This may include speaking engagements, seminars, Job Fairs, television/radio interviews, Job Placement Month, display booths, etc.

Employer services

The Job Placement Specialists offer an array of services to employers. As representatives of the Office, the JP staff often acts as a liaison between other OVR staff and employers to coordinate necessary services. This coordination insures that the employer's needs are met.

Services Provided to Employers by Job Placement Specialists:

- Assist in arranging accessibility surveys and job analysis to be provided by appropriate OVR staff when requested by the employers.
- Assist in the area of reasonable accommodation. Reasonable accommodation is an adjustment made to a job or work environment that enables a qualified person with a disability to perform the essential functions of that position. This may include referral and coordination with rehabilitation technology staff for appropriate job modification and job restructuring.
- Provide information and technical assistance with regard to the Work Opportunity Tax Credit (WOTC) program and other employment incentives. WOTC is an elective federal tax credit available to employers that hire individuals with disabilities. The Job Placement Specialist can assist with completing and processing the required documentation for WOTC certification.
- Provide disability awareness training upon request. The purpose of disability awareness training is to increase the public understanding of limitations imposed on the hiring and advancement of persons with disabilities due to a lack of knowledge, misinformation, and myths that have developed with regard to persons with disabilities.
- Assist employers in the retention of their valued employees who become disabled within the scope of employment. This may include vocational assessment or reasonable accommodation assistance.
- Prescreening of applicants based on the essential functions of the job. Employers are encouraged to contact the Job Placement Specialist or Rehabilitation staff for qualified applicants who have undergone extensive vocational assessment and screening processes.
- In conjunction with the counselor provide on-site job coach and support services including follow-up services.
- Provide technical assistance and resources in reference to the Americans with Disabilities Act.

CASE CLOSURE AND TRANSFER

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Applicable forms
Employment Outcome (OVR-7O)

Authority

The Rehabilitation Act of 1973 as amended: Sections 102(a)(5), 102(b) and 102(c)
Federal Regulation: CFR 361.44 and CFR 361.56

General Closure Procedures

An individual's case should be closed when no further VR services are justified, required, or anticipated in the immediate future. A closure statement must be completed for any case closed where an eligibility/ineligibility decision is being made. For cases closed from applicant status, the written justification should be recorded in the case progress notes. When closed from referral, no written justification is required. For those cases closed as reaching a positive employment outcome, a Positive Employment Outcome form is completed identifying all services provided and a copy sent to the consumer.

As the basic eligibility requirements must be continuously applied, it is possible that individuals once found eligible may become ineligible due to changing conditions. In this event, the case should be closed and documented. For more information regarding case documentation at case closure, see the "Case Documentation: Case Closure" section of this manual.

Closing cases benefiting from rehabilitation services

An employment outcome refers to an individual entering or retaining employment in full or part-time (when appropriate) competitive employment in an integrated setting including supported employment, self-employment, or telecommuting that is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. A case shall be closed as a positive employment outcome when no further VR services are anticipated in the immediate future for the vocational rehabilitation of the individual and the following has occurred:

- an individual has been certified as eligible on the Agreement of Understanding; and
- has been provided an assessment for determining eligibility and vocational rehabilitation needs; and
- been provided guidance and counseling as an essential service; and
- been provided appropriate and substantial services in accordance with the IPE; and
- has maintained employment in an integrated setting in the same occupational grouping for at least ninety (90) consecutive days.

The individual must be employed in an integrated setting to meet the definition of positive employment outcome. Therefore a case cannot be closed as a positive employment outcome in extended employment although this service may be a step in the rehabilitation process.

For those cases closed as reaching a positive employment outcome, a positive employment outcome form is completed identifying all services provided and a copy sent to the consumer. The case record must reflect a description of why it has been determined that the individual has made a satisfactory vocational adjustment. The case record is to be used to document place of employment, wages, benefits, etc.

Cases closed unsuccessfully rehabilitation due to ineligiblity

An ineligibility certificate must be executed, signed and dated by the counselor when it has been determined that an applicant or consumer:

- has no vocational disability, or
- does not require vocational rehabilitation services to prepare for, secure, retain, or regain employment, or
- after a period of trial work, is unable to benefit from vocational rehabilitation services in terms of a Successful Employment Outcome as the result of the severity of disability.

Since any Social Security Disability (SSDI) recipient or individual currently receiving Supplemental Security Income for a disability (SSI) is presumed eligible for Vocational Rehabilitation services, such cases cannot be closed ineligible unless there is clear and convincing evidence that the individual cannot benefit from services after a period of trial work.

Before a determination of ineligibility can be made, the individual or, as appropriate, the individual's parent, guardian or other representative must be consulted or given an opportunity for consultation. At the time of determination, a referral should be made to other appropriate agencies and facilities.

If the individual has been provided services as part of an IPE the rationale for the decision must be recorded in the case record unless the individual:

- refused to participate
- is no longer present in the state
- cannot be located;
- or, has a medical condition that is rapidly progressive or terminal

Ineligibility decisions based on the finding that the individual is incapable of benefiting in terms of an employment outcome must be reviewed within twelve months. The first review is initiated by notification from Central Office to the counselor on a form to be returned denoting action taken. Subsequent reviews are conducted at the request of the individual or, as appropriate, the individual's representative. The individual must be given an opportunity for consultation in a reconsideration of the decision unless the individual:

- refuses services
- refuses periodic review
- is no longer present in the state
- cannot be located
- has a medical condition that is rapidly progressive or terminal
- is deceased

Case closed for reasons other than ineligibility

A case may be closed unsuccessfully rehabilitated if an intervening reason as listed below precludes an eligibility/ineligibility decision:

- death
- unable to locate
- individual institutionalized
- transferred to another agency
- failure to cooperate
- refused services or further services
- transportation not feasible or available
- referred to an Independent Living Program
- all other reasons

A case closed for a reason other than eligibility/ineligibility determination should have the rationale for closure documented in the progress notes or case record.

Cases closed from pre-services

Cases that are in priority categories of the Order of Selection that are not currently being served may be closed at the eligible individual's request or for any intervening reason that cases can be closed unsuccessfully as described above.

Prior to case closure, information and referral services must be provided to all individuals with disabilities that do not meet the open categories of the Order of Selection. These services include:

Providing vocational rehabilitation information and guidance to assist individuals in achieving employment, and

Appropriately referring individuals to other Federal and State programs, including other statewide workforce investment programs, which are best suited to meet the individual's specific employment needs.

The procedures and requirements for information and referral services are outlined in the "Eligibility Section" of this Manual. Best practice dictates that information and referral services

be provided at the time of assignment of pre-service status. These services must be provided and appropriately documented prior to case closure.

Cases closed from post-employment

An individual's case shall be closed from Post-Employment when one of the following criteria is met:

- When employment appears secure as a result of appropriate vocational rehabilitation services provided in Post-Employment.
- When a case evolves into a complex or comprehensive rehabilitation effort or a new distinct disabling condition arises. In this instance, a new case should be opened.
- When services have failed to maintain or return the individual to gainful employment.

- The reason(s) for closing the case are to be documented in the progress notes or case record.

Transfer of an Open Case

If an OVR consumer with an open case asks for his/her case to be transferred to another district the following procedure should be observed:

Counselor will give the case to the Branch Manager, who will review the case to ensure:

- Updated address or contact info for the consumer is provided
- Case has all appropriate documentation for current case status; ie: signed IPE, Eligibility Statement, etc.
- All authorizations have been paid or cancelled if appropriate
- Case has required paperwork and is organized so the receiving counselor can easily ascertain the pertinent issues and details to the case
- Manager from current district will contact the manager of the district for transfer.
- The receiving district manager will decide if the case will be sent to them or directly to the counselor.
- The transferring counselor should contact the consumer informing them their OVR case has been mailed to the receiving district
- The receiving counselor should then contact the consumer to set up an appointment to discuss the case

Communication between counselors is encouraged to assist in the continuation of services. A courtesy call to the receiving counselor is recommended and should include details related to the progress of the case, impending issues related to the potential success of the case (family issues, consumer motivation, transportation, etc.), as well as the communication style and preferences of the individual.

POST-EMPLOYMENT

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Authority

The Rehabilitation Act of 1973 as amended: Sections 102 and 103
Federal Regulation: 34 CFR 361.56(d)

For the purpose of this manual, use of the terms must or shall reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Applicable Forms

Individualized Plan for Employment (OVR-7)
Individualized Plan for Employment (OVR-7A)

Definition

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

Post-employment services are intended to ensure that the employment outcome remains consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. These services are available to meet rehabilitation needs that do not require a complex and comprehensive provision of services and, thus, should be limited in scope and duration. If more comprehensive services are required, then services should be suspended, the case should be closed from post-employment, and a new case opened including an assessment to determine eligibility.

Guidance

Post- employment services are to be provided under an amended individualized plan for employment; thus, a re-determination of eligibility is not required. The provision of post-employment services is subject to the same requirements as the provision of any other vocational rehabilitation service to an eligible individual.

Post- employment services are available to:

- assist an individual to maintain employment, e.g., the individual's employment is jeopardized because of conflicts with supervisors or co-workers, and the individual needs mental health services and counseling to maintain the employment;
- to regain employment, e.g., the individual's job is eliminated through reorganization and new placement services are needed; or

- to advance in employment, e.g., the employment is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Supported Employment may be provided in post-employment following transition if services are not available from an extended services provider and are necessary to maintain or regain the job placement or advance in employment.

Supportive services such as maintenance, transportation and attendant care shall only be provided in conjunction with other rehabilitation services. As best practice, Office funds should not be expended to treat acute conditions during post-employment.

Post-employment services should not be provided solely to upgrade the financial status of individuals. However, post-employment services can be provided to assist individuals in achieving more suitable employment. A new economic need determination will be made prior to provision of post-employment services. Post-employment services may be initiated at any time following the date of the rehabilitated closure subject to the availability of records.

The need for post-employment services should be assessed throughout the rehabilitation process. Planning for post-employment services may be done prior to closure, at the time of closure, or at any time following the date of successful rehabilitation subject to the availability of records. The original IPE and case closure must address, as necessary, the expected need for post-employment services; a description of the terms and conditions for provision of post-employment services; and, if appropriate, a statement of how post-employment services will be provided or arranged through other sources or comparable benefits. In all cases, an amendment to the IPE must be written prior to the provision of post-employment services.

Upon completion of post-employment services, the service record will be closed. Please note when the case file is reclosed from post-employment, the new date should coincide with the completion of the post-employment services. The case should be filed according to the new date.

APPEAL RIGHTS

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Authority

The Rehabilitation Act of 1973 as amended: Sections 20, 102(c), and 112(a)
Federal Regulation: CFR 361.38
State Administrative Regulation: 781 KAR 1:010

For the purpose of this manual, use of the terms must or shall reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Consumer Appeals

Each individual applying for or receiving services must be informed of the appeals opportunities available, including the names and addresses of individuals with whom appeals may be filed. This information is provided to each applicant in the Consumer Guide. An individual may appeal any action concerning the furnishing of or denial of Vocational Rehabilitation services within sixty (60) days of becoming aware of the action. An appeal may be requested in writing; by telephone through direct contact with the Director of Program Services or a designee; or on tape. **A voice mail message does not constitute a request for a hearing.**

The counselor should make every effort to rectify situations as they develop through communication and negotiation. If, however, the dispute is such that a resolution cannot be reached, the applicant or eligible individual has the option of requesting an informal review, mediation or impartial hearing. Requests must be made to the Director of Program Services or his/her designee. Regardless of the option chosen, an impartial hearing must be conducted within sixty (60) days of this request unless an informal resolution is achieved or the parties agree to a specific extension of time, not to exceed one (1) year. Requests for informal administrative review and mediation begin the 60-day time clock for conducting a hearing.

The applicant or eligible individual shall at the time of requesting a hearing identify accommodations required and submit an issue statement for the hearing. The individual will be notified in writing by the Director of Program services of the right to be represented by counsel or representative and will be informed of the availability of services from the Client Assistance Program (CAP). The Office shall not be responsible for any fees incurred by the individual for legal services.

Pending a final determination of a hearing or other final resolution, services provided under an Individual Plan of Employment shall not be suspended, reduced, or terminated unless:

- services have been obtained through misrepresentation, fraud, collusion, or criminal conduct on the part of the applicant or eligible individual; or
- the applicant or eligible individual, or an authorized representative requests such action.

Notification of rights and procedures for filing an appeal

The counselor shall supply each applicant or eligible individual with a copy of the Consumer Guide during the application process that provides information of appeal rights and procedures and explain these rights in a way that the client can fully understand. The counselor shall also advise all applicants and eligible individuals of the existence of the Client Assistance Program (CAP), the services provided by the program, and how to contact the program representatives. The individual will be reminded of this information during IPE development; whenever services are reduced, suspended or ceased; and as appropriate throughout the rehabilitation process.

Informal administrative review

The applicant or eligible individual may choose to utilize the informal administrative review process to resolve disputes prior to an impartial hearing but is in no way required to use it. Once elected, the individual may halt the informal proceedings at any time and pursue an impartial hearing. Even when an informal process is chosen, an impartial hearing must be conducted within sixty days of the request unless a satisfactory resolution is reached prior to that time or both parties agree to an extension of time not to exceed one year. An informal administrative review consists of a complete review of the case documentation, an examination of the individual's complaint including a determination of the degree to which the Office's policies and procedures were observed in the conduct of the case. It will also include a personal interview with the individual and/or his or her representative and the pertinent Office staff involved. The Director of Program Services or his/her designee will select an administrator from a district not involved in the action. The administrator will schedule and conduct the review within ten (10) days, either in person or by teleconference. The results of the informal review may support the actions of the counselor in the case or support the claims of the individual. Within five (5) days the Administrator will provide a written determination to the individual, his or her representative and the Office.

The written determination will state the facts upon which the decision is based and include procedures for requesting mediation and/or an impartial hearing and information on the availability of the Client Assistance Program (CAP) should the client wish to pursue other options. The informal review decision is binding for involved Office personnel.

Mediation

The applicant or eligible individual may choose to utilize mediation to resolve disputes prior to an impartial hearing but is in no way required to use it. Once elected, the individual may halt the informal proceedings at any time and pursue an impartial hearing. Even when an informal process is chosen, an impartial hearing must be conducted within sixty days of the request unless a satisfactory resolution is reached prior to that time or both parties agree to an extension of time not to exceed one year. Mediation is an alternative form of dispute resolution in which a neutral third party facilitates a voluntary agreement between the disputing parties.

The mediation process is voluntary on the part of the consumer and the Office. It will not be used to deny or delay the right of a consumer to a hearing. The Office shall maintain a list of qualified, impartial mediators, who are trained in effective mediation techniques. These mediators will be knowledgeable in the laws (including regulations) relating to the provision of Vocational Rehabilitation services under the Rehabilitation Act as well as disability issues in general. The Director of Program Services or his/her designee shall choose a mediator from this list and schedule a mediation meeting within five (5) days. The specific meeting place must be agreed upon by all parties involved in the dispute and should include accommodations for full participation of the individual. The terms and guidelines for the mediation process will be initiated by the mediator and will be reviewed and approved by both parties prior to meeting.

A consumer can withdraw from mediation at any time and request an impartial hearing or an informal administrative review. A dispute may be resolved prior to mediation. Mediation cannot be used to deny or delay the right of the applicant or eligible individual to an impartial hearing or to deny any other right afforded under the Rehabilitation Act.

The Parties

The parties involved in the session will be the mediator, the consumer and his/her representative and pertinent Office staff. The Office will have a representative in attendance, who is authorized to bind the Office to an agreement.

Mediation Session

The mediator will open the session and each party will in turn be provided with an opportunity to present his or her position. The mediator will then ask questions to help the parties understand each other and the issues as well as to identify areas of impasse. The purpose is to open up communication in order to identify common ground and brainstorm possible solutions. At times it may be necessary for the mediator to meet privately in caucus with the individual parties to facilitate open communication.

Mediation Agreement

Any agreement reached by the parties during this mediation process shall be set forth in a written mediation agreement. The mediator will act as scribe for the parties' agreement, which will then be signed by the parties. The mediation agreement will be effective immediately unless the consumer wishes to have the agreement reviewed by counsel or representative during a three-day review period. If the consumer discovers a problem with the agreement during the three-day review period, he or she can request to return to mediation or can move forward with an impartial hearing or informal administrative review.

Confidentiality

During The Mediation Process: Discussions that occur during the mediation process shall be held in strict confidence and shall not be used as evidence in any subsequent review, hearing or civil

procedure. The parties involved in the mediation process may be required to sign a confidentiality pledge prior to the beginning of the process. Any notes or papers created and shared during the mediation process will be shredded excluding the mediation agreement.

Impartial hearing appeal

The purpose of the hearing is to provide an individual who is dissatisfied with an Office action or inaction, the opportunity to present evidence and information before an impartial hearing officer who will make a determination based on the evidence presented. At the time of requesting an impartial hearing, the applicant or eligible individual shall provide an issue statement for the hearing officer and identify accommodations required for the hearing (e.g. accessible formats for printed materials or an interpreter). An impartial hearing must be conducted within sixty (60) days of this request unless an informal resolution is achieved or the parties agree to a specific extension of time, not to exceed one (1) year. Requests for informal administrative review or mediation begin the 60-day time clock for conducting a hearing.

The hearing will be conducted by an impartial hearing officer randomly selected from a pool of trained hearing officers in the Administrative Hearings Division of the Office of the Attorney General approved by the Office and the Statewide Council for Vocational Rehabilitation. The hearing officer must have knowledge of the delivery of vocational rehabilitation services and the related Federal and State laws and administrative regulations. The hearing officer will not be involved in any hearing in which the officer has been involved in previous decisions regarding the applicant or eligible individual nor in any decision in which personal or financial interest might interfere with objectivity.

Conduct of hearing

The following is a summary of the conduct of a fair hearing. For specific details, consult KRS Chapter 13B.

Pre-hearing Conference

The hearing officer may convene and conduct a pre-hearing conference upon reasonable notice to all parties. This pre-hearing conference may deal with clarification of issues, rulings on witnesses, and other matters that will promote the orderly and prompt conduct of the hearing. Hearing: The hearing officer will preside over the hearing and regulate the course of the proceedings. The hearing officer shall afford all parties the opportunity to respond, present evidence and argument, conduct cross-examination of witnesses and submit rebuttal evidence. The applicant or eligible individual may participate in person and/or be represented by an advocate or legal counsel. Other parties must participate in person and/or be represented by legal counsel.

Decision

The hearing officer must complete and submit to both parties as well as the Secretary of the Education Cabinet, the written recommended decision within thirty (30) days of receipt of the transcript of the hearing unless both parties agree to a time extension. Either party shall have fifteen (15) days from the date the recommended order is mailed within which to file exceptions to the Secretary of the Education Cabinet. The Secretary of the Education Cabinet shall consider the record, including the recommended order and any timely exceptions filed to the recommended order. The Secretary of the Education Cabinet shall issue the final order within thirty (30) days of issuance of the recommended order.

Confidentiality

Policies and practices related to maintaining confidentiality and the protection, use and release of information can be found in Section 361.38 of the Federal Regulations.
The Office of Vocational Rehabilitation shall safeguard the confidentiality of all personal information obtained in the course of the vocational rehabilitation programs, including but not limited to:

- names;
- addresses;
- photographs;
- records containing personal information regarding any individual.

The Office must assure that:

- specific safeguards protect current and stored personal information;
- all applicants and eligible individuals and, as appropriate, those individuals' representatives, service providers, cooperating agencies, and interested persons are informed through appropriate modes of communication of the confidentiality of personal information and the conditions for accessing and releasing this information;
- all applicants or their representatives are informed about the Office's need to collect personal information and the policies governing its use including:
- identification of the authority under which information is collected;
- explanation of the principle purposes for which the Office intends to use or release the information;
- explanation of whether providing requested information to the Office is mandatory or voluntary and the effects of not providing requested information;
- identification of those situations in which the Office requires or does not require informed written consent of the individual before information may be released;
- identification of other agencies to which information is routinely released.

Client Assistance Program

The Office shall advise all individuals applying for or receiving services about the availability and purposes of the Client Assistance Program (CAP) and how to contact the program. The CAP may be reached at:

Client Assistance Program
275 E Main St. Mail Drop 2-EK
502-564-8035
1-800-633-6283 (TTY)
http://kycap.ky.gov

Purpose

The Client Assistance Program is an independent state agency in the Education Cabinet, Department of Workforce Investment.

The purpose and functions of CAP include:

- advising and informing consumers, applicants, and individuals with disabilities in Kentucky of services and benefits available to them through programs authorized under the Rehabilitation Act as amended and Title I of the Americans with Disabilities Act of 1990;
- assisting and advocating for consumers and applicants in their relationships with projects, programs, and services;
- upon request, informing individuals of their rights and responsibilities in connection with services and benefits from vocational rehabilitation, and engage consumers or applicants in individual or systemic advocacy. When appropriate, CAP assists consumers and applicants in pursuing legal, administrative and other available remedies. To the maximum extent possible, CAP will use informal negotiation before resorting to formal administrative or legal remedies;
- providing assistance and advocacy with respect to services that are directly related to facilitating the employment of the individual;
- facilitating access to services by individuals with disabilities;
- providing information to the public concerning CAP.

SOCIAL SECURITY ADMINISTRATION

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AUTHORITY

Social Security Act
Ticket to Work and Work Incentives Improvement Act (Public Law 107-170)

*For the purpose of this manual, use of the terms **must** or **shall** reflect requirements of Federal law or regulation or state administrative regulation and must be adhered to strictly.*

The Office of Vocational Rehabilitation has been presented a challenge to provide a more effective rehabilitation program to Social Security Disability Insurance and Supplemental Security Income (SSDI/SSI) beneficiaries and recipients.

Costs incurred by the OVR to help these eligible individuals return to employment may be recovered by the Office. Under the authority of the 1981 Amendments to the Social Security Act, the Social Security Administration (SSA) is authorized to reimburse the Office of Vocational Rehabilitation for cost of services provided on a case-by-case basis. Only when Vocational Rehabilitation services have resulted in a beneficiary or recipient performing a "Substantial Gainful Activity" (SGA) for a period of nine months out of a twelve-month period are these costs recovered.

Verification of SSDI/SSI Beneficiary *Status*

The counselor is to verify the Social Security Benefit status of **all** applicants who report receiving SSI or SSDI. The documentation may be written verification from Social Security or a copy of the award letter. It is important to note that some individuals receive SSI or Social Security benefits for reasons other than disability. They may receive retirement benefits, dependent benefits or survivor benefits. To meet the requirements for presumptive eligibility or to be considered for a reimbursement from Social Security, the consumers must have been determined eligible by SSA because of a disability.

Continuing Disability Review

All people receiving disability benefits must have their medical conditions reviewed occasionally. Your consumer's benefits will continue unless there is strong proof that his or her condition has improved medically and that he or she is able to return to work. How often an individual's medical condition is reviewed depends on how severe it is and the likelihood it will improve. Your consumer's award notice indicates when he or she can expect the first review.

- Medical improvement expected means that the individual's condition is expected to improve within a specific time. The first review will usually be six to 18 months after the individual started getting disability benefits.
- Improvement possible means improvement in your consumer's medical condition is possible. The case will usually be reviewed about every three years.
- Improvement not expected means your consumer's medical condition is unlikely to improve. The case will usually be reviewed only about once every five to seven years.

One of the benefits available to a consumer using a Ticket to Work is the temporary suspension of Continuing Disability Reviews. (See Ticket to Work section.)

Use of Medicare/Medicaid and Other Medical Insurance

All SSDI beneficiaries who have received benefits for two years (or longer) are eligible for Medicare benefits. SSI recipients are eligible for Medicaid immediately upon entitlement to SSI payment. Medicare/Medicaid and other medical insurance shall be utilized in the same manner as any other available comparable benefit.

Social Security District Office and OVR Coordination

The importance of having close coordination and working relationships with local Social Security District offices cannot be overemphasized. OVR consumers should be referred to the local Social Security District Office for any assistance in connection with their disability claims. They also need to report events such as recovery from impairments, return to work, termination of work, etc. that may have a bearing on their claims. The local Social Security District Office can be a valuable resource for Vocational Rehabilitation staff. Please note that appropriate releases must be included in requests for information. The Third Party Query (TPQY) should be available to OVR staff without a release. OVR personnel can obtain a Benefits Planning Query (BPQY) with a signed release specifying that the consumer wishes to release "tax-related information." Medical information may also be requested with a signed release, but note that it may not be readily available from the local Social Security District Office.

GUIDE TO SOCIAL SECURITY DISABILITY AND SSI WORK INCENTIVES

Many OVR consumers receive SSDI and/or SSI. A large number of these individuals fear their benefits will cease if they go to work. It is important for these consumers to understand that the Social Security Administration (SSA) has a number of different work incentives in place, which may allow them to test their ability to work without initially losing their benefits. While some work incentives apply to both SSDI and SSI recipients, there are several work incentives that are specific to the type of benefits received. Detailed information regarding specific work incentives can be found at www.socialsecurity.gov/redbook.

Benefits Analysis:

Many SSI and SSDI disability beneficiaries need help understanding their benefits and the work incentives that apply to their specific situation. This assistance can be purchased for consumers from qualified providers as indicated in the Benefits Analysis Service Fee Memo.
A list of qualified providers can be accessed at the following link:
http://ovr.ky.gov/NR/rdonlyres/4A4D3761-A156-429D-82C6-79B7B1FCC3DE/0/KYCWICs122012.docx.

Substantial Gainful Activity (SGA):

Social Security's definition of disability includes the concept of Substantial Gainful Activity (SGA). SSA uses earnings guidelines to evaluate work activity to determine if it is SGA. For impairments other than blindness, earnings averaging over $1,090 a month (for the year 2015) generally demonstrate SGA. These amounts are adjusted yearly. SGA is a factor used in making eligibility decisions for both SSI and SSDI. In addition, SGA is used in decisions regarding continued disability for SSDI recipients.

SSDI WORK INCENTIVES:

Employment Supports provide help over a long time to allow consumers to test their ability to work, or to continue working and gradually become self-supporting and independent. In general, they have at least 9 years to test their ability to work. This includes full cash payments during the first 12 months of work activity, a 36-month extended eligibility period, and a 5-year period in which Social Security can start their cash benefits again without a new application. Consumers may continue to have Medicare coverage during this time or even longer.

Notable SSDI work incentives include:

- Trial Work Period
- Continuation of Medicare Coverage
- Extended Period of Eligibility
- Medicare for Individuals with Disabilities Who Work
- Impairment-Related Work Expenses (IRWE)
- Continued Payment Under a Vocational Rehabilitation Program (also known as Section 301 Payments)
- Subsidy and Special Conditions (SSC)
- Unincurred Business Expenses (Self-Employed Only)

Trial Work Period: The trial work period allows SSDI recipients to work for nine months in a 60-month rolling period to determine if they can maintain gainful employment. They will not lose any SSDI benefits during this time because of their earnings. The consumer must earn more than $780 a month (for the year 2015), or work more than 80 self-employed hours in a month for the month to be counted.

Continuation of Medicare Coverage: An individual with a disability can receive at least 93 consecutive months of hospital and supplemental insurance after the trial work period ends. This provision allows individuals with disabilities to maintain medical coverage after they are employed and participating in substantial gainful activity (SGA).

Extended Period of Eligibility: If an individual's disability benefits stop after successfully completing the trial work period due to working at the substantial gainful activity (SGA) level, Social Security can automatically reinstate benefits without a new application for any months in which the earnings drop below the SGA level. This reinstatement period lasts for 36 consecutive months following the end of the trial work period. The individual must continue to have a disabling impairment in addition to having earnings below the SGA level for that month.

Medicare for Individuals With Disabilities Who Work: Some individuals with disabilities can purchase continued medical coverage when their premium-free Medicare ends due to employment.

Impairment-Related Work Expenses (IRWE): SSA will deduct the cost of certain disability-related expenses (expenses that enable the consumer to work, such as a wheelchair or specialized transportation costs) from the consumer's earned income prior to determining whether the consumer is performing substantial work.

Continued Payment under a Vocational Rehabilitation Program (Section 301): If SSA determines that a consumer of VR no longer has a medically qualifying disability, the recipient may continue to receive benefits under Section 301. To qualify for this incentive, an individual must be actively participating in an IPE approved by Social Security. Benefits may continue until the program is completed unless the recipient's participation stops or the SSA determines that the services will not increase the likelihood of the individual being permanently removed from the disability benefit rolls.

It is ***imperative*** that VR Counselors recognize and understand their professional responsibility when assisting consumers with applying for the 301. The consumer must be actively participating in their IPE and the agreed upon vocational goal. This plan must have been developed before the month the disability ceased. The consumer must be making timely progress in obtaining this goal and the ***expected work date*** must be accurate. If documentation does not support this, the SSA will not approve for the consumer to continue with this plan and will stop all benefits.

Subsidy and Special Conditions: "Subsidy" and "special conditions" are names for support received on the job that may result in consumers receiving more pay than the actual value of the services they perform. The SSA looks at the real value of the job to determine SGA even if individuals are receiving pay that exceeds the established SGA amount. For example, an individual may have fewer or simpler tasks than workers doing the same job for the same pay. SSA only uses the real value of the work.

Unincurred Business Expenses (Self-Employed Only): Contributions made by others (including VR) to a consumer's self-employment business may be considered a business expense in determining net earnings.

SUPPLEMENTAL SECURITY INCOME (SSI) WORK INCENTIVES:

Notable SSI work incentives include:

- Earned Income Exclusion
- Student Earned Income Exclusion
- Plan to Achieve Self-Support (PASS)
- Special SSI Payments for Individuals Who Work – Section 1619(a)
- Medicaid While Working – Section 1619(b)
- Special Benefits for Individuals Eligible Under Section 1619(a) or (b) Who Enter a Medical Treatment Facility
- Reinstating Eligibility Without a New Application
- Impairment-Related Work Expenses (IRWE)
- Continued Payment under a Vocational Rehabilitation Program (also known as Section 301 Payments).

Earned Income Exclusion: When SSI beneficiaries return to work, the first $65 of their earnings in a month plus one-half of the remainder is not counted against their benefits. Examples of how the earned income exclusion is calculated can be found at www.socialsecurity.gov/redbook/eng/ssi-only-employment-supports.htm#a0=1.

Student Earned Income Exclusion: When determining SSI payments, Social Security excludes $1,780 per month with a maximum yearly exclusion of $7180 for students under age 22 who are regularly attending school. (These amounts are for the year 2015; they are adjusted yearly.)

Plan to Achieve Self-Support (PASS): An SSI recipient may set aside income and resources for up to 48 months toward an approved plan for achieving self-support (PASS). The income and/or resources that are set aside under an approved PASS are not counted when the monthly SSI payment is calculated. This allows the beneficiary to "save" money and/or resources that are related to his/her work goal and still remain economically eligible for SSI benefits. Forms are available at the local Social Security Office and online at www.socialsecurity.gov/disabilityresearch/wi/SSA-545.pdf. Contact the SSA PASS cadre at 1-800-254-9489 for more information on developing a PASS.

SSI Payments for Individuals Who Work – Section 1619(a): SSI recipients who work may continue to receive payments until countable income exceeds SSI limits. In order to

qualify, the individual must have been eligible for an SSI payment for one month, must still be disabled, and must meet all other eligibility criteria, including the income and resources tests.

Medicaid While Working – Section 1619(b): Medicaid may continue for SSI recipients who are no longer eligible for cash payment due to their employment. The individual must have been eligible for SSI for one month, must still be disabled, must still need Medicaid services to work and must continue to meet all other SSI eligibility requirements, such as the resource limits. In addition, the individual's gross earned income must not exceed the "threshold amount", which varies from state to state and is determined annually by SSA. For additional information about 1619(b), click on www.ssa.gov/disabilityresearch/wi/1619b.htm. (Kentucky's 2015 threshold amount is $29,651.)

Special Benefits for Individuals Eligible under Section 1619(a) or (b) Who Enter a Medical Treatment Facility: If an SSI beneficiary is eligible under Section 1619, he/she can receive an SSI payment for up to 2 months while in a Medicaid facility or a public medical or psychiatric facility.

Impairment-Related Work Expenses (IRWE): SSA will deduct the cost of certain disability-related expenses (expenses that enable the consumer to work, such as a wheelchair or specialized transportation costs) from the consumer's earned income prior to determining whether the consumer is performing substantial work. For SSI recipients, IRWE is excluded from earned income when the monthly SSI payment is calculated.

Continued Payment under a Vocational Rehabilitation Program (Section 301): If SSA determines that a consumer of VR no longer has a medically qualifying disability; the recipient may continue to receive benefits under Section 301. To qualify for this incentive, an individual must be actively participating in an IPE approved by Social Security. Benefits may continue until the program is completed unless the recipient's participation stops or the SSA determines that the services will not increase the likelihood of the individual being permanently removed from the disability benefit rolls.

It is ***imperative*** that VR Counselors recognize and understand their professional responsibility when assisting consumers with applying for the 301. The consumer must be actively participating in their IPE and the agreed upon vocational goal. This plan must have been developed before the month the disability ceased. The consumer must be making timely progress in obtaining this goal and the ***expected work date*** must be accurate. If documentation does not support this, the SSA will not approve for the consumer to continue with this plan and will stop all benefits.

PRESUMPTIVE ELIGIBILITY FOR SOCIAL SECURITY RECIPIENTS

Any documented Social Security Disability (SSDI) recipient or individual receiving Supplemental Security Income for a disability (SSI) is presumed eligible for Vocational Rehabilitation services and to have a disability that is significant provided that the individual

intends to achieve an employment outcome consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual. This presumption can be overcome only by clear and convincing evidence that the individual cannot benefit from services and only after a period of trial work. It is important to note that some individuals receive SSI or Social Security benefits for reasons other than disability. They may receive retirement benefits, dependent benefits or survivor benefits. To meet the requirements for presumptive eligibility, they must have been determined eligible by SSA as either an adult or a child with a disability.

In order to determine eligibility under this presumption, disability benefits must be verified. This verification may be completed in several ways. The most common methods of verification are copies of the consumer's award letter or benefits reports that can be requested from the local SSA office. Regardless of the method used to determine eligibility, presumptive eligibility or expanded definition, verification of benefits must be included in the case record.

The purpose of presumptive eligibility is to streamline the eligibility process and speed access to services for SSI/SSDI recipients. Therefore, a decision regarding eligibility or the necessity for trial work experience is to be made as quickly as possible and must be within the required sixty days.

Recipients, by statutory requirement, are considered to have a significant disability. Therefore, the case must be assigned Priority Category I, II, III, or IV in the Order of Selection. ***Presumptive Eligibility, while presuming an individual has a significant disability, does not presume these cases meet the most significant disability category.*** The counselor should assign the appropriate category based on the individual's functional limitations.

SOCIAL SECURITY REIMBURSEMENT PROGRAM

The Social Security Administration will reimburse OVR for both administrative and direct costs associated with assisting an individual receiving SSI/SSDI returning to work if certain requirements are met. The individual receiving benefits must reach SGA for nine months in a twelve-month period. The claim must also be submitted in a timely manner. Claims submitted more than one year after the consumer has completed 9 months at SGA will be disallowed.

Consumers closed successfully earning a minimum of $150/week and marked as possibly receiving SSI/SSDI benefits sometime during their services with VR will be monitored as possible reimbursements. At times, letters may be sent to the consumers requesting wage information or the counselor may be contacted for information. Wage information should be provided as soon as possible to avoid missing Social Security deadlines and losing out on possible reimbursements.

Because of the time limits for submitting reimbursement claims, it is important that cases be closed in a timely manner. Note that, in some cases, such as when van modifications are being made, the consumer may work for nine months prior to case closure. In those cases, the counselor needs to notify the State Coordinator so that the claim can be sent to Social Security before the case is closed. It may also be possible to be reimbursed for cases closed

unsuccessfully if the services provided have helped the consumer return to work at SGA. Again, the counselor needs to notify the State Coordinator if he or she is aware of this occurring.

In some cases, Social Security requires a pre-validation review prior to paying a claim. In this situation, the State Coordinator will request that you send the entire case. Please send it right away, as there is only a short amount of time to respond to these requests.

TICKET TO WORK AND WORK INCENTIVES IMPROVEMENT ACT

The Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law 107-170) was created to aid recipients of Social Security benefits, who want to work, get the support they need in order to be successful in employment. The goals of the program are to increase the choices an SSI/SSDI recipient has for rehabilitation and vocational services, remove barriers between SSI/SSDI recipients and employment, and to allow SSI/SSDI recipients to participate in the workforce while lessening dependence on public funds.

These goals are to be reached through a program that will allow the recipient to decide which Employment Network they wish to receive services from. Employment Networks are comprised of public and private rehabilitation organizations that have applied with the Social Security Administration and met their qualifications. The Employment Network will be reimbursed by the Social Security Administration for assisting SSI/SSDI recipients in reaching Substantial Gainful Activity (SGA) or the lowering of monetary benefits.

The Ticket to Work Incentives Improvement Act of 1999 has four purposes:

- To provide health care and employment preparation and placement services to individuals with disabilities to reduce dependence on cash benefits.
- To encourage States to adopt the option of allowing individuals with disabilities to purchase Medicaid coverage that is necessary to enable them to maintain employment.
- To provide individuals with disabilities the option of maintaining Medicare coverage while working.
- To establish a Ticket to Work and Self-Sufficiency Program that allows SSI/SSDI recipients to seek the employment services and other support services needed to obtain, regain, or maintain employment and reduce dependence on cash benefit programs.

Benefits to Consumers

There are benefits to the SSI/SSDI recipients who use their Ticket to Work. These incentives were designed to assist the SSI/SSDI recipients to return to work and lessen their reliance upon cash benefit programs.

- The SSI/SSDI recipient is given the option to explore all available Employment Networks and choose who they feel will best be able to assist them in reaching their goals through education, job placement, and case management.
- If the SSI/SSDI recipient is deemed to be making forward progress towards their employment outcome, then Continuing Disability Reviews (CDR's) are discontinued.

Revised Regulations

Effective July 21, 2008, SSA revised the regulations in order to improve the Ticket to Work program. Among the changes was the creation of a new status, **"in-use SVR,"** for state Vocational Rehabilitation programs providing services under cost reimbursement. VR agencies choosing this option do not have to complete Form 1365 for Ticket assignment, yet the beneficiaries still receive CDR protection. In addition, the new regulations allow for the sequential services from VR and another Employment Network. This option, referred to as **Partnership Plus**, allows the beneficiary to assign the Ticket to Work to another agency for ongoing support after the VR case is closed.

RESOURCES

Donna Osburn
SSA/VR State Coordinator

Laurel Rice
SSA/VR Assistant

Office of Vocational Rehabilitation
301 East Main Street, Ste. 500
Lexington, KY 40507
(859) 246-2185
(859) 246-2799 fax

MAXIMUS
Ticket to Work Program
P.O. Box 1433
Alexandria, VA 22313
(866) 968-7842 – Beneficiary help line
(866) 833-2967 – TTY
(866) 949-3687 – VR/EN help line

Benefits Analysis Providers: http://ovr.ky.gov/NR/rdonlyres/4A4D3761-A156-429D-82C6-79B7B1FCC3DE/0/KYCWICs122012.docx.

HELPFUL WEB SITES

- http://www.yourtickettowork.com (general information from Maximus)
- http://www.socialsecurity.gov/work (general information and regulations from SSA)

- http://www.choosework.net
- http://www.vcu-ntc.org/resources
- http://www.ilr.cornell.edu/edi/c-benefits.cfm

Services

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Authority

Federal Regulations Section 34 CFR 361
The Rehabilitation Act of 1973 as amended, Section 103

For the purpose of this manual, use of the terms must or shall reflect requirements of Federal law or regulation or state or administrative regulation and must be adhered to strictly.

SERVICES: GENERAL INFORMATION

The following section contains information concerning services provided by the Office of Vocational Rehabilitation. It is not all-inclusive. Services to OVR consumers are to be individualized based on the unique characteristics and functional limitations of the individual, and should support the individual's efforts to obtain, maintain, or retain employment.

In addition to the exceptions described under specific services, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy related to service delivery if:

1) The nature of the individual's vocational rehabilitation needs makes it necessary that the service(s) be provided or continued outside of the established guidelines,

or

2) The discontinuation or denial of the service(s) will result in the loss of an immediate job placement or prohibit the individual from achieving the vocational goal,

or

3) The provision of the service(s) outside of the guidelines will result in a cost savings to Vocational Rehabilitation.

A decision for an exception will be determined within 10 working days upon receipt of the request. If an exception is approved, the services must be included on the IPE or amendment. The updated list of staff designated by the Director of Program Services to review and approve exceptions is provided in the Approval Sign-Off list.

The services are arranged in alphabetical order as sub-sections so that new information can be added easily without replacement of the entire section.

ACUTE OR EMERGENCY MEDICAL CONDITIONS

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Acute conditions are those accidents or illnesses with a sudden onset and relatively short course. They demand urgent attention but are usually limited in their duration. It is expected practice that assistance with medical care for acute conditions will not be given unless:

The consumer is eligible for and receiving rehabilitation services under an IPE prior to onset;
The acute condition is such that, if untreated, it would constitute a hazard to the achievement of the consumer's vocational rehabilitation objective;
Comparable benefits and economic need are applied, as appropriate, to the service provided; and
The period of care is not expected to exceed 60 consecutive days in the case of any one illness or injury. The 60-day period includes necessary follow-up examination or treatment, as well as any intensive care required at the time of surgery or during the acute stages of the illness.

The following procedures are to be followed in authorizing emergency services:
The nature of the condition should be ascertained to the degree the counselor is sure emergency services are necessary.
The counselor may give oral authorization to the vendors concerned and services may be initiated immediately.
Written authorization to cover the oral authorization should be prepared on the same date.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

CHIROPRACTIC SERVICES

Table of Contents

Applicable Service Fee Memorandums
Chiropractic Services

Chiropractic services may be provided when:

- Consumers have signs or symptoms that are considered by a chiropractor to be related to spinal subluxation; and

- Consumers desire the services of a chiropractor for spinal subluxation and/or spinal manipulation; and

- Documentation is present in the case file verifying that no contraindication exists to provision of chiropractic services. It is not necessary to utilize a current orthopedic and/or neurological report for this documentation. An x-ray or other diagnostic test done by a chiropractor for his/her own diagnostic purposes or to demonstrate medical necessity before commencing treatment may suffice.

- Coverage of chiropractic treatment services is limited to correcting a subluxation of the spine as per Common Procedural Terminology (CPT) codes 98940, 98941 and 98942. No other treatment procedures will be covered.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

COMMUNITY REHABILITATION PROGRAM (CRP)

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Applicable Service Fee Memorandums
http://ovr.ky.gov/policiesregs/sfm.htm

Resources
OVR Community Rehabilitation Program Manual

Authority

Rehabilitation Act of 1973 as amended, Section 102 (b)
Federal Regulations: CFR 361.5(9); CFR 361.38 (d); CFR 361.45 (7); CFR 361.47 (8); CFR 361.56 (b)

For the purpose of this manual, use of the terms must or shall reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Introduction

The Kentucky Office for Vocational Rehabilitation maintains a separate budget to pay for non-supported employment consumer services provided by community rehabilitation programs (CRPs). In order for an entity to qualify for payment under the CRP budget, it must meet the following requirement found in the federal regulations governing the state vocational rehabilitation programs (34 CRF Part 361.5(9)(ii):

For the purpose of this definition (community rehabilitation program), the word program means an agency, organization, or institution, or unit of an agency, organization, or institution, that provides directly or facilitates the provision of vocational rehabilitation services as one of its major functions.

General Information

The counselor has the responsibility of informing consumers of the services available through CRPs so the consumer can make appropriate choices among the various services and providers. Once the consumer and counselor have jointly decided upon CRP services, pertinent information is to be furnished at the time of referral to meet the admission requirements of the CRP.

The primary responsibility of the CRP is to assist in the development of, and to carry out, the agreed upon services outlined in the Individualized Plan for Employment (IPE). Ideally a representative of the CRP should be involved in the IPE development to ensure all parties understand the services that are to be provided. It is critical there is a general understanding and agreement among all involved parties concerning the expected vocational outcome.

The CRP provides feedback to the counselor; furnishes written progress reports on a monthly basis; and submits a final summary report when the service is completed. When it is necessary to amend the IPE during the rehabilitation process, it will be by consensus of all parties and must be approved by the consumer and OVR counselor.

For services that are outcome based such as Work Adjustment leading to Competitive Employment, payment is only made once the individual has successfully completed community based adjustment services and met the requirements for a positive employment outcome. Payments for other services, such as vocational assessment, are made once the service is completed and the appropriate report is received.

Placement means employment in a suitable job in accordance with the vocational goal on the IPE or IPE amendment, full or part-time, at competitive wages with all the rights, privileges, and benefits of individuals who are not disabled and employed in similar jobs.
Positive employment outcome means the consumer has been continuously employed in an appropriate job for a minimum of ninety (90) days and no longer needs the services of the CRP provider to maintain employment.

Non-Supported Employment CRP Services, such as Employment and Retention Services can extend beyond the first ninety days of employment if the individual still requires these CRP services in order to be successful on the job

The counselor has the responsibility of maintaining contact with the consumer to provide necessary guidance and counseling and support for the total rehabilitation program. If it becomes apparent the consumer is unlikely to achieve the planned outcome, the CRP has the option of suspending further services until the IPE is amended or, if appropriate, discharging the consumer.

Comprehensive vocational evaluation

A comprehensive vocational evaluation is used with consumers who need assistance in identifying vocational strengths and abilities for the purpose of determining potential vocational goals and may assist in determining service needs and a plan of services (IPE).
It is the responsibility of the counselor to furnish pertinent medical and other information to the CRP at the time of referral in accordance with HIPPA. The CRP will be informed of any specific questions the counselor or consumer would like addressed in the assessment. The results of the comprehensive assessment will be discussed with the consumer and used in preparation of the IPE.

A comprehensive vocational assessment will include the following information:

1. Physical and psychomotor capacities;
2. Intellectual capacities;
3. Work - related behavior;
4. Interests, attitudes, and knowledge of occupational information;
5. Personal, social, and work history;
6. Aptitudes;

7. Educational and vocational achievements;
8. Work skills and work tolerances;
9. Job seeking skills;
10. Work and non-work-related needs;
11. Possible employment objectives;
12. Ability to learn about oneself as a result of the information obtained and furnished through the evaluation process;
13. Learning style, including the ability to understand, recall, and respond to various types of instructions;
14. Need for job-site modifications or adaptive equipment;
15. Transferable work skills;
16. Environmental work conditions.

Personal interviews and behavioral observations will supplement assessment data. A written vocational assessment report must be prepared and furnished to the referring counselor and properly interpreted to the consumer.

Assessment services

Assessment services are appropriate for consumers who do not need a comprehensive vocational assessment but who need limited testing in certain specific vocationally related areas. The counselor will furnish pertinent medical and other information to the CRP at the time of referral. The CRP is to be informed of any specific questions. The results of the assessment will be discussed with the consumer and used in preparation of the IPE.

The CRP will provide the following information:

1. Individual Vocational Interview: To include questions regarding past work experience, educational history, physical capacities, vocational interest areas, and perception of abilities;
2. Academic Assessment: To include testing in both reading and arithmetic;
3. Aptitude Assessment;
4. Vocational Interest Assessment;
5. Behavioral observations.

The CRP must furnish a written report to the counselor which includes the test results and a brief summary of the findings as they relate to the consumer's vocational potential. Questions asked by the referring counselor will also be addressed.

Adjustment services (facility based)

Adjustment services are appropriate for consumers who need to address employment related issues but who do not require job placement or employment follow-up services provided by the CRP. Adjustment services and the expected time frame for services are 30 to 90 days.. This service should be authorized at the time of referral with an ending date no later than six months after the authorization date.

The OVR counselor will provide pertinent medical and other information to meet the admission requirements of the CRP. The reason for referral, and the expected results of services, will be provided to the consumer and the CRP. The counselor has the responsibility of maintaining contact with the consumer to provide necessary guidance and counseling and support throughout the rehabilitation program.
The CRP is responsible for developing a written plan of services consistent with the purpose for which the consumer was referred, jointly with the consumer and the OVR counselor. A copy of this plan will be sent to the counselor within two weeks of the start date. The CRP will provide feedback to the counselor and consumer; furnish a written progress report on a monthly basis; and provide a final summary report when the service is completed.

Establishment of a vendor as a CRP

Program may be defined as a for-profit or not-for-profit entity. Both types of entities can provide services within the Office's CRP fee schedule. Under the Rehabilitation Act of 1973, as amended, the Office does have the ability to provide establishment grants to CRPs. In accordance with CFR Part 361.5(17), the establishment of or improvement to a CRP may only include programs that are a public or nonprofit community rehabilitation program. Nonprofit programs can be public or nonprofit community rehabilitation programs. Nonprofit, with respect to a community rehabilitation program, means a community rehabilitation program carried out by a corporation or association, not part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual and the income of which is exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1986 (361.5(37)).
In addition, a sole proprietorship will not be considered by OVR to be '...an agency, organization, or institution or unit of an agency, organization, or institution…,' and, as a result, does not qualify as a community rehabilitation program. For more information on the establishment or improvement to a CRP, see the "Establishment Projects" section of the Administrative Policies and Procedures Manual.

To be considered a CRP for the purposes of receiving payment from the CRP budget, an organization must complete a CRP application. OVR Central Office staff must review the application and approve the organization as a CRP vendor before any services can be purchased using the CRP budget.

OVR will purchase the vocational rehabilitation services from CRPs according to a schedule of fees set by OVR or a special negotiated fee for an individual service. An individual or entity that does not meet all aspects of the above definition, but still wishes to provide services to OVR consumers may still do so, however, the fee will not be paid from the CRP budget. Instead, the fee will be paid by the individual vocational rehabilitation counselor who authorized the service, using his or her caseload budget. Under these circumstances, the fee will be established by the service fee coordinator and the local district manager. An OVR-9 shall be executed and signed by all parties before the authorized service can begin.

NISH Contractors

Some community rehabilitation programs and other entities may engage in NISH contracts. These contracts may also be referred to as JWOD (for the Javits-Wagner-O'Day Act) or Ability

One contracts. These contracts are issued by the federal government to provide employment opportunities for individuals with disabilities. They may include janitorial, laundry or landscaping contracts in federal buildings or military bases (in Kentucky, Ft. Knox and Ft. Campbell) or contracts for the manufacture of products for the military or other parts of the federal government. By law, these contracts must employ 80 percent individuals with disabilities. Because of this requirement, NISH contractors may seek referrals of individuals with disabilities from KYOVR counselors. Employment with the contractor may result for our consumers. Before such an individual's case can be closed as a positive employment outcome, the counselor needs to verify that the individual is working in an integrated setting. According to federal regulations (34 CFR Part 361.5(33)), the test for an integrated setting is:

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

Some NISH contracts could be considered integrated, such as janitorial contracts where individuals have sufficient opportunity to interact with non-disabled individuals. Other contracts where individual work in crews or in facilities where there is very little opportunity to interact with non-disabled individuals who are not providing services to them may not meet the above test for integrated setting. The determination of whether a setting is integrated must be made by the counselor on an individual basis. If there is any question, best practice would be for the counselor to with the supported employment/CRP administrator or supported employment consultant.

As much as possible, NISH contractors should be treated as any other employer. As an employer, NISH contractors would not be eligible for the Employment and Retention Services with a Competitive Employment Outcome fee, as per the KYOVR CRP Manual, page 13:

OVR does not pay an employer for hiring its consumers. Employment and Retention Services fees are intended to cover the average costs of services provided to a consumer in order to achieve a positive employment outcome. It is intended the CRP providing this service, does not benefit directly in any way from the employment other than the payment of the OVR fees. If the consumer is employed by the CRP producing goods and/or services for the CRP then no payment will be made. Exceptions to this policy can only be made by the CRP Administrator.

The need for job coaches, OJTs or other services should be assessed on an individual basis. OJTs should be used only in the rarest of circumstances since the NISH contractor is receiving funds via their contract for the individual's wages and the contractor should be experienced in training individuals with disabilities by the nature of their contract. The maximum amount a counselor may authorize for OJT is $1500, which must be authorized by the counselor prior to the date employment begins.

CONVALESCENT CARE

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Convalescent care should be considered for long-term care (more than two weeks) for recuperative services.
Any convalescent facility used must be licensed by the appropriate state authority and recommended by the attending physician.

Convalescent care should be considered:

- when the consumer's home conditions are not conducive for satisfactory convalescence;

  or
- the distance from home to hospital makes it impractical for the consumer to be transported back and forth for medical follow-up;

  or
- using a convalescent facility would reduce the cost of hospitalization or private care.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

GUIDANCE AND COUNSELING

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Guidance and counseling provided in the vocational rehabilitation context is a helping process in the rehabilitation program to assist eligible consumers in analyzing, understanding, and using their capacities and abilities to overcome social, emotional, educational, vocational, and/or physical limitations. It includes the use of interpersonal contact and specialized professional functions such as assessment, adjustment counseling, coordination of services, identification and mobilization of resources, placement, and follow-up. These elements are not separate steps in a sequence but they are interrelated parts of a whole.

In contrast to therapy (which generally seeks personality change in some manner) the outcome expected from guidance and counseling provided in the VR setting focuses on the consumer initiating constructive action on their own behalf and achieving a realistic vocational adjustment. Guidance and counseling must be an essential component of any case closed successfully rehabilitated and adequately documented in the case record.

Rehabilitation Services Administration defines guidance and counseling as discrete therapeutic counseling and guidance services that are necessary for an individual to achieve an employment outcome, including personal adjustment counseling, counseling that addresses medical, family, or social issues, vocational counseling, and any other form of counseling and guidance that is necessary for an individual with a disability to achieve an employment outcome.

HEARING AIDS

UPDATED 09/24/2013

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The primary function of a hearing aid is to amplify and enhance residual hearing of the consumer with hearing loss; it does not restore lost hearing. There are several different kinds of hearing aids and a wide variety of circuits that can be used on a hearing aid to meet the consumer's unique need to enhance effective communication.

Procedure

It is a requirement that a Communication Specialist complete a communication assessment preferably before purchasing hearing aids. A Communication Specialist may purchase a communication assessment using their counselor caseload budget. Best practice is for cases requiring the purchase of hearing aids to be referred to the district Communication Specialist. In certain cases, this may not be possible or in the best interest of the consumer. In these instances, please discuss this issue with the branch manager to determine the best course of action. The communication assessment should cover the following communication difficulties in basic areas such as face-to-face communications, telephone communications, environmental sounds and situations, small group and large group situations and electronic media/special equipment in settings such as work, school/home, etc. This information is helpful to determine the appropriate hearing aid circuitries and assistive devices needed in order to meet the consumer's communication demands on the job.

There is a maximum allowable fee for a Behind-the-Ear (BTE) and Full Shell In-the-Ear (ITE) Conventional, Programmable, and/or Digital hearing aid. Please see the current SFM regarding the purchase of hearing aids related to the current payment processes regarding dispensing fees, earmolds, and the OVR price listing of the hearing aids.

Hearing aids and assistive listening/alerting devices are considered rehabilitation technology, and therefore Consumer Cost Sharing Procedures, are not to be applied. The counselor and consumer may negotiate to what level, if any, the consumer will personally invest in the purchase of hearing aids. Office funds for hearing aids and for assistive listening/alerting devices should be expended out of the counselor's budget. The current SFM regarding professional fees for personalized assistive listening devices can be found here.

A recommendation for a hearing aid must be obtained from a qualified professional according to State law. It is preferred that a comprehensive audiometry evaluation and hearing aid evaluation be obtained from an audiologist. Audiologists assess hearing loss and prescribe hearing aids. Any exceptions to this expected practice such as the use of a hearing instrument specialist must be justified and documented in the case file.

If the recommendations of the audiologist are outside the guidelines established in the Service Fee Memorandum, exceptions may be submitted to the Program Administrator of Hard of

Hearing/Late Deafened Services within the Deaf and Hard of Hearing Services Branch. Counselors requesting exceptions should submit hearing test, hearing aid recommendation, communication assessment, and manufacturer's price list to Program Administrator. Please refer to the Hearing Aid Exception request form which can be obtained from the program administrator.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Cochlear Implants and Bone Anchored Hearing Aids

ESTABLISHED: 07/08/2014

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The Kentucky Office of Vocational Rehabilitation considers Cochlear Implants (CI) and Bone Anchored Hearing Systems (BAHS) as medical procedures, and therefore subject to Consumer Cost-Sharing policies and procedures. Counselors will adhere to any applicable Service Fee Memorandum. Consumers must apply for all comparable benefits. Best practice is for cases requiring the purchase of CI or BAHS to be referred to a Rehabilitation Counselor for the Deaf or the district Communication Specialist, depending on consumer preference. In certain cases, this may not be possible or in the best interest of the consumer. In these instances, please discuss this issue with the branch manager to determine the best course of action.
Any physician performing the cochlear implant surgery must be a board certified otolaryngologist, licensed by the state they work in, with specialized training in cochlear implants. The Audiologist involved in the provision of cochlear implants, must be licensed by the state they work in, with specialized training in cochlear implants.
All Cochlear Implant/BAHS requests require prior approval. The counselor should send requests to their Branch Manager, and discuss with them, the impact on the counselor budget. The request and supporting documentation should then be forwarded to the Hard of Hearing/Late Deafened Program (HOH/LDP) Administrator, who will review each case individually. After that, the Assistant Director of Program Services will make the final decision. The Office can assist with the provision of monaural or binaural CI or BAHS, so long as the approval process is met.

Please see the chart on the next page regarding the CI/BAHS Approval Process.

Approval Process:

Eligibility	• The consumer is determined eligible for VR services.
Evaluation	• The consumer receives a hearing evaluation, and a CI or BAHS evaluation from an audiologist. • Both evaluations yield recommendations for CI or BAHS
Consultation	• The counselor consults their Branch Manager regarding the recommendations. • The Branch Manager approves the counselor to proceed.
Examination	• The consumer receives an examination and complete medical work-up from a neurotologist. • The consumer is screened for psychological stability, and may be referred for a psychological evaluation if needed. • Audiological, medical, and psychological candidacy are established.
Review	• The recommendations and supporting documentation are reviewed by the HOH/LDP Administrator and the Assistant Director of Program Services. • The staff consult with the recommending audiologist and physician. • The HOH/LDP Administrator and the Assistant Director approve the counselor to proceed.
Consultation	• The consumer is counseled by the audiologist regarding the CI or BAHS process, and is given information regarding different devices. • A subsequent consultation with the audiologist is provided. • A consultation with the neurotologist is provided.
Approval	• The HOH/LDP Administrator and Assistant Director will review the surgical recommendations. • Final approval to purchase CI or BAHS is given by the Assistant Director of Program Services
IPE Development	• The consumer and the counselor develop and sign the IPE to include CI or BAHS as required to reach the vocational goal of gaining or retaining employment.
Surgery	• The surgery is performed and medical or other recommended follow up is provided.

Sound Processor Replacement

A cochlear implant sound processor coverts the sound captured by the microphone into digital information. This digital information is sent to the magnetic headpiece, transmitted to the implant, and then sent to the hearing nerve, which in turn sends electrical impulses to the brain, where they're interpreted as sound. The sound processor is the external portion of the device.
The Office considers the replacement of a sound processor to be a medical procedure, and therefore subject to Consumer Cost Sharing. Consumers seeking the replacement of a sound processor must utilize all comparable benefits including but not limited to insurance, warranties, or loaners. Counselors should be aware that some vendors provide 2 processors per ear at the time the CI or BAHS is initially dispensed, so that the patient has a backup. The Office does not purchase a replacement processor if the consumer has the use of their backup. Replacement of a sound processor requires the same approval process as cochlear implant or BAHS provision.
The Audiologist involved in the provision of a sound processor, must be licensed by the state they work in, with specialized training in cochlear implants.
In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to

policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

INDEPENDENT LIVING CENTERS

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AUTHORITY

Rehabilitation Act of 1973, as amended, Title VII, Chapter 1

PHILOSOPHY

Title VII of the Rehabilitation Act of 1973, as amended, authorizes a program of Independent Living. Kentucky has elected to participate in that program. Federal funds are available at a 90-10 match ratio of federal dollars to state dollars.

As a condition for receiving the funds, the Office of Vocational Rehabilitation, the Office for the Blind and the Statewide Independent Living Council must jointly develop and submit to federal officials an acceptable plan. The plan generally covers a three-year period and identifies the scope and extent of services to be provided during that period.

In order for the plan to be approved by federal officials, it must contain a design for a statewide network of IL centers developed by the IL Council. Centers must provide the core services of information and referral, independent living skills training, peer counseling and individual and systems advocacy. These services should result in identification of resources necessary for individuals to achieve their independent living goals.

Centers must promote and practice the independent living philosophy of:

- consumer control of the center regarding decision making, service delivery, management, and establishment of the policy and direction of the center;
- self-help and self-advocacy;
- development of peer relationships and peer role models; and
- equal access of individuals with significant disabilities to society and to all services, programs, activities, resources, and facilities, whether public or private and regardless of the funding source.

Federal funds may also be used for individualized services. However, sufficient funding is unavailable to do both. Priority consideration is given to centers because they promote the advocacy that results in systems changes that make programs more responsive to the needs of individuals with disabilities.

Eligibility

Independent Living services may be provided to any individual with a significant disability, as defined in section 7(21)(B) of the Rehabilitation Act of 1973, as amended, by contacting an Independent Living Center.

Some programs offered at the Independent Living Centers have other eligibility determination criteria as determined by the specific funding source.

Definitions

Consumer Control - The term "consumer control" means, with respect to an independent living center, that the center vests power and authority in individuals with disabilities. This is achieved in two significant ways. The first is the Board of Directors of the independent living center must be 51% individuals with disabilities. The second is the staff in decision-making positions must be 51% individuals with disabilities.

Independent Living Center (ILC) or Center for Independent Living (CIL) - The terms "independent living center (ILC) or center for independent living (CIL)" mean a consumer controlled, community based, cross disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services.

Independent Living Centers

Center for Accessible Living
981 S Third Street Suite 102
Louisville KY 40203-2261
502-589-6620 (Voice)
502-589-3980 (Fax)
502-589-6690 (TDD)

Pathfinders for Independent Living
105 E Mound Street
Harlan KY 40831
606-573-5777 (Voice/TDD)
606-573-5739 Fax

Independence Place
824 Euclid Avenue Suite 101A
Lexington KY 40502
859-266-2807 (Voice/TDD)
859-335-0627 (Fax)

Disability Resource Initiative
624 Eastwood Avenue
Bowling Green KY 42103
270-796-5992 (Voice/TDD)
270-796-6630 (Fax)

Center for Accessible Living
1051 N 16th Street Suite C
Murray, KY 42071
270-753-7676 (Voice)
270-753-7729 (Fax)
270-767-0549 (TDD)

INTERPRETER SERVICES FOR PERSONS WITH HEARING LOSS

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Resources
http://ovr.ky.gov/programservices/dhhs/

Applicable Forms
Interpreter Request Form

Interpreter services may be provided to consumers with hearing loss when the person is: unable to communicate with the counselor, and/or unable to participate in a program of services without the aid of an interpreter.

Required credentialing of interpreters

Since the need for interpreting services may vary according to consumers and circumstances, consumers should be given options in selecting the most qualified and appropriate interpreter. Interpreters with National Registry of Interpreters for the Deaf (RID) and/or National Association of the Deaf (NAD) Level III, IV, V certification should be used. The nature of the job assignment should be considered when selecting an interpreter.

Confidentiality and adherence to the RID or NAD Code of Ethics should be required of interpreters throughout the rehabilitation process. Whenever possible, arrange for consumers and interpreters to meet before the scheduled appointment to assure clear communication. To locate interpreters, refer to the Kentucky Commission on the Deaf and Hard of Hearing Interpreter Directory, or contact the local Rehabilitation Counselor for the Deaf (RCD) or the Office's Deaf and Hard of Hearing Services (DHHS) Branch.
Interpreter fees vary according to type of assignment and interpreter's certification (refer to the OVR Fee Schedule). Organizations that should pay for interpreters in accordance with the Americans With Disabilities Act and Section 504 of the Rehabilitation Act include but are not limited to Social Security Administration, courts, hospitals, and other state agencies.

Description of Registry of Interpreters for Deaf Certification levels

Comprehensive Skills Certificate (CSC) - Holders of the full certificate have demonstrated the ability to interpret American Sign Language and spoken English and to transliterate between spoken English and a signed code for English. The CI and CT is the replacement for the CSC. Holders of this certificate are recommended for a broad range of interpreting and transliterating assignments.

Certificate of Interpretation (CI) - Holders of this certificate are recognized as fully certified in Interpretation and have demonstrated the ability to interpret between American Sign Language and spoken English in both sign to voice and voice to sign. The interpreter's ability to

transliterate is not considered in this classification. Holders of the CI are recommended for a broad range of interpreting assignments.

Certificate of Transliteration (CT) - Holders of this certificate are recognized as fully certified in Transliteration and have demonstrated the ability to transliterate between signed English and spoken English in both sign to voice and voice to sign. The transliterator's ability to interpret is not considered in this certification. Holders of the CT are recommended for a broad range of transliteration assignments.

Certificate of Interpretation and Certificate of Transliteration (CI and CT) - Holders of both full certificates have demonstrated competence in both interpretation and transliteration and have the same flexibility of job acceptance as holders of CSC (see above). Holders of the CI and CT are recommended for a broad range of interpretation and transliteration skills.

Reverse Skills Certificate (RSC) - Holders of this full certificate demonstrated the ability to interpret American Sign Language and signed English or transliterate between English and a signed code for English. Holder of this certificate are deaf or hard of hearing and interpretation/transliteration is rendered in American Sign Language, spoken English, a signed code for or written English. The CDI (in development - see below) is designed to replace the RSC which is no longer offered. Holders of the RSC are recommended for a broad range of assignments where the use of an interpreter who is deaf or hard of hearing would be beneficial.

Certified Deaf Interpreter - Provisional (CDI-P) - Holders of this provisional certification are interpreters who are deaf or hard of hearing, who have demonstrated a minimum of one year experience working as an interpreter, and completion of at least 8 hours of training on the RID Code of Ethics. They must complete 8 hours of training in general interpretation as it relates to the interpreter who is deaf or hard of hearing. Provisional certification is valid until one year after the Certified Deaf Interpreter (CDI) examination (in development) is made available. Provisional certificate holders must take and pass the CDI in order to remain certified as a Deaf Interpreter. Holders of the provisional certification are recommended for a broad range of assignments where an interpreter who is deaf or hard of hearing would be beneficial.

Description of the NAD Interpreters Certification Level

Level V (Master) - The Level V Certification indicates that the interpreter is a master interpreter. The interpreter very rarely demonstrates difficulty in any interpreting situation.

Level IV (Advanced) - The Level IV Certification indicates that the interpreter is an advanced interpreter. The interpreter does very well in voice-to-sign. The interpreter demonstrates little difficulty in sign-to-voice. The interpreter may demonstrate oddities in sign style, choice of signs used; however, the interpreter demonstrates the skill necessary for just about any interpreting situation.

Level III (Generalist) - The Level III Certification indicates that the interpreter is a generalist interpreter. The interpreter is one who shows a good sign vocabulary but may have some problems in sign-to-voice.

Attaining a Level I (Novice) or Level II (Intermediate) does not qualify an interpreter for certification under the National Association of the Deaf (NAD) Interpreter Assessment Program.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

MAINTENANCE

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Applicable Service Fee Memorandums
Maintenance Fee Schedule

Maintenance refers to living expenses such as food and shelter that are in excess of the normal expenses of the individual and that are required to participate in an assessment or carry out the terms of the individualized plan for employment.

Procedure for Providing Maintenance

The following guidelines apply to the provision of maintenance assistance:

- Maintenance may be provided for consumers when it is necessary to support and derive the full benefit of other OVR services being provided. Maintenance will not be provided as a sole service. Maintenance should not be used as a device for removing a consumer from an undesirable home situation or for therapeutic reasons only.
- Subsidy of a consumer's home through payment of any type of maintenance to parents, wives, relatives, and/or friends is not allowable. Maintenance should not be provided in the consumer's own hometown if the consumer has an established home. Exceptions should be discussed with the branch manager if extenuating circumstances exist.
- Maintenance, other than for diagnostic purposes, is subject to the consumer cost sharing test. All maintenance should cease whenever the first paycheck is received or within 90 days after a consumer is employed. Maintenance costs shall not exceed established rates.

Room and board allowances

Room and board allowances may be provided under one of three categories, Short-term, Long-term, or Extended-Term

Short-term means a period of time generally less than a week requiring the payment of daily rates rather than weekly or monthly. (See Fee Schedule)

Long-term generally means more than a week, and less than a month. The counselor may authorize for the prevailing rate not to exceed the established maximum. (See Fee Schedule)

Extended-Term means room and board needs in excess of one month, an Agreement for Services (OVR-9) is not required. (See Fee Schedule)

Clothing

Clothing and/or uniforms, are considered to be maintenance, and may be provided under if necessity for provision of clothing is documented in the progress notes. Should the counselor

determine it necessary to purchase clothing for a job search activity, justification should be included in the case record. Expected Practice is to limit the purchase to clothing or uniforms immediately required for gaining or maintaining employment or training. The counselor should discuss strategies with the consumer regarding the need to budget for future employment related clothing needs.
The counselor should assure the individual has purchased clothing necessary for their work environment as authorized by the Office.

Uniforms are standardized items required of all trainees or employees in the trade or profession for which they are training or in which they are engaged. Special hosiery or shoes may be included if required.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" of this manual for the exception guidelines.

MEDICATION

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Applicable Forms
Prescription Medication From (OVR-3P)
Prescription Medication form Instructions

Procedure

The purchase of medication and supplies is an ancillary service that may be provided for a reasonable period of time in support of other substantial rehabilitation services.
It is not the responsibility of OVR to provide maintenance medications. The Office is not responsible for the continuing purchase of medications necessary for such disabilities as diabetes or epilepsy except when necessary for the completion of the rehabilitation program. Numerous comparable benefits are available for prescription medications and must be utilized when available.

Prescription medications are to be purchased following the established procedure outlined on the Prescription Medication form, and in the Prescription Medication form Instructions.

The Office may pay average wholesale price for prescribed medication. This limit will be based on the cost of the medication plus a dispensing fee as established by the Kentucky Medical Assistance Division. The authorization will include the medication name, National Drug Code Number, prescription quantity, dealer cost and dispensing fee.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

MENTAL RESTORATION SERVICES

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Applicable Service Fee Memorandums
Psychological Fee Schedule

Procedure

The Office of Vocational Rehabilitation may purchase mental restoration services when deemed necessary by the vocational rehabilitation counselor for the attainment of a vocational objective or as part of a trial work period.

If therapy is provided, a total of 18 sessions can be authorized. Six initial sessions may be authorized at the outset. Following initial therapy, reports are required to document problem areas found, recommend a program of treatment, and provide evaluation criteria for progress. After the initial six sessions, authorizations will be limited to twelve sessions with evaluation reports from the service provider answering specific questions as outlined above. Provision of further therapy beyond 12 sessions is predicated upon the consumer's progress and anticipated gains, as documented by reports from the service provider and the rehabilitation counselor's documented assessment of consumer progress and requires permission from the assigned Branch Manager.

Required Credential of Mental Restoration Providers

The Office will not generally purchase psychosocial rehabilitation services (partial hospitalization). It is recommended that counselors encourage referral of consumers in psychosocial rehabilitation (partial hospitalization) programs to the OVR when these consumers are ready for the development of vocational programs.

If mental restoration services are to be provided, treatment must be in accordance with state licensure laws. Based on current Kentucky law, the following professionals can provide mental restoration:

- Licensed Psychiatrist
- Licensed Psychologist
- Licensed Clinical Social Worker
- Certified Psychologist with Autonomous Functioning
- Licensed Psychological Practitioner
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor or Advanced Registered Nurse Practitioner with MS in Mental Health
- Licensed Professional Clinical Counselor
- The following professionals may provide mental restoration with the supervision of a Licensed Professional:
- Certified Psychologist

- Licensed Psychological Associate
- Licensed Social Worker (Cannot direct bill for services)
- Certified Social Worker (Cannot direct bill for services)

- Licensed Marriage and Family Associate
- Licensed Professional Counselor Associate

It is important to research and understand the preparation, training, and competencies of each professional certification, as many mental health fields tend to have epistemological and pedagogical differences in their approach to the manner and type of services they provide to their consumers. It is also critical to get to know the mental health service providers in your area and understand their strengths, weaknesses, preferences and areas of specialization.

The services must be necessary to enable the individual to either secure or maintain employment. The counselor must also remember the consumer has the choice of any service provider who meets OVR standards and accepts the OVR fee schedules.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

NURSING SERVICES

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The Office of Vocational Rehabilitation may authorize the service of a private duty nurse or aide for eligible consumers. A written recommendation from the attending physician will be placed in the case file prior to authorizing the service. Payment shall be made at the prevailing rate established and/or approved by the Office. This service should be restricted to short-term care (two weeks or less). For two weeks or more, see convalescent care.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

OCCUPATIONAL LICENSES

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Applicable Service Fee Memorandums
Nursing Examination and Licensure

The Office of Vocational Rehabilitation may authorize the purchase of a board exam, occupational license and/or permit for an eligible consumer. Other occupational licenses may be provided including permits or other written authority required by state, city or other governmental units in order to enter an occupation, or small business, or to purchase tools, equipment, initial stocks (including livestock) and supplies. The Office may authorize the payment of initial union dues or membership fees.

Most licenses, permits and union dues must be renewed on a yearly basis. The OVR should not pay beyond the first year fees or charges. Many professional qualification examinations are taken several times before a consumer passes. Payment beyond the second examination will be based upon the judgment of the counselor.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

OCCUPATIONAL TOOLS EQUIPMENT SUPPLIES AND COMMODITIES

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Applicable Forms
Receipt and Transferrable Items Agreement
Equipment Recovery Form
Tool Life Expectancy Chart

Procedure

No counselor will commit the Office of Vocational Rehabilitation to the purchase of any tools, equipment, and/or supplies until it has been determined that:

- Tools, equipment, etc. are absolutely essential for the job and not routinely furnished by the employer to other employees performing the same job.
- Financial need has been established;
- Comparable benefits are not available.

If the decision is made to purchase tools for an individual, the counselor should:

- Request individual to provide a detailed description and approximate price of requested items.
- Contact the System Management Branch to determine if any or all of the items are available from OVR inventory.
- If items are not available from OVR inventory, contact the Finance Branch to determine if the items are on contract.
- If items are not on contract but are under $1,000, compare prices and if feasible authorize to the vendor with the lowest price on goods of comparable value.

No counselor will commit the Office to purchase tools, equipment, computers, initial stocks and supplies for self-employment, etc. over the Office limit of purchase. Purchases to a single vendor under $1,000 do not require bids and can be purchased locally using a pay authorization. Purchases to a single vendor over $1,000 and less than $3,000, require 3 local quotes and can be purchased locally using a pay authorization. The case file must include documentation to substantiate 3 quotes on identical items were obtained prior to purchase. If the purchase is over $3,000, the counselor must consult with the Branch Manager and he/she must be in agreement that the purchase is necessary. In accordance with KRS 45a, the purchase must be competitively bid through state government procurement procedures. If several items are needed from the same vendor and the total exceeds $3,000, this bid process must be followed. **It is a violation of Finance and Administration Cabinet procurement policy to divide or split purchases to remain below these limits.**

Process for Orders $3,000 or More

The list of items to be purchased will be submitted to the Branch Manager along with two copies of the IPE justifying the request with strong emphasis on the necessity of the purchase and how it is to be used by the individual. If approved, the Branch Manager must sign the IPE and submit to the Finance Branch**.** The counselor will not sign the IPE until the purchase is approved. **No authorization is to be entered until the bid has been awarded.**

A listing of items to be purchased with sufficient description for ordering must be attached and will include: budget unit number, delivery address, estimated cost and specifications. The specifications must be explicit since they will be used to write the requisition that will be sent to the Division of Purchases and should include: model numbers, dimensions, brand, pictures, etc. Additionally, the name and address of the vendor(s) who provided the specifications must also be shown. Contact the Finance Branch immediately if there is need for correction of errors.

To speed the process, it is advisable for the counselor to seek and receive three (3) quotes and send them along with the detailed list. It is imperative that the quotes be for identical items. For example, if one quote is for a 15 cubic foot refrigerator and the quote from another vendor is for one that is 14 cubic foot, they are not identical quotes.

- When the bid is awarded, the counselor will receive a copy of the purchase contract showing the exact cost and the vendor. The counselor will prepare a non-pay authorization and submit electronically to Central Office. The delivery address should be designated to the counselor's office address, except for large, heavy equipment.
- Upon delivery, the counselor must verify against the purchase contract prior to or at delivery of equipment to the individual.
- When all materials on the purchase contract have been received, the counselor will date and send the copy of the purchase contract, marked received, and the signed Receipt/Transfer Agreement to the Finance Branch in Central Office, who will continue the payment process.

Exceptions to bid and quote process

The Office has a delegated purchasing authority for the purchase of <u>rehabilitation technology, vehicle modifications, and medical/diagnostic services</u>. This authority allows the Office to procure these items/services without utilizing the competitive bid and quote process as outlined in KRS 45a. However, counselors must follow Office guidelines for these purchases by referring to the appropriate sections of this Manual. All other purchases for occupational and other tools, equipment, computers, initial stocks and supplies for self- employment, etc, **must** utilize the procedures described above.

Recover and transfer of tools equipment and supplies

Transferable items, such as tools, equipment and supplies will be recovered by the Counselor if, prior to depreciation or prior to expiration of lien, the individual ceases to use the equipment for the pursuit and practice intended, or upon death of the individual.

When transferable items are recovered, complete the Equipment Transfer Form and send to Systems Management Branch, Central Office. Recovered equipment will be unassigned from the consumer who turned in the equipment and will be maintained on an Available Inventory List, which will be made available to all staff.

Recovered equipment may be transferred to another consumer if a determination has been made that the consumer is in need of the equipment. A request should be directed to the Systems Management Branch. The counselor will be notified as to the availability of the requested equipment and the location, if applicable. If the counselor decides to pick up the equipment for their consumer, the Systems Management Branch should be notified to complete the transfer of equipment.

Copies of applicable forms should be filed in consumer's file.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

ON-THE-JOB TRAINING

Table of Contents

UPDATED 06-23-2014

Applicable Forms
On the Job Training Evaluation
Agreement for On the Job Training Services
Agreement for On the Job Training Services Instructions

AUTHORITY

Americans with Disabilities Act of 1990, As Amended
Fair Labor Standards Act
The Rehabilitation Act of 1973 as amended

For the purpose of this manual, use of the terms *must* or *shall* reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Definition

On-the-job training (OJT) is a tool which allows the individual to learn an occupational skill by performing as an employee in that occupation. The Office subsidizes the employee's salary up to the prevailing minimum wage.

Guidelines

An Agreement for On-the-Job-Training Services (OVR-9) is required to be completed by the counselor and signed by the branch manager before OJT may begin. The employer hires the individual (trainee) from the moment the OJT contract starts. OJT Evaluations must be provided in writing by the employer at least monthly. If evaluations indicate little or no progress, the counselor must review the program for a possible change of objective. If evaluations indicate that adequate progress is being made, the OJT will continue. By continuing the OJT, the employer makes a commitment to retain the employee at the end of the OJT as a "traditional employee" so long as the employee is able to maintain or improve their level of performance.

The duration of OJT is to be determined on an individual basis and reflected on the OVR-9. OVR staff is required to obtain a position description from the employer and consider it along with the individual's abilities and limitations. Typically, OJT for unskilled labor (those jobs that do not require a high degree of training and skill) averages one (1) month in duration. OJT for service occupations, wholesale or retail trade, or paraprofessional positions average three (3) months. OJT for skilled occupations (trades, crafts, or those occupations resulting in licensing or certification) averages six (6) months in duration. It should be stressed that this is a general timetable, and not to be considered strict guidance. As with any OVR service, the duration of OJT should be individualized. If Office staff need assistance determining a suitable duration for OJT, they may contact the Job Placement Program Administrator. Any OJT exceeding 6 months requires approval by the Job Placement Program Administrator.

The standard 40-hour workweek is not required, but, in accordance with Section 12112 of the ADA, the number of hours offered by the employer to the qualified individual *shall not* be limited because of their disability. The number of hours offered to the individual should be agreed to by the counselor. Individuals receiving OJT *must* receive all compensation coverage, privileges, etc. as other employees. Overtime and holidays are to be compensated by the employer per their policy. Both the individual and employer are made fully aware that, even though this is considered OJT, the individual is an employee of the hiring company/agency and not a trainee or student, and *must* be treated as any other new employee in terms of following policies and procedures.

OVR may negotiate to reimburse the employer at a rate less than minimum wage, but OVR cannot pay more than minimum wage. The negotiated rate of reimbursement is to be specified on the OVR-9. Per the Fair Labor Standards Act, the employer *must* pay the employee at least minimum wage unless the employee is in an excepted class (such as, tipped employees). However, employers can pay the employee more than the minimum wage that OVR is reimbursing. For example, if an employee is hired for a position which typically pays $10/hour, the employer can pay the OJT participant $10/hour. The employer will be reimbursed by the Office at $7.25/hour which will result in a difference of $2.75/hr. The ADA states:

> *No covered entity shall discriminate against a qualified individual on the basis of disability in regard to… employee compensation…*

The Work Opportunity Tax Credit (WOTC) is available to employers who hire individuals through OJT contracts. If the employer and the consumer elect to claim the WOTC then they must complete the prevailing WOTC documents on or before the day the individual is offered employment. The first day of the contract is the first day of employment. Please refer to information regarding the WOTC.

All employers must be set up as a vendor for OJT. This includes any local, State, or Federal government agencies. State agencies must be paid through the inter-account process (See: Authorization Instructions and Guidelines).

Office staff may find it helpful to refer to the process chart on the following page.

Process:

Eligibility	The consumer is determined eligible for OVR services and assigned an open priority category
IPE	OJT is listed among the services agreed to on the IPE or an IPE Amendment.
Job Search	The consumer applies for jobs. Depending on OVR staff judgment, and consumer choice, this may be the time to approach employers about the possibility of utilizing OJT.
WOTC	If they elect to, the consumer and the employer complete the WOTC paperwork together on or before the day the individual is offered employment.
Position Description	OVR staff reviews the position description to ensure that it is consistent with the individual's abilities and limitations.
Negotiation	OVR staff, the employer, and consumer agree to the duration of the OJT, the consumer's wages, and the number of hours the consumer will work per week. OVR staff and the employer negotiate the rate at which the employer will be reimbursed.
Vendorship	OVR staff ensures that the employer is enrolled as a vendor.
OVR9	The terms of the OJT are listed on the OVR9, and the form is signed by the counselor, the branch manager, and the employer. The agreement is valid from the individual's hire date.
Hired	The individual is hired by the employer on the date that is reflected on the OVR9.
Reporting and Payment	Staff preauthorize to the employer for the anticipated number of training hours (not to exceed one month per authorization). The employer submits OJT Evaluations and invoices to the Office at least monthly. Upon receipt of invoice and adequate reports, OVR staff pay authorizations to reimburse the employer.
Review	OVR staff review the OJT Evaluations and make any needed adjustments to the OJT.
Completion	The counselor may not close the consumer's case until the OJT is completed, but may wish to keep the case open beyond the completion of OJT.

PACE

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AUTHORITY
Rehabilitation Act of 1973 as amended, Section 103(a)
Fair Labor Standards Act of 1938, as Amended
(29 USC §201 et seq.; 29 CFR 510-794)

*For the purpose of this manual, use of the terms **must** or **shall** reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.*

Pace is an internal community-based job training/work adjustment service. Pace is available as a tool statewide. Counselors who do not have access to job placement staff can still offer the slot portion of Pace as a service on a case-by-case basis.

In some instances, Pace can be used on an individual basis in conjunction with a CRP or supported employment program. This service shall be designed to meet the unique needs of an individual consumer, including the provision of trial work experience. (See the "Trial Work Experience section of this manual")

Who Should Be Referred

Pace services are designed for the consumer who has been found eligible and whose vocational goal is competitive employment. The individual requires support services either to obtain or maintain employment but does not ordinarily need the long-term support offered by supported employment programs.

In addition, Pace may be an appropriate resource for individuals who require assessment or trial work experience to explore capacities and capabilities in terms of employment.

Components of Pace

There are three possible components of Pace services: orientation, slot placement and job placement. Not all districts provide the orientation service and, in some cases, this is done on an individual basis. Slot placement is the unique service that distinguishes Pace from other job placement services. Job placement services are offered during and after slot placement.

1. **Orientation**
   These are classes that teach job-seeking and job-keeping skills. Participants learn about work ethics, problem solving, co-worker and supervisor relations, interviewing, job applications and resume skills.

2. **Slot Placement**

Individuals are placed at training sites based on their abilities, interests, and choices. The duration of this training is short-term. Many problem areas are often identified the first few weeks on a job. Therefore, follow-up support and guidance are primary services in this component. If there are not job placement staff to monitor the participant's progress, it is essential that the counselor stay actively involved during slot placement.

Sometimes an individual may need short-term job coaching or a support service not available from within the Office. In this case, it is acceptable to contract with an individual job coach or work with a CRP or supported employment vendor for the required services. The Pace staff should work with the counselor to coordinate this service.

Pace Sites

The Pace site development and placement shall be based on individual needs allowing the consumer to choose work experience in an area compatible with their interests, abilities and functional limitations. Each individual is placed in the slot for a temporary period of time. The employer is in no way obligated to hire the trainee. If they are not able to hire the participant, they are often willing to provide letters of reference for a job well done. Many employers are interested in providing a Pace site because it gives them the opportunity to try potential employees prior to placing them on the payroll.

3. **Job Placement**

Job placement specialists and counselors begin to assist individuals with their search for permanent employment while they are working at their Pace site. This assistance may include job leads, individual job development, and resume assistance. Job placement services will continue to be provided as long as the individual is actively seeking employment.

Benefits to participants

- Adjustment to real work settings
- Learn problem solving
- Learn to get along with co-workers
- Learn interviewing skills
- Learn other work-related skills
- Gain references
- Gain confidence and enhance self-concept
- Gain skills while earning a training stipend
- Enhance basic job-keeping skills
- Short-term job coaching available
- Individual job development and placement

Benefits to employers

- Business acquires a temporary employee with no loss of wages or benefits
- Business can use the training process as a screening device for permanent employees
- Business has opportunity to hire an employee who is job ready

Training reimbursement funds

Pace participants are not paid for attending the orientation classes. All participants are paid for training-related expenses for the hours spent in a work experience slot. **Participants shall be paid $6.25 per hour.** The amount paid per taxable year is limited to less than $600. This ensures the level of pay does not exceed 1099 reportable requirements.

Director of Program Services, or their designee, can make exceptions to this policy. This should be requested on a case-by-case basis. The request must indicate that it is in the best interest of the consumer and in accordance with the consumer's informed choice. The approval of the exception shall be in writing from the Director (or designee). The consumer's consent to this exception should be documented in the case file.

Pace payments are authorized by counselors. Consumers will be inputted into CMS as vendors and paid via pay authorizations. There is one Pace budget for field counselors and one for the Carl D. Perkins Vocational Training Center.

The following points are important to note in relation to the funds:

- The training reimbursement funds are Title I Basic Support Funds from the Department of Education.
- This is an incentive for the consumer and part of the Individual Plan for Employment.
- Training reimbursement funds paid to SSI/SSDI recipients are not counted as income and time spent in a Pace slot does not count as part of the Social Security Trial Work Period.
- Training reimbursement funds are not considered wages for Unemployment Insurance purposes and do not need to be reported as income. These funds will not directly affect UI benefits. Pace participants should NOT be advised to fill out a UI-800 form exempting them from work search and approving their enrollment in the Pace program. We still need to ensure that our Pace participants are able, available, and actively seeking work for UI purposes. They will still need to meet the requirement in the UI-PAM 400. This requirement is that they must apply for employment at least one place per week.
- Food Stamps, K-Tap and Medicaid programs do not consider training reimbursement funds as income.

Employer Responsibility

- Employers are required to provide an on-site supervisor who will complete a weekly evaluation and sign timesheets.
- Employers should not expect the Pace slot to be considered as a permanent position.

- An employer should not use a Pace slot in lieu of filling a position.
- Employers are expected and encouraged to contact the Pace staff or counselor any time there are questions or if problems arise.
- If an employer wishes to hire the participant in a permanent position they should contact the Pace staff or counselor for Work Opportunity Tax Credit (WOTC) certification.

Liability

All Pace participants are covered under a limited accident insurance policy for the time they are in the slot. This does not cover travel to and from the site. All injuries should be reported within 10 days. Pace staff or the counselor shall complete the claim form.

Pace documentation

Much of the documentation that is kept in a Pace file should be a duplicate as counselors are being sent copies of all records kept by job placement/Pace staff on a regular basis. This includes progress reports. It is best practice to keep the records for one year after closure from job placement services and then turn the file over to the counselor so that it can be made part of the permanent case record. Documents that must be in the case record for Pace participants are listed in the OVR forms folder under Pace.

For specific guidance on Pace/job placement documentation please refer to "Placement in Suitable Employment" section of this manual.

PERSONAL ASSISTANCE SERVICES

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Personal assistance services are defined as a range of services, provided by one or more persons, designed to assist a consumer with a disability to perform daily living activities on or off the job. If it is determined that a consumer requires personal assistance services, the counselor should contact the Personal Assistance Service Program Coordinator, for technical assistance. The coordinator will conduct a joint meeting with the counselor and the consumer in order to initiate these services.

These services are activities that the consumer would typically perform without assistance if the consumer did not have a disability. The 1992 and 1998 Amendment to the Rehabilitation act of 1973 require that such services be designed to increase the consumer's control in life and the ability to perform everyday activities on or off the job. These services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services.

Personal assistance services should be considered at each major phase of the rehabilitation process to determine which are necessary for a consumer to achieve his/her employment outcome. Personal assistance services include, but are not limited to:

- Interpreter services for persons with hearing loss
- Personal care attendant services
- Services for the blind or visually impaired
- Tutorial services and education assistance
- Personal support systems on and off the job

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OVR procedures to provide personal assistance services are intended to maximize customer involvement and control of decisions about personal assistance services and enhance customer choices about services necessary to perform everyday activities on or off the job. Personal assistance services are made available to consumers with disabilities on an individualized need basis, with each service covered through an established fee-for-service arrangement. Please refer to the services fee memorandum page of the OVR website for information on established fee schedules.

Personal assistance services are excluded from economic needs test. Such services may be provided only while the consumer is receiving other vocational rehabilitation services. Counselors work with consumers to identify and plan for issues of long-term personal assistance needs through informed customer choice about employment goals and information about available community resources. Developing the Individualized Plan for Employment (IPE) and closure planning should include, as appropriate: referral to community resources including benefits counseling; assistance with Plans of Self Support (PASS); and thorough exploration and utilization of comparable benefits.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services, or his/her designee, may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

PHYSICAL RESTORATION

UPDATED 10-01-2013

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"Physical restoration services" means those services which are necessary to correct or substantially modify, within a reasonable period of time, a physical condition which is stable or slowly progressive. These services may include:

- Medical or corrective surgical treatment to correct or substantially modify a physical condition which is stable or slowly progressive and constitutes a substantial impediment to employment
- Hospitalization (either inpatient or outpatient care) in connection with surgery or treatment and clinic services
- Dentistry
- Drugs and supplies
- Prosthetic, orthotic, or other assistive devices essential to obtaining or retaining employment
- Eyeglasses and visual services
- Podiatry
- Physical Therapy, Occupational Therapy, speech services
- Chiropractic
- Medical or medically related social work services
- Treatment of either acute or chronic medical complications and emergencies which are associated with or arise out of the provision of rehabilitation services; or are inherent in the condition under treatment
- Special services for treatment of consumers suffering from end stage renal disease, including transplants, dialysis, artificial kidneys, and supplies

General considerations

- Physical restoration services are subject to financial needs testing. Prior to approval of physical restoration services, including surgeries, the financial needs testing must be updated and applied.
- All comparable benefits must be considered prior to providing physical restoration services.
- The Office will not pay for sex change operations.
- Transplants or implant procedures which are experimental or which do not have a consistent record of significant improvement in vocational functioning in better than 50% of the subjects shall not be provided by the OVR.
- Service Fee Memorandums (SFM) provide additional guidance and allowances on specific physical restoration services. SFMs are available on the KYOVR website.

Physical services may be authorized to out-of-state vendors under the following circumstances:

- In geographical areas routinely used for the convenience of the consumer; or
- When it will be economically beneficial to the OVR; or
- If a particular procedure or mode of treatment is not available in state.

The schedule of payment shall be governed by the rates established by the vocational rehabilitation office in the state where services are to be provided.
The Central Office Program Administrator in charge of fee schedules must be contacted concerning provision of out of state services.

Medical consultation

The Office of Vocational Rehabilitation has access to a medical consultant whose services may be used in the following manner:

1. The medical consultant may review medical data to determine the existence of disability as it relates to determination of eligibility.
2. The medical consultant may be used to assist the Office in determining an acceptable fee for medical services not clearly delineated in the established fee schedule.
3. The medical consultant may be used to determine the medical prognosis of clients with progressive conditions that may affect the outcome of the rehabilitation program.
4. The medical consultant may assist the counselors in interpreting medical information and in assessing impediments to employment.

To request medical consultation, contact your branch manager.

Equipment or aids

Mobility Appliances other than wheelchairs (such as orthotic braces, prosthetics, etc.), are considered physical restoration, and should not normally be furnished for any other purpose than to assist consumers who need them in order to achieve the planned vocational objective.
Purchase of appliances must conform to established fee schedules.

Visual aids and equipment

Prescription glasses and visual aids (e.g., contact lenses, cataract lenses etc.) may be provided as an ancillary service during the rehabilitation process. These purchases must also conform to established fee schedules.

Therapies

Applicable Service Fee Memorandums
Chiropractic Services

This policy applies to therapeutic services not provided by professional Office of Vocational Rehabilitation staff.
For treatment/therapy provided by a Physical Therapist, Occupational Therapist, Speech Pathologist, Registered Dietician, or other qualified medical professional, no more than six visits may be authorized at the outset. Following the initial six treatment/therapy visits, reports are required to document: problem areas found; the suggested program of treatment; and the evaluation criteria for progress.
After the initial six visits, authorizations will be limited to twelve additional visits, with evaluation reports from the service provider documenting the specific items as outlined above. Provision of further therapy beyond 18 total visits is predicated upon the consumer's progress and anticipated gains as documented by reports from the service provider and the rehabilitation counselor's documented assessment of consumer progress, and requires permission from the Assistant Director of Program Services.
In general, the above services are billed in 15 minute units. In order to qualify as a visit, at least 45 minutes must be spent with the consumer.
In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

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POST EMPLOYMENT

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AUTHORITY
The Rehabilitation Act of 1973 as amended: Sections 102 and 103
Federal Regulation: 34 CFR 361.5(b)

For the purpose of this manual, use of the terms **must** or **shall** reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

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

Post-employment services are intended to ensure that the employment outcome remains consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. These services are available to meet rehabilitation needs that do not require a complex and comprehensive provision of services and, thus, should be limited in scope and duration. If more comprehensive services are required, then services should be suspended, the case should be closed from post-employment, and a new case opened including an assessment to determine eligibility.

Post- employment services are to be provided under an amended individualized plan for employment; thus, a re-determination of eligibility is not required. The provision of post-employment services is subject to the same requirements as the provision of any other vocational rehabilitation service to an eligible individual.

Post- employment services are available to:

1) assist an individual to maintain employment, e.g., the individual's employment is jeopardized because of conflicts with supervisors or co-workers, and the individual needs mental health services and counseling to maintain the employment;

2) to regain employment, e.g., the individual's job is eliminated through reorganization and new placement services are needed; or

3) to advance in employment, e.g., the employment is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

Supported Employment may be provided in post-employment following transition if services are not available from an extended services provider and are necessary to maintain or regain the job placement or advance in employment.

Supportive services such as maintenance, transportation and attendant care shall only be provided in conjunction with other rehabilitation services. As best practice, Office funds should not be expended to treat acute conditions during post-employment.

Post-employment services should not be provided solely to upgrade the financial status of individuals. However, post-employment services can be provided to assist individuals in achieving more suitable employment. A new economic need determination will be made prior to provision of post-employment services. Post-employment services may be initiated at any time following the date of the rehabilitated closure subject to the availability of records.

The need for post-employment services should be assessed throughout the rehabilitation process. Planning for post-employment services may be done prior to closure, at the time of closure, or at any time following the date of successful rehabilitation subject to the availability of records. The original IPE and case closure must address, as necessary, the expected need for post-employment services; a description of the terms and conditions for provision of post-employment services; and, if appropriate, a statement of how post-employment services will be provided or arranged through other sources or comparable benefits. In all cases, an amendment to the IPE must be written prior to the provision of post-employment services.

Upon completion of post-employment services, the service record will be closed. Please note when the case file is reclosed from post-employment, the new date should coincide with the completion of the post-employment services. The case should be filed according to the new date.

POST-SECONDARY TRANSITION PROGRAM

ESTABLISHED 6-25-2014

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Applicable Forms
Individualized Plan for Employment
Post-Secondary Transition Program Worksheet

Applicable Service Fee Memorandum
Post-Secondary Transition Program

Definitions

Post-Secondary Transition Program (PSTP)- A PSTP is a 2-year work readiness and employment skills training program offered by a post-secondary institution which has been designated as being both a Comprehensive Transition Program and a Community Rehabilitation Provider. A PSTP is offered alongside, but separate from, other services which include academic curriculum, and academic supports.

Comprehensive Transition Program (CTP)- Institutions are designated as Comprehensive Transition Programs by the US Department of Education. A CTP is a postsecondary education degree, certificate, or non-degree program for students with intellectual disabilities that:

- Is designed to support students with intellectual disabilities who want to continue academic, career, and independent living instruction to prepare for gainful employment;
- Offers academic advising and a structured curriculum; and
- Requires students with intellectual disabilities to participate, for at least half of the program, in:
    - Regular enrollment in credit-bearing courses with nondisabled students,
    - Auditing or participating (with nondisabled students) in courses for which the student does not receive regular academic credit,
    - Enrollment in noncredit-bearing, non-degree courses with nondisabled students, or
    - Internships or work-based training with nondisabled individuals such as a Post-Secondary Transition Program

Guidance

For the Office to consider supporting an individual's participation in a Post-Secondary Transition Program, the individual must meet the following criteria::

- Be determined eligible for OVR services
- Provide verification of acceptance in to a CTP

- Be between the ages of 18-25

If the individual meets all the above criteria, then best practice stipulates that the counselor consider input to the IPE from a team of people working with the consumer. This could include the consumer, their family representatives/guardians, the institution's CTP coordinator, and others involved. Before including PSTP in the IPE, the counselor should ensure that PSTP is consistent with, and necessary to achieve the consumer's vocational goal. Before a counselor can authorize for PSTP services, the consumer's IPE must be developed, include an appropriate vocational goal, and PSTP must be listed on the IPE among the services to be provided. .

In order to provide PSTP, the post-secondary institution must be a CTP and a CRP. CTPs are designated as such by the US Department of Education. CRPs are designated as such by the Supported Employment Branch Manager who can be contacted to help identify an appropriate PSTP provider. As part of PSTP, the institution may provide the following.

Pre-employment services:

- Contacting and meeting with consumer, family members, OVR counselor and classroom mentors to discuss work preferences, goals and environments compatible with individual's skills and abilities;
- Obtaining and reviewing all consumer background information, including academic and psychological testing, disability information, etc.;
- Networking with university staff and Disability Services to identify employment opportunities on campus or near campus.
- Researching campus employment opportunities with consumer;
- Acquiring detailed job description, employment handbook, etc. to review with consumer;
- Facilitating initial interview with employer as needed
- Requesting on-site observation, performing and document a task analysis for each given duty;
- Identifying consumer's scheduling needs and tools/accommodations, (e.g. written schedule, graph calendar);
- Negotiating student work schedule and implementing tools/accommodations needed;
- Identifying direct supervisors, and key staff working with consumer;
- Identifying staff "mentors" and other natural supports to reinforce good work behaviors;

- Identify specific employment services such as skills training, workplace supports, observation and progress updates;
- Providing communication and required documentation to the Office of Vocational Rehabilitation.

Job training/retention services:

- Preparing orientation materials as needed for staff working with the student/consumer;
- Meeting with management, direct supervisors and regular staff working with consumer and conducting orientation on the following: individual work study goals for a given student/consumer, work expectations for the student/consumer; importance of inclusion and maintaining a high standard of work expectation; background information on a student/consumer's disability, how it may manifest, what obstacles and/or opportunities it may present; and specific strategies for training and/or redirecting;
- Identifying appropriate training aids or accommodations, (e.g. task lists, flash cards, color coding, etc.);
- Providing job support services on-site as negotiated with management;
- Developing progress charts to document consumer progress;
- Facilitating mentoring relationships between the consumer and staff;
- Train mentors as needed;

The counselor plays a significant role in not only planning for PSTP, but also for facilitating the consumer's successful participation in the program. Each semester, the institution is to submit to the counselor, a Post-Secondary Transition Program Worksheet, and an invoice for that semester's activities. For guidance related to the payment of PSTP service, see the Service Fee Memorandum. The counselor should review the Post-Secondary Transition Program Worksheet along with input from the consumer to determine: what benefits the consumer is receiving, what improvements or enhancements can and should be made to the program, and if the PSTP should continue. These semesterly reports are to be reviewed before the associated invoice can be paid.

To enhance continuity of services, the counselor should review the consumer's academic curriculum each semester to ensure it supports the vocational goal. As defined by this policy, a PSTP is part of a package of services provided by a CTP. CTPs offer PSTP alongside an academic program. Supports, including tuition assistance, classroom accommodations and assistive technology, for the academic program can be provided in accordance with applicable

policies and procedures. For the examples given above, the applicable policies and procedures would be Training, Tutorial Services and Education Assistance, and Rehabilitation Technology respectively.

REHABILITATION TECHNOLOGY

UPDATED 9/24/2013

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Applicable Forms

OVR-RT1 (Rehabilitation Technology Referral Form).

Authority

Rehabilitation Act of 1973 as amended, Section 103(a)
Federal Regulation – 34CFR361.48
State Administrative Regulation – 781 KAR 1:040

For the purpose of this manual, use of the terms **must** and **shall** reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.

Definition

Rehabilitation Technology is the systematic application of assistive technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities in areas including education, rehabilitation, employment, transportation, independent living, and recreation. Rehabilitation Technology includes mechanical, electronic, and microprocessor-based equipment, non-mechanical and non-electronic aids, specialized instructional materials, services and other compensatory strategies for people with disabilities. It also includes compensatory strategies as well as aids and devices.

Rehabilitation technology is the process, or comprehensive set of services, that accompany an appropriate piece of equipment for a person with a disability. This process can include provision of information, evaluation and recommendations, fitting, training, maintenance, and follow-up with a prescribed or fabricated aid or device.

When to Consider Rehabilitation Technology

The use of rehabilitation technology services should be considered:

- at intake and during evaluation of rehabilitation potential
- at determination of eligibility
- during plan development

- during plan implementation to facilitate consumer's progress
- at placement into employment
- during post-employment services

When deciding whether a consumer may benefit from rehabilitation technology services, the counselor should consider the following:

- Would the provision of rehabilitation technology enhance employability?
- What do the individuals want or need to do that they are currently unable to do efficiently/effectively?
- In what specific activity (or activities) does the individual wish/need to engage? (e.g., secretarial work, college course work, cooking, grooming, speaking, stair climbing, driving, etc.)
- How does this desired/needed activity relate to employment?
- What specific aspects or components of this activity are impeded? (e.g., reaching, lifting, manipulating small objects, reading, telephoning, etc.)
- What is (are) the specific functional limitation(s) associated with the conditions that preclude or impede performance? (e.g., lack of finger function, unable to grasp objects, total deafness, etc.)
- How do the specific performance demands of the activity interact with the individual's specific functional limitations to create the performance problem? (e.g., unable to dial telephone, unable to read small typeface on insurance documents, unable to hear warning signals, etc.)
- What kind of help is wanted/expected from the Rehabilitation Technology Branch? (e.g., evaluation only, referral to existing/local resources, device development, other, etc.)

The role of the rehabilitation technology branch

Once the counselor and consumer decide that the consumer may be able to benefit from the provision of rehabilitation technology services, the counselor has a couple of options. The counselor, working with the consumer, may provide the services directly: performing an assessment, selecting equipment, training the consumer, and following up with the consumer on its appropriate use. Another option is to refer the consumer to the Rehabilitation Technology

Branch for services. The counselor should refer to the Office Directory for the rehabilitation technology staff member that serves his or her area.

How to Make a Referral

To access rehabilitation technology services, the counselor completes the front page of the OVR-RT1 (Rehabilitation Technology Referral Form). This form can be completed in hard copy or by using the OVR's field automation system and forwarded to the rehabilitation technologist (RT). The RT will work with the counselor and consumer to determine a viable recommendation resulting in a prescription for services. The counselor and consumer will decide whether the recommendations are essential to achieve a successful rehabilitation outcome.

What to expect

Once the referral is received, the rehabilitation technologist/engineer should contact the consumer within 10 days. Barring unforeseen circumstances, the technologist/engineer will schedule a time to see the consumer within 10 days of the first contact. After an assessment is completed, the technologist/engineer will produce a report that will include one or more recommendations for the consumer. Adaptive equipment and products may be recommended which compensate for the functional limitations individuals experience. Restructuring of tasks, activities, and the environment may also be recommended. Some examples are:

- Architectural designs/modifications for home, for job site
- Personal care arrangements
- Occupational therapy techniques
- Environmental modification
- Restructuring jobs/flextime, job sharing
- Home-based employment

Examples of adaptive equipment and products that may be recommended include:

- **Sensory aids** such as talking computers, telecommunication devices for the deaf, alerting devices, telesensory devices, audiotapes or compact discs, optical readers and character recognition software (e.g., Kurzweil Reader), print magnifiers (e.g. Optacon), and low vision aids.

- **Mobility/ambulating aids** such as canes and walkers, powered wheelchairs, control devices for wheelchairs (puff and sip, joystick), manual chairs and special adaptations, vehicle modifications, prosthetic/orthotics (artificial limbs, splints, braces), ramps, step stools with rails, automatic door openers, and customized equipment for body support, alignment, and positioning.

- **Aids for daily living** such as environmental control (sound activated switch, eye movement switch, large surface switch), bathing and personal care aids (tubs, grab rails, toilet adaptations, incontinence bags), dressing aids, reachers, adapted clothing, eating and food preparation aids (robotics and appliances, feeders, special utensils), and respirators.

- **Speech and written communication/computer/access aids** such as communication, writing and access aids (automatic page turners, head pointers), augmentative communication systems (lap boards, electronic speech, input and output devices, talking cards), mouthsticks, and computers with special software.

- **Devices for sustaining work activity** such as book holders, modified agricultural equipment, height adjustable work tables, machines modified with holding jigs, adaptive switches, safety guards, etc., adjustable chairs, magnetic boards, large and small double-sided suction cups, non-slip matting, and custom seating.

Payments and Exceptions

The Office maintains a separate budget unit for rehabilitation technology expenditures. This budget is intended to prevent counselor caseload budgets from being consumed by expensive rehabilitation technology equipment. Items such as computer adaptations, environmental control units, augmentative communication devices, customized work-related equipment fabricated by the rehabilitation engineers, home modifications, and automatic door openers can be purchased using the rehabilitation technology budget.

Computers are not to be purchased using the rehabilitation technology budget.

Hearing Aids, assistive listening/alerting, and telecommunication devises, although considered rehabilitation technology, are not recommended by the rehabilitation technologist/engineer, and are not to be purchased using the rehabilitation technology budget. The purchase of these items is coordinated by a communication specialist. A recommendation for a hearing aid must be obtained from a qualified professional according to State law. Please see the Hearing Aids section of this manual for further guidance regarding hearing aids and assistive listening/alerting and telecommunication devices.

Medical equipment such as scooters, hospital beds, prosthetics, etc. may ***sometimes*** be considered rehabilitation technology, and may ***sometimes*** be purchased, either partially or in full, using the rehabilitation technology budget. This is generally in circumstances when such equipment is needed to meet work needs versus daily living needs.

Wheelchairs are always considered rehabilitation technology, and may ***sometimes*** be purchased, either partially or in full, using the rehabilitation technology budget. This is generally in circumstances when a wheelchair feature or modification is needed to meet work needs versus daily living needs. Because a wheelchair needs to interface with a work environment and any required assistive technology, it is recommended that a rehabilitation technologist/engineer be consulted whenever a wheelchair is purchased.

The counselor should consult with the rehabilitation technologist/engineer on what are appropriate rehabilitation technology expenditures.

Rehabilitation technology that will be used primarily in the home such as environmental controls can only be provided if it is essential for an individual to prepare for or go to work or if the residence will be the primary place of employment.

Signoff and documentation procedures for purchases made using the rehabilitation technology budget

The following procedures are to be followed when purchasing rehabilitation technology devices and services:

- For items costing under $10,000 – The counselor makes the decision with the consumer's input. The counselor can seek an assessment from the rehabilitation technologist or a third-party vendor to help insure that the rehabilitation technology is appropriate for the consumer.

- For items costing $10,000 and over - The counselor makes the decision based on the rehabilitation technology prescription with Branch Manager and Division Director of Program Services approval.

Use an Authorization form for inter-account services provided at the Carl D. Perkins Vocational Training Center or purchased from another state agency.

Comparable benefits/financial need

There is no requirement for use of comparable services and benefits for rehabilitation technology (34CFR361.48). Rehabilitation technology services and devices, including vehicle modifications, in general, are excluded from a financial needs test. However, an economic need

test must be applied for vehicle and property modifications in excess of $10,000 (781 KAR 1:030).

Individuals who are not consumers of the Office in need of driver rehabilitation technology services may purchase services on a fee-for-service basis. Priority of scheduling will always be given to OVR consumers.

Some of the most common funding sources include:

- Private health insurance
- Medicaid
- Medicare
- Veterans Administration
- State and local agencies
- Workers' Compensation
- Social Security Work Incentives (PASS/IRWE)
- Special Education Funds
- Philanthropies (business, private foundations, health organizations, service clubs)
- Miscellaneous (state crime victims compensation, loans, media resources)
- Kentucky Assistive Technology Services (KATS) Network
- Kentucky Assistive Technology Loan Corporation (KATLC)

General Principles of Rehabilitation Technology

A. Focus on abilities, not disabilities

Rehabilitation technology improves individual function by making optimum use of the person's existing functional capacities and abilities. What the person can do is used as the starting point, and environments, tasks, and activities are modified to make maximum use of abilities. Technology is used to enhance these abilities whenever possible.

B. Focus on the environment

Rehabilitation technologists assume that the problem is in the environment, not the person. They focus on the setting the person is in and the way the person interfaces and interacts with it. Traditional approaches to vocational rehabilitation emphasized changing the person's capacities and abilities to match job requirements. Rehabilitation technology emphasizes changing job environments and requirements to match the capacities and abilities of persons with disabilities.

C. Common sense

Always prefer obvious solutions, based on common sense. Rehabilitation technology is sometimes confused with "high tech and high cost," but solutions to functional problems often require only simple changes. If a person's wheelchair won't fit under a desk, remove the middle drawer. If that doesn't provide enough clearance, put small blocks under the desk legs.

Studies of work place modifications indicate that half have no cost at all, and 30% of the remainder cost less than $500. Simple changes in the work space such as moving things around so the person can reach or see them, raising or lowering the heights of work benches, desks, or chairs, and so on, may be all that is needed.

D. Be specific

A good understanding of the problem is essential to rehabilitation technology. The person's functional capacities and the specific tasks, activities, and settings to be performed should be accurately identified as the first step in the use of technology. Persons with disabilities vary in the extent to which they will accept and use technology on a day by day basis. This needs to be carefully explored with the person before a large investment is made in the purchase of adaptive technology and devices.

Persons with disabilities frequently accommodate to the limitations of disability by developing unique ways to get things done. Consumers can suggest ways and approaches to solve a problem based on their experience provided they know what the problem is.

Identifying and Choosing Adaptive Devices

A multi-disciplinary team applies rehabilitation technology better than one specialist working in isolation. Occupational therapists, physical therapists, speech-language pathologists, special education teachers, engineering technicians, skilled craftsmen, and others often deliver services in a team approach.

In some cases, the consumer and counselor, perhaps with input from other family members, may have enough collective expertise to select and use rehabilitation technology appropriately for a given need. In other cases, an assessment by a physician, therapist, or rehabilitation engineer can help persons better identify their functional abilities and suggest devices compatible with the

user's needs. It is important to make informed choices in the purchase of such devices. Information on technology is available from a variety of sources.

Where an individualized prescription and fitting of a technological aid or device is involved, persons certified or licensed in accordance with state law should perform the service. Licensed persons include hearing aid dispensers and fitters, occupational therapists, optometrists, physical therapists, and speech pathologists.

Is the person comfortable with the decision or strategy? Is it consistent with the consumer's self-image? Technology should not draw attention to disability or make the individual more uncomfortable. Where appropriate, the IPE should include a statement of the specific rehabilitation technology services to be provided to assist in the implementation of intermediate objectives and long-range rehabilitation goals for the individual.

DRIVER REHABILITATION TECHNOLOGY PROGRAM

Table of Contents

Applicable Forms
Driver Rehabilitation Technology Program Assessment Packet

The Driver Rehabilitation Technology Program addresses the personal vehicle needs of consumers to allow them safe access to transportation for work. The services are varied, depending on the specific needs and abilities of the consumer, and range from driver's evaluation to vehicle modification. Driver Rehabilitation Services may be provided if required to achieve the employment goals on an approved Individualized Plan for Employment.

Definitions

Driver's evaluation. A Driver's Evaluation consists of a clinical and behind-the-wheel evaluation by a certified driver rehabilitation specialist to identify a consumer's driver rehabilitation needs to allow him/her to drive independently.

Transport evaluation. An evaluation of a consumer who will NOT drive, but will be transported by another private party in the consumer's vehicle. The evaluation will determine the best method and/or equipment required for entry/exit into the vehicle and/or transportation of his/her mobility aid.

Driver rehabilitation services. Driver Rehabilitation Services include driver education, driver's training and extended driver evaluation and are used to teach an individual to drive with or without vehicle modifications.

Driver Education. Classroom instruction for preparation to take the test to obtain a Kentucky operator's learning permit.

Driver's Training. Driver's training consists of behind-the-wheel instruction required to teach an individual with a disability to drive with or without vehicle modifications.

Extended Driver's Evaluation. In those cases where an individual's ability to drive cannot be determined after a standard driver's evaluation, an extended training may be undertaken to aid in the determination. The length and amount of training is strictly monitored by the Driver Rehabilitation Technology Program Administrator.

Vehicle: Any mechanized device (other than a wheelchair) capable of legally transporting passengers, goods, or apparatus on a public or private roadway.

Vehicle modification: Alteration of a motor vehicle or one of its systems **solely** to enable its use by a person with a disability for the purpose of personal transportation.

Repeat Modification Assistance: When OVR has previously funded a **Vehicle Modification** for a given consumer and that modification has at least one hundred five thousand (105,000) miles of use since the time of final inspection and delivery; another (**repeat**) **OVR funded** Vehicle Modification can be considered contingent on current employment status and other eligibility criteria.

Vehicle Modification Upgrade: Upgrading (changing) adaptive equipment or existing alteration of a motor vehicle that exists to enable its use by a person with a disability for the purpose of personal transportation. **Vehicle Modification Upgrade** must be preceded by a **change in medical status** as attested to and documented by a physician. This change in medical status must make the previous/current modification unusable. Upgrades are further contigent on a consumers current employment status. Upgrades may include a change in vehicle as well as equipment.

Vehicle Modification Repair: Repair of adaptive equipment or alteration (not OEM equipment) of a motor vehicle that exists to enable its use by a person with a disability for the purpose of personal transportation. For OVR purposes **Vehicle Modification Repair** will not encompass repairs that are a result of a **failure to properly maintain** or in cases of **misuse and abuse**. Consideration of **Vehicle Modification Repair** is contingent on a consumer's current employment status and other eligibility criteria.

Vehicle Modification Maintenance: Maintenance that is required by the manufacturer of a device and/or the Mobility Equipment Dealer who installed the device or otherwise provided alteration of a motor vehicle to enable its use by a person with a disability for the purpose of personal transportation.

Structural Vehicle Modification: Permanent alteration of a vehicle structure that will affect the underlying OEM equipment and/or corresponding systems. Such modifications include, but are not limited to, raised roof, raised doors, lowered floor. These modifications are typically performed to allow entry and exit..

Bolt On Equipment: Equipment that when added does not require substantial alteration of the underlying OEM equipment or system to which it is attached. Equipment that can be removed and used again in another vehicle.

Mobility Device. Any device that is needed to assist with mobility of one's person, i.e. walker, crutches, wheelchairs/scooter.

Entry System. An entry system is any piece of equipment, alteration, or system (pieces of equipment that work together) that allows an individual with a disability to enter/exit a vehicle, load his/her mobility device, and get into the position s/he will occupy when the vehicle is in motion. This includes, but is not limited to, entry modifications such as lifts and ramps, tie downs for occupied or unoccupied vehicles, and transfer seats to allow for transfer to the driving position.

Hoist. A device used to load/unload an **unoccupied** mobility device (wheelchair/scooter only) on or into a motor vehicle.

Lift. A device used to load/unload an **occupied** mobility device (person and wheelchair/scooter) into a motor vehicle.

Ramp. An inclined passage connecting two levels as a means of entry and exit of a motor vehicle.

Trailer. A transport vehicle designed to be pulled by a car or truck for the purpose of hauling a mobility device.

Transfer Assist Devices. A stationary device used to assist a person in moving from one surface to another for the purpose of riding in a seat of a motor vehicle, i.e. grab bars, sliding board, seat covers, etc.

Transfer Seats. A manual or powered device used to assist a person into a seat of a motor vehicle.

Driver System. A driver system is one or more pieces of equipment that allows an individual with a disability to safely use the controls necessary for operation of a motor vehicle.

Primary Controls: Those controls operated by a driver which directly affect the direction and rate of the moving vehicle, i.e. steering/accelerator/ brake.

Mechanical Primary Controls.
A mechanically operated device that directly affects the rate and direction of a moving vehicle, i.e. accelerator/brake/steering controlled with the use of simple levers or other mechanical means using only the drivers muscular efforts (force output) acting on the OEM controls.

Powered Primary Controls.
Primary control devices (accelerator/brake/steering) designed not only to relocate these functions but to be supplemented by power other than by the drivers own muscular efforts, the force output of the driver.

Reduced/Low Effort Brakes.
An internal change to OEM components designed to reduce the force required to operate the brake.

Reduced/Low Effort Steering.
An internal change to OEM components designed to reduce the force required to operate the steering.

Secondary Controls: Those controls operated by a driver which are essential to the coordinated and safe operation of the vehicle in traffic situations. This includes ignition/starter switch, turn indicators, gear selector, wipers, lights, etc.

Remote. A wireless control system to operate a device attached to a motor vehicle.

Driver Rehabilitation Specialist. A driver rehabilitation specialist is an individual who plans, develops, coordinates and implements driver rehabilitation services for individuals with disabilities.

CDRS or Certified Driver Rehabilitation Specialist. A CDRS is a driver rehabilitation specialist who has obtained certification to provide services from ADED. The certification process includes background, experience, and a certification exam.

ADED, Inc. ADED is the Association for Driver Rehabilitation Specialists that was established in 1977 to support professionals working in the field of driver education / driver training and transportation equipment modifications for persons with disabilities through education and information dissemination. ADED offers certification for driver rehabilitation specialists.

NMEDA. NMEDA is a non-profit trade association of mobility equipment dealers, driver rehabilitation specialists, and other professionals dedicated to broadening the opportunities for people with disabilities to drive or be transported in vehicles modified with mobility equipment. All members work together to improve transportation options of people with disabilities. NMEDA offers a quality assurance program (QAP) for mobility equipment dealers.

QAP. QAP is a quality assurance program offered by NMEDA that binds dealers to industry best practices, an in-house crash testing program and proven shop practices that assure the highest level of performance and safety. QAP certification is required for all mobility equipment dealers who provide modification services to the Kentucky Office of Vocational Rehabilitation.

OEM: An abbreviation for Original Equipment Manufacturer. This refers to the vehicle and its systems, as they are designed by the original manufacturer.

Certified Technician. A certified technician is a technician who is certified by the manufacturer of the mobility equipment to be installed on a vehicle as being trained to appropriately install the equipment. When no certification from the manufacturer of the mobility equipment is available, the Driver Rehabilitation Technology Program Administrator may certify that a technician is able to provide specific modification services for the Kentucky Office of Vocational Rehabilitation.

Approved Driver Instructor. An approved driver instructor is an individual who will provide behind-the-wheel training for an individual with a disability. In the case where a driving system modification is required, this individual will always be a CDRS. If no driving system modification is required, the Driver Rehabilitation Technology Program Administrator may approve other instructors based on their individual background, education, and experience.

Restricted Operator's License. A restricted operator's license is a valid Kentucky operator's (driver's) license that lists the restrictions an individual must meet before driving. The

restrictions must include all required driving system modifications as well as any personal equipment used for driving.

Vehicle Ownership. A consumer is considered to "own" his/her vehicle when he/she, or his/her parents or spouse, has purchased the vehicle outright or has taken a loan to purchase the vehicle. The consumer does not own a vehicle that is leased.

General Eligibility

An individual who is seeking driver rehabilitation services from the Office of Vocational Rehabilitation must be a consumer of the Office of Vocational Rehabilitation and must have an Individual Plan for Employment (IPE) that includes a driver's evaluation and/or transport evaluation. In addition, to be eligible for any services through the DRTP, a consumer must show that s/he requires personal transportation in order to meet his/her job goals as stated on the IPE. Other methods of transportation, such as public transportation, must be ruled out.

Referring to the Driver Rehabilitation Technology Program

When an eligible consumer requests services from the driver rehabilitation technology program, the counselor should discuss alternative methods of transportation to ensure that the consumer has no other options for reliable transportation to work.

The counselor should include either transport vehicle evaluation or driver's evaluation services on the IPE.

The Driver Rehabilitation Technology Program referral packet must be completed and forward it to the Driver Rehabilitation Technology Program Assistant. The referral packet consists of:

- Driver Rehabilitation Technology Program Referral Form
- Consumer Consent for Services
- Physician's Consent Form
- Medical Report for Visual Disability – only required when the disability impacts vision

Once all required documents are received by the Driver Rehabilitation Technology Program Assistant, the case will be assigned to a CDRS and a request will be made to the counselor for an authorization, if required.

Transport ONLY evaluations:

A consumer who meets the general eligibility requirements above, but will NOT drive, and will be transported by another private party in the consumer's vehicle may request assistance with entry/exit into the vehicle and/or with transportation of his/her mobility aid. The individual shall be evaluated by an Office approved professional. This is the only Driver Rehabilitation Technology Program service that does not require a driver's evaluation before other services are

provided. If the modification required will cost over $10,000, the individual must meet eligibility requirements for modifications over $10,000.

Driver's evaluation.

A Driver's Evaluation is ***required*** as the first service for any consumer who receives Driver Rehabilitation Technology Program services and intends to drive, except in the case of vehicle modification repair services. It consists of a clinical and behind-the-wheel evaluation to identify a consumer's driver rehabilitation needs to allow him/her to drive independently. This evaluation must be performed by an Office approved Certified Driver Rehabilitation Specialist (CDRS).

This service is always paid from the Rehabilitation Technology BUN (6730).

The consumer must meet the general eligibility requirements (above) and must hold a valid learner's permit or operator's license in the state of Kentucky.

Driver rehabilitation services.

After a Driver's Evaluation, Driver Rehabilitation Services, including driver's training and extended driver evaluation, may be requested as necessary to teach an individual to drive with or without vehicle modifications. The individual must meet the general eligibility requirements for driver rehabilitation services (above).
In some cases where no driving equipment is required per the driver's evaluation, the Driver Rehabilitation Technology Program Administrator may approve services from a driver's trainer who is not a CDRS. Otherwise, these services must be provided by an Office approved Certified Driver Rehabilitation Specialist (CDRS).

In order to receive driver rehabilitation services, the individual must possess an evaluation report from an Office approved CDRS that states the specific services needed to allow the individual to drive, and:

- The individual must be in a "plan" status.

- The individual must demonstrate that s/he has the financial means to purchase a vehicle (or must currently own or have access to an appropriate vehicle). Even when specialized mobility equipment and/or modifications are not required, driver's training will not be provided for an individual who will not have immediate access to a vehicle upon completion of the program.

- If the required modification is expected to cost over $10,000, OR it is expected that training costs will be over $10,000, OR it is a repeat vehicle modification, the individual must meet all eligibility requirements for vehicle modifications over $10,000 other than possession of a valid restricted operator's license.

The Driver Rehabilitation Technology Program Administrator must approve all driver rehabilitation services in excess of 20 hours.

When driver education and/or no vehicle modifications are required, this service should be paid out of the caseload budget. When vehicle modifications are required, this service should be paid out of the rehabilitation technology budget.

General Vehicle Modification Requirements.

The following requirements/limitations apply to all vehicle modifications provided by the Office:

- Recoverable, nonpermanent modifications should be provided where possible or cost-effective.
- Modification of a private vehicle shall be authorized only for the most cost-effective modification on the most cost-effective vehicle necessary for a person's personal transportation to employment.
- If an eligible individual wishes to purchase a vehicle that is different than the vehicle recommended by the CDRS, and the vehicle to be purchased can be modified to meet the individual's needs, and is approved by the CDRS, the office shall not authorize an amount over the most cost-effective modification on the most cost-effective vehicle. The individual will be responsible for the remaining amount.
- The individual must demonstrate that s/he has the financial means to purchase a vehicle (or must currently own), if required, and maintain, repair, and insure the proposed modification, as identified on the driver evaluation report.
- If the individual plans to have a vehicle that s/he currently owns modified, and the vehicle modifications are expected to be over $10,000, this vehicle must:
    - Not be in excess of 2 years old
    - Not have in excess of 50,000 miles
    - AND, pass inspection by the Office vehicle modification inspector.
- If the individual leases a vehicle:
    - Only bolt-on equipment may be used,
    - Written permission must be obtained from the leasing company for the specific modifications.
    - The leased vehicle must be inspected and approved for modification by the vehicle Modification Specialist.
- For vehicle modifications over $5000, the vehicle delivery will only be completed when the individual provides proof of insurance for the replacement cost of the vehicle and the vehicle modifications.
- Vehicle modification will only be provided with a vehicle modification prescription from an Office- approved driver rehabilitation specialist.
- Vehicle modifications will only be purchased from an Office-approved mobility equipment dealer.

Vehicle modification under $10,000.

Vehicle Modifications under $10,000 include the addition of specialized mobility equipment to allow an individual to drive. They may also include modifications to allow an individual to enter/exit the vehicle and to transport a mobility device.
A prescription for the specific modifications to be provided must be obtained from an Office-approved Certified Driver Rehabilitation Specialist (CDRS), after a driver's evaluation is performed.

In addition to meeting the general eligibility requirements above, the consumer must have a valid restricted Kentucky operator's license before the vehicle is modified.

This service should be paid out of the rehabilitation technology budget.

Vehicle modification over $10,000

Vehicle Modifications over $10,000 include the addition of specialized mobility equipment to allow an individual to drive. They may also include modifications to allow an individual to enter/exit the vehicle and to transport a mobility device. Many times a vehicle modification over $10,000 will include structural modifications to the vehicle. A prescription for the specific modifications to be provided must be obtained from an Office- approved Certified Driver Rehabilitation Specialist (CDRS), after a driver's evaluation is performed.

In addition to meeting the general eligibility requirements above, the consumer must meet the following requirements:

- .The individual must be employed, actively seeking work, or working on an IPE with a reasonable expectation of starting work within 6 (six) months.
- The individual must have a valid restricted Kentucky operator's license.
- The individual must agree to participate in the cost of the vehicle modification, if required by consumer cost-sharing/financial needs regulations.
- The Director of Program Services, or his/her designee, must determine that documentation exists that failure to provide the modification will preclude the successful completion of the IPE.

This service should be paid out of the rehabilitation technology budget

Vehicle modification upgrade.

An upgrade to an original vehicle modification that has less than 105,000 miles on it may be provided only if it is required due to a medically documented change in status or function that necessitates either a change in driving equipment or a change in vehicle chassis. A prescription for the specific modifications to be provided must be obtained from an Office-approved Certified Driver Rehabilitation Specialist (CDRS), after a driver's evaluation is performed. The evaluation report should identify the changes required to the original modification and justification for the changes.

The consumer must meet the general eligibility requirements and the following criteria:

- The individual must be currently working.
- The vehicle to be modified, if not new, must be inspected by the Office vehicle modification inspector and approved for further modification.
- If upgrades will be done that include the purchase of a driving system, the vehicle must be inspected by the Office vehicle modification inspector and must meet all manufacturer's requirements for the prescribed driving system.
- If the upgrade is over $10,000, the Director of Program Services, or his/her designee, must determine that documentation exists that failure to provide the modification will preclude the successful maintenance of employment.

This service should be paid out of the rehabilitation technology budget.

Vehicle modification repair.

Vehicle Modification Repairs may be provided for an eligible individual when the current vehicle modification is not functional. The malfunction of the current system must not be due to consumer negligence, misuse or abuse of the equipment, or failure to provide proper maintenance of the equipment.
The vehicle and maintenance records will be inspected by the Office Vehicle Modification Specialist and s/he must indicate that the malfunction is not due to consumer negligence, misuse or abuse of the equipment, or failure to provide proper maintenance of the equipment.

In addition to meeting the general eligibility requirements:

- The individual must be currently working.
- The individual must present a maintenance record which demonstrates that the vehicle modifications have been maintained per the manufacturer's specifications.
- The current modification must be inspected by the Office vehicle modification inspector and s/he must document the necessity of providing the repair. The vehicle modification specialist must also indicate that the repair is warranted and cost-effective.
- If the repair is over $10,000, the Director of Program Services, or his/her designee, must determine that documentation exists that failure to provide the modification will preclude the successful maintenance of employment.

This service should be paid out of the rehabilitation technology budget.

Repeat vehicle modification assistance.

Repeat Vehicle Modification Assistance is a service that may be provided to assist an individual who has previously obtained a vehicle modification through the Office of Vocational Rehabilitation and requires a new vehicle modification on a new chassis.

The consumer must meet the following criteria in addition to the general eligibility requirements:

- The individual must be currently employed.
- The current vehicle must have at least 105,000 additional miles on it from the mileage of the initial modification.
- The vehicle must be inspected by the Office vehicle modification inspector and s/he must recommend replacement of the vehicle or modifications.
- The individual must complete an updated driver evaluations by an Office-approved CDRS.
- The individual must agree to participate in the cost of the vehicle modification, if required by consumer cost-sharing/financial needs regulations.
- The individual must demonstrate at least a 5 year work history since the last modification.
- The individual must provide the Office with an acceptable maintenance record for the current vehicle.
- The Director of Program Services, or his/her designee, must determine that documentation exists that failure to provide the modification will preclude the successful maintenance of employment.

This service should be paid out of the rehabilitation technology budget.

Vehicle modification maintenance.

The Office of Vocational Rehabilitation will not participate in the manufacturer's required and routine maintenance of vehicle modifications.

Exceptions.

There may be some situations where exceptions to this policy are required. These modifications require an exception from the Director of Program Services before commencing services.

Consumer Cost Sharing

The test for consumer cost-sharing shall be completed by the counselor for all vehicle modifications, including those for transport only, over $10,000.

Driver Rehabilitation Technology Program Process

IPE. The counselor and consumer shall write an IPE, or amend an IPE, that includes a Driver's Evaluation, Vehicle Modification Evaluation or Transport Evaluation. The IPE should only list "evaluation" as the service at this point. Until a consumer is evaluated by a CDRS, or other

Office-approved staff, it cannot be determined that a vehicle modification and/or driver's training will follow. There are three types of evaluations that can be listed on the IPE at this point.

> **Driver's Evaluation**. This assessment is used when the individual is planning to drive. It is used regardless of whether or not the consumer expects to need adaptive driving or vehicle entry equipment.
>
> **Transport Evaluation**. This assessment is used when the individual is not planning to drive, but is requesting assistance with modifying a personal vehicle to allow him/her to be transported.
>
> **Repeat Vehicle Modification Evaluation**. This assessment is used when an individual has an existing vehicle modification provided by the Office of Vocational Rehabilitation and is requesting a new modification, a change or upgrade to the current modification, or repair of the vehicle modification. It is important to note that the initial step in this process is for the DRTP Vehicle Modification Specialist to perform an assessment of the vehicle that is currently in use before an assumption is made that other services will follow. In addition, a driver's evaluation may be included as part of the vehicle modification evaluation, as determined by the DRTP Administrator.

Complete driver rehabilitation technology program assessment packet. The counselor and consumer should complete the Driver Rehabilitation Technology Program Assessment Packet. The Packet should be completed for all referrals to DRTP, regardless of service requested. It consists of the Driver Rehabilitation Technology Program Evaluation Referral Form, the Consumer Consent for Services, the Physician's Consent Form, and the Visual Medical Form (if required). Please make sure everything is completely filled out. The physician completing the consent form will have to check either the "yes" or "no" box on the bottom of the form. If the "no" box is checked, we cannot do a driver's evaluation and only a transport vehicle modification can be considered. The counselor should include with the packet any supporting documentation, including past evaluations by the DRTP and related purchases. The packet is submitted to the Driver Rehabilitation Technology Program Assistant.

The DRTPA assigns case to appropriate CDRS and requests authorization to the appropriate vendor.

Evaluation. For repeat vehicle modifications, vehicle modification upgrades, or vehicle modification repairs, the vehicle modification specialist will evaluate the vehicle first to determine what services will be provided. Once this inspection is complete, the CDRS, or other Office-approved personnel schedules assessment with consumer to identify needs. In some cases, the consumer will have a vehicle that they want to use for driving or transport. In this case, when a structural modification is required per the evaluation, any existing vehicle must be evaluated to determine if the appropriate modifications can be made to the existing vehicle or if a new vehicle must be purchased. The CDRS writes an evaluation report and submits the report and assessment invoice to the DRTPA. The report should indicate the most cost-effective driving

solution and most cost-effective vehicle for implementation, justification/explanation for all recommendations, and a cost estimate for required modifications.

Review Initial Evaluation Report with consumer. The CDRS report is provided to counselor and consumer. The counselor and consumer should meet to review the evaluation report and determine if they wish to continue the process. If the cost estimate is over $10,000, the DRTP Administrator will meet with the counselor and consumer to discuss the consumer responsibilities and the special regulations applying to training or modifications over $10,000. Some of these are:

Consumer Financial Responsibility. For many vehicle modifications, the consumer will have additional financial responsibilities that must be met to obtain and maintain a vehicle modification. Before any further steps are taken, the consumer should be given an opportunity to learn about what will be required financially to allow him/her to continue the process. These additional costs include:

- The consumer is required to obtain replacement value insurance on both the vehicle chassis and the vehicle modifications when modifications are in excess of $5000. Since vehicle modifications can cost several thousand dollars, this increased insurance cost can be significant.

- In addition to maintaining the vehicle appropriately, it is important that the modifications receive regularly scheduled maintenance. The exact maintenance required depends upon the modifications, but this cost can more than double the cost of regular vehicle maintenance.

Consumer Cost Sharing. Whenever a modification over $10,000 is anticipated, the consumer must share in the cost of the modification, upgrade, or repair, if they have the financial means. This is a good point in the process to evaluate the consumer's ability to share in the cost of this service and let the consumer know how much money s/he will be expected to contribute.

Exceptions. When the vehicle modification is over $10,000 and/or the consumer does not meet all eligibility requirements an exception may need to be requested from the Director of Program Services. The counselor and consumer will need to make a written request with justification for why the exception is necessary. Wherever possible, a cost justification should be included.

After considering all aspects of the driving process, if the consumer chooses to continue, s/he must sign the Agreement of Understanding for Office of Vocational Rehabilitation purchase of Vehicle Modification. The consumer may decide that s/he does not want to pursue driving at this time due to the additional expense, but does want to pursue a transport vehicle, which would be less expensive to insure and maintain. If the consumer wishes to pursue this option, s/he should indicate this at the meeting and the counselor should make a note of it.

IPE is modified. The IPE should next be modified to show the service being provided, i.e. "vehicle modification under $10,000", "Vehicle modification over $10,000" or "Vehicle modification upgrade" or "Vehicle modification repair" and the vendor who will provide the service, and be signed by the consumer and other Office personnel as needed. If the total cost is $10,000 or more:
The IPE is approved by the counselor's manager, the Rehabilitation Technology Branch Manager and the Director of Program Services, or designee. Only after all these signatures are obtained does the counselor sign the plan.

Training. In the case of a new driver, or a driver who will be using a new driving system, training is required at this point. The CDRS who did the initial evaluation will determine how much training is needed and forward a request to the DRTP assistant detailing what authorizations need to be made to the counselor. The assistant will request that counselor should do an authorization as outlined by the CDRS. The CDRS will provide training and assist the individual in obtaining a license. In the case where the individual has a current driver's license, the CDRS will ensure that the license shows the proper restrictions for driving. If no modifications are required, the process can stop at this point. Payment should be made to the CDRS once a final report is obtained.

Vehicle modification prescription and quote. Once the consumer obtains a restricted license, the CDRS can write a prescription for a vehicle modification, if required. The CDRS will coordinate with the consumer, counselor, and DRTP to select an appropriate vehicle modification provider (i.e. Superior). The CDRS will obtain a quote for the modification and provide it to the DRTP Assistant.

Vehicle purchase. The consumer can now purchase the vehicle for modification. S/he may want to include the amount of money required for cost-sharing in the loan, so this should be considered.

Letter of Good Faith. The Letter of Good Faith from the insurance company is requested by the DRTP Assistant. This shows that the insurance company will insure the new vehicle and the modification for full replacement value. Office of Vocational Rehabilitation must be listed on the insurance as an "interested party" or equivalent. This document must be provided to the DRTPA before the process can continue.

Authorizations. Once the Letter of Good Faith is obtained, the DRTP assistant will request authorizations to the counselor. Authorizations are generated and sent to the DRTP Assistant, not the mobility equipment dealer. The CDRS and mobility equipment dealer are notified that authorizations have been generated and a start date is scheduled and a completion date is anticipated.

Delivery and fitting. The consumer, the CDRS, and the vehicle modification specialist, if necessary, will meet at the mobility equipment dealer location to fit the vehicle to the consumer and to complete delivery. For modifications over $5000, the consumer must provide the CDRS with proof of insurance with the Office of Vocational Rehabilitation listed as an "interested

party" or equivalent. The consumer will sign a receipt indicating that the modification is complete, it meets his/her requirements, and that s/he has been instructed in operation, and that s/he possesses the proper Kentucky operator's license. The receipts are attached to the invoice and sent to the DRTP Assistant, not to the counselor. Currently two receipt forms are used: the Receipt and Transfer Agreement and the Delivery Agreement of Understanding.

Final payment. The counselor can release final payment once the following documents have been approved by the DRTP Assistant:

- Invoice
- OVR Receipt and Transfer Agreement
- DRTP Delivery Agreement of Understanding
- Insurance Policy information in provided including a statement of what is covered.

HOME MODIFICATIONS

Table of Contents

Applicable Forms
Cost Sharing Form (OVR-6C)
Rehab Technology Referral Form (OVR-14)

A limited range of home modifications may be provided, if required, to achieve the employment goals on an approved Individual Plan for Employment. Architectural modifications to a residence of an eligible individual may be authorized to the extent necessary to facilitate: entry and exit, access to bathroom facilities, and access within the residence. Home modifications may be provided, consistent with the following policies and procedures.

General Eligibility for Services.

When a consumer is unable to independently prepare for work and/or exit the home without modification, the consumer may be eligible for home modification services. The purpose of a home modification is to allow for independent preparation for work. If a personal care attendant is needed to prepare for work even with the modifications, the modification must improve the safety and timeliness of preparation for work. Wherever feasible, non-permanent, removable equipment will be provided to meet the needs of the consumer. This will allow the consumer to take the equipment with them in the case of a move. Sometimes, structural modifications are required to provide adequate access to the home and/or bathroom. Structural modifications may only be provided where the property is owned by the consumer or a family member. When the property is rented, the owner/landlord must be approached to provide the modifications required. An exception can be requested if the owner/landlord signs a consent form. OVR will only provide ***structural*** modification to a consumer's home only ONE time.

Types of modifications provided

Entry and exit. Modification may be authorized to allow an individual to enter and exit a residence. Examples of this type of modification include exterior door widening, provision of a ramp or lift, and modification of approaches, door handles and locks, ramp and porch railings, and other related features. Automatic door openers may be considered if this is the only method to allow an individual to independently enter/exit a door.

Access to bathroom facilities. Modifications may be authorized to allow an individual to enter and use a bathroom. Examples of modifications which may be authorized include widening of doors and installation of grab bars, modified sinks and toilets and assistive devices designed to facilitate use of showers or bathtubs. Structural modifications, such as installation of a roll-in shower or moving the commode, may be considered when there are no other feasible options.

Access within the residence. Modifications may be authorized to allow an individual to move freely and independently within the residence between the bed/bath area and entrance of the home. Examples include interior door widening, installation of stair glides, and replacement of carpet with hard surface flooring.

Work from home. In cases where the consumer will be working from home, additional home modifications related to the particular job tasks performed may be required.

Limitations on Services

Services, modifications, and equipment provided shall be the least cost means of safely addressing the disability needs of the individual. The Office of Vocational Rehabilitation will not provide modifications that are over **$30,000 or 20%** of the current PVA value of the home. If the projected modifications are over this limit, the consumer can agree to pay the remainder of the cost, in addition to any cost-sharing indicated by the financial assessment. An exception may be requested to allow for increased funding. OVR will not participate in the cost of additions, restoration of a modified property to its original condition, new construction, or in the purchase and modification of a home.

Structural Modifications.

Structural modifications should only be considered when it is the only way possible to meet a consumer's needs. Structural modifications include all modifications that cause a permanent change or addition to the physical structure of the home. Whenever plumbing or electrical changes are made, the modifications are considered structural. Any equipment that requires structural modification to the home must also be approved.

Building Codes.

All work performed by the Office of Vocational Rehabilitation will meet local building codes. The consumer is responsible to bring the home into compliance with local building codes. The Office of Vocational Rehabilitation shall not provide structural modifications on a home that does not meet building codes.

Consumer Cost Sharing – Consumer cost participation is required for all modifications over $10,000, as indicated by the OVR-6C. Only the amount over $10,000 is subject to cost participation.

Process

IPE. In most cases, the consumer will have an IPE before a home modification assessment is completed. The IPE can list either "rehabilitation technology" or "home modification" assessment. If the consumer does not have an IPE, an assessment can still be provided, but no equipment can be purchased or modifications complete until the IPE is completed.

Referral. The OVR counselor should fill out a standard Rehab Technology Referral Form (OVR-14) and mark the Home Modification checkbox. In the description area, the counselor should note any home accessibility concerns the consumer has.

Assessment. A rehab tech coordinator will meet with the consumer in his/her home to identify areas that need to be addressed. After this initial assessment, the rehabilitation technology coordinator will develop a bid proposal in conjunction with the consumer. The bid proposal will outline the scope of work to be done on the project. At this point, the rehabilitation technology coordinator will estimate if the overall cost of the project will be over $10,000, over $30,000, or greater than 20% of the value of the home. If any of these are true, administrative approval must be obtained before the project continues. There may also be requirements for inspections, such as lead inspections on a home built before 1978, that need to be included in the scope of work.

Consumer approval. Once any necessary administrative approvals have been obtained, the rehabilitation technology coordinator and counselor should meet with the consumer to determine if this project should be pursued and the consumer (and homeowner, if applicable) should sign off on the bid proposal. If an exception has been obtained to modify rental property, the landlord must also sign off on the bid proposal.

Bids. The consumer and Rehabilitation Technology Coordinator work together to identify at least three contractors and obtain bids. Once all bids are submitted the Rehabilitation Technology Coordinator, consumer, and counselor select the desired vendor. The homeowner/landlord must sign off on the selected bid to indicate approval of the contractor and work to be completed.

IPE. The IPE is modified and/or written to include "home modification" and signed by the consumer and counselor. The IPE should indicate "home modification" as the service. When the total cost of the modification, including equipment, is over $10,000, the IPE must also be approved by the district manager and the assistant director of program services. In this case, the counselor does not sign the IPE until after the district manager and assistant director of program services.

Cost sharing. If the cost of the home modification will be over $10,000, the consumer may be required to participate in cost sharing. If this is the case, the consumer will be required to pay the contractor directly his or her share to start the project or will be required to place the funds in an escrow account to insure that payment for the entire bid amount is available.

Authorizations. Once the plan is signed and cost sharing assessed, authorizations can be generated and forwarded to the Rehabilitation Technology Coordinator. If the total cost of the project is over $10,000, the authorizations must be approved by the Assistant Director of Program Services.

Implementation. The Rehabilitation Technology Coordinator will contact the vendor to schedule the modifications. The Rehab Tech Coordinator will follow the progress of the work and do periodic inspections as necessary.

Completion. The contractor will contact the Rehabilitation Technology Coordinator to arrange for inspection of the work upon completion of the project. At this time, the consumer and homeowner/landlord will also need to sign off on the work. Once the signed form has been obtained indicating that the work has been completed satisfactorily, payment can be made.

Contractor requirements. In order to do work for the Office of Vocational Rehabilitation, a contractor, and subcontractors, shall be licensed to do the work that is performed. In Kentucky, licenses are required for HVAC, plumbing, and electrical work. The contractor must carry workmen's compensation insurance. The contractor is responsible for obtaining all building permits and inspections. When the total cost of the bid is over $10,000, the contractor will obtain a payment and performance bond in the amount of the bid. This ensures that the contractor has the funds available to pay subcontractors and suppliers and is able to complete the job satisfactorily. The contractor who is awarded the job will develop a construction schedule with the consumer and supply a written copy of it to the consumer, the counselor, and the Rehabilitation Technology Coordinator. The project must initiate within 30 days from issuance of authorization and be completed within 60 days, unless special arrangements are made with the Office of Vocational Rehabilitation. The Contractor is to provide clean up and remove all trash due to construction. The Contractor shall provide a one year warranty on all work and materials used in the modification. The contractor shall provide the homeowner with all warranty documentation from materials used in the modification.

SELF-EMPLOYMENT ENTERPRISES

UPDATED 8-2013

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Authority

Rehabilitation Act of 1973 as amended, Section 103 (a).
Federal Regulations, Sections 361.49
Administrative Regulation 781 KAR 1:020 Section 8.

*For the purpose of this manual, use of the terms **must** or **shall** reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.*

Introduction

Self-employment services are intended to support an employment outcome that is designed to maximize the individual's work, earnings, and financial independence. The self-employment venture should be expected to be the primary source of employment for the individual. All Individual Plans for Employment (IPE's) involving self-employment must be approved by appropriate personnel before services may be provided by the Office of Vocational Rehabilitation (OVR). Services related to start-up and operational costs are only available for new self-employment ventures.

The primary role of OVR in assisting an individual with a vocational goal of self-employment is to provide support and information throughout the assessment, planning, and implementation process. The counselor need not be an expert in small business development or in the intricacies of business administration. What is crucial to success, however, is willingness on the part of the counselor to coordinate closely with the consumer and all available resources. Adopting a proactive approach with clearly outlined steps in the process can lead to the consumer joining the ranks of the successfully self-employed.

The Agency has developed a statewide Cooperative Agreement with the Small Business Development Center (SBDC) to provide business consultant services to VR consumers interested in self-employment. These services include assessment, training, assistance with business plan

development, and follow-up. The agreement also specifies that an SBDC Consultant will provide the VR counselor with a written critique of the consumer's Business Plan. Other authorized consultants are also available to provide these services including reviewing the Feasibility Study and providing a final critique of the Business Plan (see service fee memos for details). For the purpose of this manual, the term "business consultant" is used interchangeably when referring to the SBDC and other available resources.

The District Self-Employment Specialist will advise staff regarding business consultant services available in the district. Follow agency guidelines on confidentiality when working directly with all of these entities.

Definition of Self-Employment

Self-employment is a consumer-owned business, profession, or trade that sells goods or services for the purpose of making a profit. A self-employed consumer works for themselves for profit or fees, at home or at another work site. Self-employment includes sole proprietorships, partnerships (51% consumer-owned), or corporations.

The terms, "home based business" and "home-based corporate employment" have different meanings and are not interchangeable in regard to self-employment:

- **Home-Based Business**: A business, profession or trade that is consumer owned, managed and operated out of the consumer's residence***, including contract work***. A home-based business is self-employment.

- **Home-Based Corporate Employment**: Work performed by a consumer, at home, *for an employer* through telecommuting. Home-based employment is not self-employment.

Subcontract Work

Subcontract is work that is arranged for, or contracted, to be performed for others (the contractor). A subcontractor is a person who is hired by a general contractor (or prime contractor, or main contractor) to perform a specific task as part of the overall project and is normally paid for services provided to the project by the originating general contractor. Subcontractors work for a contractor and are therefore not considered self-employed. Subcontractors do need a business license, but it is usually not necessary to have a Business Plan. It is best practice to refer the individual to a business consultant for a consultation to make sure they know how to get a business license, understand the need for insurance, and understand their responsibilities related to income taxes.

The Self-Employed Applicant

If an individual who applies for services has been self-employed for one year or more, this will be considered a "maintain" self-employment case. If the individual requires disability-related services in order to successfully maintain employment, the individual will be assessed and services negotiated under agency guidelines.

District Self-Employment Specialists

Each district will have a designated Self-Employment Specialist with the following role:

- Act as a resource to district staff on self-employment.
- A source of information for counselors regarding local resources.
- Provide guidance to counselors regarding appropriate assessment and planning.
- Report any problems with process or procedures to the OVR Self-Employment Coordinator for resolution or revision of process.

Review of the Process

Once the eligible consumer identifies an interest in self-employment, one of the first steps for the counselor is to fully inform the consumer of the role of VR and the self–employment process by reviewing the "**Self-Employment Rehabilitation Process Form**", and obtaining the consumer's signature.

There are standard steps the Vocational Rehabilitation Counselor will follow in working with an eligible individual with an expressed interest in self-employment. These steps are:

1. Review of the Process (see Process form above)
2. Discussion of OVR funding policy for self-employment ventures
3. Guidance and Counseling
4. Assessment of the vocational goal
5. Assessment of the individual for self-employment
6. Completion of required self-employment training and education
7. Completion of Feasibility Checklist and approval of a Feasibility Study
8. Completion and approval of a Business Plan
9. Completion of Cost Participation Form and Tiers Cost Table
10. Networking with partners/resources to identify financial resources
11. Obtain verification of consumers financial contribution
12. Identifying needed ongoing supports and services
13. Development of the Individual Plan for Employment (IPE)

Guidance and Counseling

Assessment, guidance and counseling are concurrent services provided by the counselor throughout the process. It is important for the counselor to put maximum effort into determining that the consumer has considered all of the various aspects of self-employment. Discussion should focus on specific experiences and will provide a starting point for developing the Feasibility Study and Business Plan. For suggested questions that should be explored early in the counseling process, see the Feasibility Checklist.

Self-employment, by nature, is very demanding. The counselor plays a vital role in counseling the consumer regarding the demands, risks, and responsibilities of self-employment. Individuals pursuing a self-employment outcome should be willing to accept the personal and financial risks inherent in small business enterprise establishment and ownership.

The counselor should obtain information from the individual regarding particular business ventures being considered, previous business experience, related skills/training, and other relevant factors. They should discuss the characteristics needed for successful small business operation in terms of the strengths, resources, concerns, abilities, capabilities and interests of the individual. These include such traits as:

- Well-developed interpersonal skills
- Initiative
- Flexibility and problem solving ability
- Ability to prioritize and focus
- Ability to accept the risks inherent in self-employment

The counselor and consumer will discuss the consumer's financial goals in order to define what would constitute a successful outcome. Since the self-employment venture is expected to be the primary employment, such issues as termination of government benefits and earning sufficient funds to maintain competitive employment standards should be discussed.

Required Assessments

The assessments for self-employment shall be conducted as early as possible in the process. Assessment for a consumer interested in self-employment involves the assessment of three variables prior to the development of the Business Plan and IPE for self-employment:

1. Vocational goal assessment (VR Counselor)
2. Consumer's aptitude for self-employment (VR Counselor and Business Consultant)
3. The Feasibility Checklist and Feasibility Study (VR Counselor and Business Consultant)

The information gathered as a result of these assessments can be valuable tools to assist the consumer in making informed choices regarding self-employment. This information should also be used as documentation in the case record.

1. Vocational Goal Assessment

The counselor shall assess the individual to determine that the specific employment outcome selected is consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. This includes an assessment of the consumer's skills, interests, interpersonal skills, related functional capacities, training, work experience, and vocational aptitude. If a consumer requires vocational training the assessment may need to be revisited upon completion to ascertain that self-employment is the best option. It is the counselor's responsibility to complete this assessment to determine that the specific goal is appropriate prior to referral to a business consultant.

2. Consumer's Aptitude for Self-Employment – Training Required

The counselor will conduct an appropriate assessment of the consumer's aptitude for self-employment including referral to the local resources (SBDC, SCORE, SBA, Community Ventures, etc.) for self-employment training and education. This assessment must include

completion of required classes on starting your own business. This gives the consumer an opportunity to gain insight into the challenges they will be facing and make a final determination of their commitment to self-employment. District Self-Employment Specialists will provide information on local training.

3. Feasibility Study: Determining the Viability of the Business Venture

In addition to the consumer's individual aptitude for self-employment, the counselor must conduct a Feasibility Checklist and consumer conducts a Feasibility Study to determine the viability of the business venture itself. An important component during this phase will be referral for credit score, asset development, benefits analysis and anything else to ensure that consumer is financially ready for this endeavor. The feasibility study, along with the required classes, is all part of the process in helping a consumer to write a Business Plan. In providing the information for the Feasibility Study, the consumer is laying the groundwork for their Business Plan and gaining information regarding the challenges and risks that they will encounter in the pursuit of self-employment.

The consumer must complete and submit the Feasibility Study along with required documentation to the counselor. The counselor will review the rehabilitation aspects of the Feasibility Study using the Agency "**Self-Employment Feasibility Review Form**", to ensure that the Feasibility Study is acceptable from the rehabilitation perspective. If acceptable, the counselor will then send the completed form and the required documentation to an approved business consultant (see SFM CP-RR-09-10-01) for review of the Feasibility Study and recommendations.

A review of the Feasibility Study will provide written recommendations including an assessment of the viability of the consumer's business. The Feasibility Study must be approved before the consumer can proceed with writing the Business Plan. If the Feasibility Study requires corrections or additions, this information will be prepared by the consumer and resubmitted.

Areas covered in the Feasibility Study include:

1. A description of the business idea
2. A review of the individual's management skills
3. A summary of technical skills/work experience related to the self-employment goal OR training, licenses, skills, etc. needed in that area. Include specific information regarding education in that particular occupational field
4. Evidence of the individual's commitment/desire/persistence in making the self-employment venture a success
5. A review of the market demand for the desired business
6. The personal credit history and financial solvency of the individual

This information is used by the Vocational Rehabilitation counselor and business consultant as a basis for assessing the feasibility of the self-employment goal. Some key considerations in the review of the Feasibility Study will include:

- Looking for examples of experience in the planned business area. Sometimes business ideas evolve from avocations and other interests; sometimes they are ventures based on related employment experience.
- Support of family and friends who can be most helpful in business development, particularly in situations where a person with a disability has support needs in areas such as transportation, mobility, financial management, or certain activities of daily living.
- Clearly articulated goals for the business, both short-term and long-term are important. The self-employment venture is expected to be the primary employment for the individual, therefore setting an income target is part of the planning. Realistic goals regarding the development and potential growth of the business are needed.
- An understanding of the financing needs for the business and potential financial resources that the individual brings to the initiative are a key component of the Feasibility Study. The Vocational Rehabilitation guidelines regarding financial contributions to self-employment plans are very clearly outlined. It is required that the individual be clear regarding potential financial resources available.
- A realistic description of the demand and the market is very important during the feasibility assessment. Information regarding other businesses reaching the same market as well as the demand for the service/product should be included.
- If the individual is a recipient of Social Security Disability benefits, an understanding of the potential impact of earnings on these benefits is important. This should include a discussion with a Benefits Counselor or CWIC.

The counselor can help guide the individual to resources for gathering the information needed to complete the Feasibility Study, but it is important for that person to show initiative and independence in putting together a well thought-out feasibility plan for the business idea.

The Business Plan

Upon receipt of an approved Feasibility Study, the consumer is ready to write the Business Plan. Developing a clear and well documented Business Plan is a critical step in the self-employment process. The Business Plan is developed by the consumer and, if needed, a qualified professional consultant knowledgeable in small business start-ups and self-employment planning. A qualified professional consultant is someone who has experience in counseling small business start-ups, is familiar with writing Business Plans, and is capable of creating financial projections. These consultants may include the Small Business Development Centers, Service Corp of Retired Executives, and private consultants.

The effective Business Plan should address the following topics:

- Executive summary –- Concisely state key points of the Business Plan. This should be written last, although it will be the first portion of the plan the reader sees.

- The product or service — the product or service being offered should be described, including any aspects that make this product or service unique (and therefore marketable).

- The market (consumers) — a realistic assessment of available customers should be included. Facts about local demographics and market research should be presented to support the estimate of potential customers.

- The industry (competitors) — Competitors already in operation, and planning to establish territories in the local area, should be addressed. The plan should state why this business would be preferred over the competitors.

- Marketing (distributing/pricing) — a plan for marketing should be presented, including schedule, cost/benefit analysis, and alternatives.

- Production costs — Cost of production should be addressed. This includes facility, supplies, salaries, license(s), taxes, insurance, shipping, transportation, and utilities.

- Management — the management section should present all persons involved in the business along with the credentials and experience which they will contribute and proposed work schedules and responsibilities.

- Financing — the finance section should show equity/debt structure. If a loan is taken, it should include a schedule for repayment. Anticipated return on investment should be realistic (any new business will take 1 to 3 years to begin turning a profit). It is important to remember that the majority of funding for small businesses comes from either investors or lenders who will closely scrutinize the financial section of the Business Plan. The goods or services provided by OVR are not to be included in the Profit and Loss Statement portion of the Business Plan.

Networking

Networking within the community is a very important component of developing a self-employment plan. With the help of the district specialist, the Vocational Rehabilitation counselor can provide assistance to help identify potential partners and resources in the community.

Identifying Supports

An important component in the VR process for implementing a self-employment plan is identifying and arranging the various ongoing supports that might be needed.

For example, an individual might have a number of skills applicable to the self-employment goal but not be able to perform a critical support activity, such as bookkeeping. One of the supports to this self-employment plan would be arranging for a bookkeeping service to assist. Vocational Rehabilitation could help acquire that bookkeeping support and potentially help finance it for a limited period of time. There are a wide variety of ongoing supports that might be needed for the

self-employment goal to be reached. Identifying these potential supports and assisting the individual in putting them into place is a part of the role of Vocational Rehabilitation.

Funding and Consumer Cost Participation

It is not the agency's role to become the sole funding source for self-employment ventures. As in all cases, comparable benefits must be explored and an economic needs test applied prior to the provision of services. Start-up and operational costs are only provided during the first six months after IPE approval. From the outset, individuals interested in self-employment must be informed that each tier will be subject to the Consumer Cost participation policy of the agency. Based on this, limited funding toward specific required goods and/or services (according to an approved business plan and IPE) will be considered.

Other funding sources may include the consumer, family members, bank loans, workers compensation, insurance settlements, Social Security work incentives, and other private or public sources.

In addition to the economic need policy and consumer cost participation policy, the funding for self-employment services is subject to the OVR purchasing policy. Early in the discussion around self-employment, the VR counselor should discuss with the individual:

- OVR's limits on financial participation.
- Economic need and consumer cost participation.
- The goods or services provided by OVR are not to be included in the Profit and Loss Statement portion of the Business Plan.
- Funding sources other than OVR must be documented for businesses with start-up costs in excess of $5,000.

Funding of the self-employment venture should not be presented to the individual in such a way as to be an impediment to the development of the plan or to discourage the individual from pursuing self-employment. Rather to stress the need for the consumer to have a personal investment in the business and resources available to sustain the business beyond the initial start-up phase.

Financial participation by the individual must be documented in the business plan and may include non-monetary, in-kind contributions. In-kind contributions can be goods, services, land, facilities, sPace, personnel, equipment or materials that are assigned a cash equivalent value. Sweat equity will not be considered as in-kind contribution. When calculating the amount of in-kind contributions, use the fair market value of whatever is being provided as the contribution. If required, a third party such as a certified appraiser will determine the value of the in-kind contribution.

Tier I, II and III

There are three levels of funding for self-employment services designed to meet the start-up needs for various types of business ventures. Each level has specific requirements and approval procedures. If a consumer is starting a Tier I, II or III business and the economic needs test

indicates that the consumer has excess income that can be applied to the rehabilitation program, this income will be subtracted from the VR contribution to the business venture for the appropriate tier.

Tier I: Start-up Costs of $1,000 or Less

OVR can fund up to $1,000 of start-up expenses for level one. Consumers seeking financial assistance for goods and services costing less than $1,000 or wanting to work within an established business (such as renting a chair in an existing beauty or barbershop) must:

- Be referred to a local business consultant for appropriate training and assistance;
- Develop an abbreviated business plan that describes:
    1. The operation of the business;
    2. A marketing plan;
    3. An itemized list of goods and services that OVR is asked to purchase, along with the lowest purchase price;
- Develop a 24-month cash flow projection.
- Understand license, insurance and tax obligations associated with the business.
- Obtain approval of the abbreviated business plan from the counselor.

Tier II: Start-up Costs over $1,000 up to $5,000.00

Tier II exists for an individual with a business plan requiring start-up costs up to $5,000. OVR can fund up to $5,000 of start-up expenses for tier two.

Start-up costs do not include business management training, consultation or technical assistance for the development of the business plan, or assistive technology needed to accommodate a disability.

VR counselors and consumers need to be cautious when estimating the start-up costs for a Tier II plan and should not underestimate the business costs in order to stay under the $5,000 threshold. Once the IPE begins to be implemented, if the start-up costs exceed the $5,000 limit, additional approvals will be required. This may delay the start of the business or the business will need to be scaled back.

Tier II requires a Feasibility Study and a Business Plan both of which must be reviewed and deemed viable by an approved business consultant and the Self-Employment Coordinator.

Consumers seeking financial assistance for goods and services costing over $1,000 up to $5,000 must:

1. Complete training in the following areas:

a. Exploring business ideas
b. Starting your own business
c. Business plan development
d. Marketing
e. Financing;

An exception to the training requirement can be granted if the consumer has documented evidence of previously completing this training or successfully operating a previous business for more than a year (as evidenced by tax returns).

2. Where possible, locate and seek guidance from an individual operating a similar business;

3. Develop a formal Feasibility Study and receive approval from business consultant.

4. Develop a formal Business Plan and receive approval from business consultant.

5. Furnish a list of existing equipment that may be used in the proposed business. OVR will not purchase new equipment if similar existing equipment is still operable and can be used for the operation of the business.

6. Develop a 24-month cash flow projection.

7. Develop a list of start-up expenses requested from OVR.

Tier III- Start-up Costs $5,000.00 to $60,000.00

This tier exists for business plans with estimated start-up costs in excess of $5,000. OVR can support the first $5,000 and 50% of additional start-up costs up to $10,000 and 5% of the additional costs beyond $10,000 for level III. Amount provided by KY-OVR shall not exceed $10,000.

OVR must not be the sole source of funds for the capitalization of a Tier III business plan. All persons interested in Tier III self-employment shall seek business funding in order to establish or build the credit essential to business ownership, therefore demonstrating viability of their chosen employment goal. OVR will assist individuals in identifying potential funding sources for business start-up. These sources may include private and public funds, micro-enterprise programs, or PASS plans.

All guidelines for Tier II funding are required for Tier III. In addition, Tier III business plans must be approved by the Business Consultant, District Branch Manager, and the Self-Employment Coordinator.

In addition to documentation of the above conditions the request for the exception should include the following documentation:

1. Counselor Review Form;
2. Copy of the approved Feasibility Study and Business Plan;
3. Business Consultant critique of the Feasibility Study and Business Plan;
4. Description of needed purchases;
5. Documentation of consumers contribution;
6. Results of exploration of comparable benefits

Consumers seeking level three funding must meet the same requirements for level two funding and the following additional requirements:

- The consumer must be responsible for 50% of all expenses in excess of $5000 up to start-up costs $10,000.00; as well as the 95% of costs beyond $10,000. This participation in costs can be provided through one or more of the following:

  1. Cash, either personal or from a loan or other resource
  2. The dollar value of existing equipment that will be used in the daily operation of the business;

- If the dollar value of existing equipment is used, required documentation should include a list of the equipment with the dollar value of each item and an explanation of how the equipment will be used in the daily operation of the business. The dollar amount of the existing equipment must be determined through consumer-researched fair market value of the equipment.

- Documentation showing the source of the consumer contribution should be provided (i.e. gift letter, bank statement, title, deed).

Exception to Tier III Funding Limit

A request for any amount of OVR assistance exceeding $10,000 is considered an exception to policy. The exception should receive approval from the District Branch Manager, Self-Employment Coordinator, and the Director of Program Services, or designee. Exceptions to exceed the $10,000 will only be considered if they meet the agency exception guidelines. All guidelines for Tier II funding are also required for an exception.

Guidelines

All services shall be provided in accordance with established current Agency guidelines. All other applicable State and Federal laws, policies and procedures must be followed, including State purchasing laws and zoning regulations. Comparable benefits may be available and must be pursued before expenditure of OVR funds. Assistive Technology expenditures must follow the Rehabilitation Technology guidelines. Refer to the “General Fiscal Concerns” section of the Policies and Procedures Manual for guidance on purchase through bid procedure, receipts for tools and equipment, and use of catastrophic funds.

Scope of Services

Services provided by OVR when self-employment is the goal may include, but may not be limited to:

- Training in the actual field (Usually completed before business plan is written. Competitive employment should also be considered).
- Specific entrepreneurial training such as that offered by the SBA and SBDC
- Referral and coordination with all available small business consulting resources (see OVR Self-employment webpage for ideas).
- A portion of initial stock**,** supplies, tools, and equipment may be negotiated during the initial establishment period (not to exceed the first six months after IPE approval)
- Coordination and referral for small business loans
- Initial business licenses
- Start-up marketing and accounting costs, which may not exceed 6 months after IPE approval.
- Operational costs during the initial establishment period, which may not exceed 6 months after IPE approval
- Property modification for **consumer-owned or leased property** to the extent necessary to make the property accessible to the consumer and useable for the intended self-employment. All modifications on leased or rented property should be removable.
- Rehabilitation technology in accordance with guidelines.
- Independent appraisal of existing business or franchise. If the consumer plans to purchase an existing business or franchise, an independent appraisal is required before OVR makes a determination of services to be provided.

OVR Participation Excludes the Following*:*

- **Operating capital or grants**. No money is given directly to the business and all authorizations must be to designated vendors.

- Payment of franchise fees or purchase of existing business. This does not preclude the provision of other services for the business, including payment for independent appraisal.

- A business that is speculative in nature, such as investments in real estate or stock trading.

- Businesses organized as non-profit.

- Construction of buildings.

- Permanent property modifications provided for leased or rented property.

- Purchase of permanent buildings or real estate.
- Signing of leases.
- Refinancing or payment of existing debt.
- Payment of any services or goods purchased **prior to approval** of the Business Plan; the signed IPE or amendment listing the approved services is in the case record; and an authorization is issued.
- Liens by a third party shall not be placed on OVR purchased equipment.
- Inclusion of the goods or services provided by OVR in the Profit and Loss Statement portion of the Business Plan.
- Providing services for a consumer in more than one business.
- Sole source of funding for stocking a retail business with inventory for resale.
- In a partnership, all partners' contributions shall be considered prior to determination of OVR sponsorship. The OVR consumer must own at least 51% of the business and a formal agreement for partnership shall be part of the Business Plan.

Case Follow-Up and Closure

A case should be closed when planned services are completed and the business shows definite signs of stability. Ideally, the revenues from the business venture should equal or exceed operating costs. The financial statement should show that the consumer is making enough money to cover long-term cost without external support. In most cases, this will require a minimum of one year in operation.

During the initial year of operation, the SBDC consultants are available for quarterly meetings with consumers to update the status of the business venture. Counselors should keep apprised of these meetings and maintain regular telephone contacts with the consumer. The Agency may review record keeping systems until the case is closed or until liens on any OVR equipment expire. Referral to appropriate consultant services, such as SCORE, or SBDC, must be made if signs of instability in the business venture surface.

The counselor will make arrangements for the retrieval of items no longer being used in the business by the consumer. Refer to the Items Transfer Agreement (OVR-10) for life expectancy of the item(s). Reassignment will be made as appropriate.

Resources

Writing the Business Plan or starting the business

- Business section of local newspaper, which provides information about workshops, etc.
- Carl D. Perkins Vocational Training Center
- Chambers of Commerce
- Colleges, universities, junior colleges
- Libraries - trade association information, books, magazines, newspaper articles, marketing information
- Local OVR Self-employment specialists and district managers
- Service Corps of Retired Executives (SCORE)
- Small Business Development Centers Workshops

Funding and maintaining a business

- Community Ventures Corporation
- Kentucky Highlands Investment Corporation(for large ventures)
- Mountain Association for Community Economic Development
- Southeast Kentucky Economic Development

Kentucky Small Business Development Center – Central Office
One Quality Street, #635
Lexington, KY 40507
Phone: (859) 257-7668 / FAX: (859) 323-1907

KSBDC offers an intensive schedule of affordable training workshops both in the classroom and on-line. These expert-led training workshops are designed to provide new venture and existing business owners with the knowledge required to maintain or expand a profitable business. Training modules can be found on-line at: http://www.ksbdc.org/

Internet Resources for Small Business

The OVR website lists sites that are suggested as a starting point to locate resources and information on Self-Employment Enterprises. **NOTICE:** The Internet is a wide open market, and there are numerous websites that are there solely for sales of services and goods. **Use extreme caution in providing personal information.**

Self-Employment Rehabilitation Process Form

- Counselor must fully inform the consumer of the role of VR and the process by reviewing the "**Self-Employment Rehabilitation Process**" form and obtaining the consumer's signature. The counselor shall review the Policies and Procedures Manual on Self-Employment, specifically "Scope of Services" and "Guidelines" with the consumer.

- Consumer will begin the process of obtaining all required skill training, professional licenses, and certifications prior to beginning a Feasibility Study and development of a Business Plan.

- The following steps are required for consumers who are SSI/SSDI recipients:
  1. Counselor shall discuss assignment of ticket-to-work.
  2. Referral for benefits counseling.
  3. Consumers interested in a Plan to Achieve Self-Support can contact the SSA PASS Cadre by calling 1-800-254-9489.

- Counselor will conduct an appropriate assessment of the vocational goal and document findings.

- Counselor will conduct an appropriate assessment of the consumer's aptitude for self-employment. This shall include referral to the local resources (SBDC, SCORE, SBA, Community Ventures, etc.) for self-employment training and education. This assessment should include completion of required classes on starting your own business. Counselor may consult with the District Self-Employment Specialist for information regarding local resources.

- Upon completion of assessments and classes, the consumer will complete and submit a Feasibility Study (see checklist) along with required documentation to the counselor.

- The counselor should review the rehabilitation aspects of the Feasibility Study using the Office "Self-Employment Counselor Review Form" to ensure that the Feasibility Study is acceptable from the rehabilitation perspective. If acceptable, the counselor will then send the completed form and the required documentation to an approved consultant for review of the Feasibility Study and recommendations.

- If the Feasibility Study requires corrections or additions, this information will be prepared by the consumer and resubmitted. Upon receipt of an approved Feasibility Study, the consumer will write the Business Plan and submit it to the counselor.

- The counselor will submit the Business Plan for review to one of the approved business consultants. If the SBDC is being utilized as the final reviewing organization, the Business Plan must be reviewed, or have been developed, by a local SBDC prior to submission for final review.

- The consultant will evaluate the viability of the Business Plan and provide a written response.

- Counselor will conduct an economic needs test and determine the amount of consumer cost participation. Although the consultant may deem the Business Plan as viable, the specific

planning, negotiation, and approval of expenditures are the decision and responsibility of the counselor and management staff as required under Office policy.

- Upon receipt of an approved response from the consultant, the counselor shall seek guidance from the local office Manager or District Specialist regarding requested expenditures and the counselor's decision regarding final approval of the plan. If the consultant's review indicates that the plan needs revisions, the plan will be returned to the consumer with this information.

- Upon receipt of the required final approvals, the counselor and consumer shall negotiate purchased services and write the Individualized Plan for Employment (IPE) with self-employment as the vocational goal. The IPE will include the goods and services agreed upon by both parties for start-up of the business. Only after both parties sign the IPE can authorizations be issued for services.

- Consideration must be given to all other comparable services and benefits available including the consumer's own contribution through loans or personal assets. The goods or services provided by OVR shall not be included in the Profit and Loss Statement portion of the Business Plan. The counselor will complete an Items Transfer Agreement (OVR-10) as appropriate.

I have been fully informed at the onset that my Feasibility Study and Business Plan must be reviewed and approved before a plan for self-employment can be written and initiated.

I also agree to the terms of the "Confidential Disclosure Agreement" for release of information so that I can be referred to appropriate consultants for assessment, consulting services, and review of the completed Feasibility Study and Business Plan. This release enables the business consultant and the VR Counselor to share information needed to assist me in accessing services for the purpose of achieving the goal of self-employment. This information would include the referral, progress, evaluation, suggestions, etc.

Confidential Disclosure Agreement

In order to ensure mutually supportive services to pursue the goal of self-employment, it is often helpful for the Business Consultant and the Vocational Rehabilitation Counselor to discuss and share information concerning your case. By signing this form you agree they may share your information that they would consider confidential. The counselors agree to share only information needed to assist you in accessing services for the purpose of achieving the goal of self-employment. They will not disclose information to any other parties without your permission. You may cancel or limit this agreement by informing both your Business Consultant and Vocational Rehabilitation Counselor.

Date_____

Signatures:

_____Consumer

_____Business Consultant

_____Vocational Rehabilitation Counselor

KEEP A COPY FOR YOUR RECORDS

SERVICES TO FAMILY MEMBERS

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The Office of Vocational Rehabilitation may provide services to members of a consumer's family when necessary as part of the consumer's rehabilitation program. "Family member" includes any relative by blood or marriage and other individuals living in the same household with whom an eligible consumer has a close interpersonal relationship. Services to family members are to be recorded and justified in the IPE and progress notes in the same manner as services to the consumer.

Services provided to a family member or members should be based on a determination that:

1. without these services the eligible consumer would be unable to begin or continue the IPE, and/or
2. the consumer's IPE would be jeopardized to the extent that employment would be delayed or could not be achieved, and/or
3. needed services are not readily available and feasible through existing community agencies.

Services to family members may include:

1. homemaker services to prepare a family member to assist a consumer in a program of independent living skills and to adapt to new or altered methods of home management (e.g., daily personal care and home maintenance provided by an outside resource during periods of stress or illness);
2. counseling with family members to help them understand the needs of the eligible consumer;
3. day care services for children to enable an eligible consumer to complete the IPE;
4. family care to permit an eligible consumer to complete the IPE (e.g., services to maintain all children within a family unit when an eligible consumer must leave home temporarily for vocational training or other services);
5. family planning or marital counseling services;
6. assistance in locating adequate living quarters for the family.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" this manual for the exception guidelines.

SUPPORTED EMPLOYMENT SERVICES

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Authority

Federal Regulations: 34 CFR 363.11 and 34 CFR 361.46(b)

Rehabilitation Act of 1973 as amended, Section 102 (b)

*For the purpose of this manual, use of the terms **must** and **shall** reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.*

PHILOSOPHY

- Supported employment is a means to assist individuals with the most significant disabilities to become competitively employed. The core values are:
- Integrated (inclusive) work environment;
- Consumer choice and involvement, with services and supports based on individual interests and abilities;
- A career path made possible through the provision of on-going support and extended follow-up services; and
- Parity in wages and other employment benefits.

Supported employment focuses on assisting the consumer in finding employment in a position suitably challenging for his/her skill level and interest. Job-site training and/or ongoing follow-up and support are also provided so the consumer can be successful. This eliminates the barrier that often occurs in a typical "train-then-place" model, where training is provided prior to placement and support services are either time-limited or non-existent after the consumer begins working. Because of this, Supported Employment opens up the door of opportunity to people with the most significant disabilities who otherwise may be excluded from community-based jobs.

Unlike other services of OVR, supported employment is built on the premise that long-term, on-going support, throughout the duration of the consumer's employment is a key factor in determining vocational success. Although supported employment services paid for by OVR will remain time-limited, consumers served in supported employment will continue to receive services from a supported employment agency long beyond case closure.

The following features of supported employment are what make it innovative and responsive to the needs of people with the most significant disabilities.

The supported employment concept assumes that all persons, regardless of degree of disability, have the capacity to participate in real employment with appropriate ongoing support;

Supported employment focuses on providing appropriate support services to assist a person in getting and keeping a job. Each service is tailored to specific need;

Individuals are offered choices in the selection and maintenance of jobs. Decisions about appropriate services are made jointly with the consumer and/or the family and all of the "stakeholders" involved in the process. Person-Centered Planning concepts are used to make the process successful;

Emphasis is placed on recognizing and maximizing opportunities for integration and inclusion in the workplace;

Contact and relationships with people who are not disabled and who are not caregivers is emphasized, both on and off the job; and

The purpose of the program is employment with all of the general expectations of a job such as wages, job security, and performing meaningful work.

Extended, ongoing support services are provided by supported employment personnel, and will vary based on the amount, intensity, and kind of support needed by each consumer. Supported employment offers more than just the assistance needed to find and learn a job. It provides the necessary ***ongoing support*** to help the consumer maintain employment.

GENERAL GUIDELINES FOR PROVIDING SUPPORTED EMPLOYMENT SERVICES

ELIGIBILITY

Eligibility for supported employment shall be based upon general eligibility criteria in accordance with regulations and on the person's specialized needs that can only be met by supported employment. The case file must document that the consumer is Most Significantly Disabled based on OVR criteria.

The consumer's disability must constitute a need for intensive support services and extended services that only supported employment can provide. The need for this service, rather than a particular diagnosis, will be the basis for this service. The counselor must document the specific functional limitations that verify the need for supported employment versus other employment options. Eligibility is to be determined separately from availability of services.

Under the federal regulations, the consumer is determined to be potentially employable through the provision of supported employment services and must be found eligible even if a key resource(s) needed to provide those services is currently unavailable. In other words, the federal regulations do not allow for the Counselor to find a consumer ineligible for OVR services because the resource for providing extended services cannot be identified. In this instance, the Counselor would:

(a) certify the consumer eligible for OVR services;

(b) inform the consumer that supported employment services cannot be initiated until an extended services resource is obtained; and

(c) seek out the needed extended services resource.

The Workforce Investment Act of 1998 defines supported employment as

"a term that, in general, means competitive work in integrated work settings, or employment in integrated work settings in which individuals are working toward competitive work, consistent

with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the consumer, for individuals with the most significant disabilities –

- for whom competitive employment has not traditionally occurred, or
- for whom competitive employment has been interrupted or intermittent as a result of a significant disability; AND
- who, because of the nature and severity of the disability, need intensive supported employment services."

Further, according to the Workforce Investment Act of 1998, Supported Employment services means:

"On-going support services and other appropriate services needed to support and maintain an individual with a most significant disability in employment, that—

- are provided signally or in combination and are organized and made available in such a way as to assist an eligible individual to achieve competitive employment;
- are based on a determination of the needs of an eligible individual, as specified in an IPE, and
- are provided for a period of time not to extend beyond 18 months, unless under special circumstances the eligible individual and the Counselor or coordinator jointly agree to extend the time in order to achieve the rehabilitation objectives identified in the IPE."

INDIVIDUAL PLAN FOR EMPLOYMENT

An IPE will be developed for each consumer served in supported employment and will include all mandatory components of the IPE as described in Section 7.

Additionally, the *case file* must contain documentation of the following:

a description of the supported employment services to be provided;

a description of the ongoing services to be provided (e.g., help with finding subsequent jobs); and

the name of the program that will provide the extended, ongoing support services.

ON-GOING SUPPORT SERVICES

"On-going support services", as referred to in the Workforce Investment Act of 1998, include training and other services that are needed to support and maintain an individual with the most severe disabilities in employment. These services are determined based on an assessment of the consumer's needs, as specified in the IPE. These services may be provided for a period not to exceed 18 months, unless a longer period to achieve job stabilization has been established in the IPE.

ECONOMIC NEEDS TEST EXCLUSION

Time-limited supported employment services are excluded from the economic needs test. Other services a consumer may require will be based on eligibility and provided through Title I funds, and may be subject to the financial needs test as applicable.

WORK SETTING AND BENEFITS

The supported employee must be paid in accordance with the Fair Labor Standards Act, and not less than the customary wage and level of benefits provided by the same employer to non-disabled workers who perform the same or similar work. The employee's work setting must be an integrated environment that provides the opportunity for daily interaction with people without disabilities who are not paid service providers. The employees work hours should be individually determined.

SUCCESSFUL CASE CLOSURE

Before OVR can provide for the transition of a consumer in a supported placement to the provider of extended services (and close a case as a successful closure), three minimum requirements must be met:

the individual has been employed at least 60 calendar days in a job or jobs consistent with the Person Centered Employment Plan;

is satisfied with the job, and has a satisfactory number of hours of work scheduled each week; and

and has the extended services support in place to continue on after OVR closes the case file.

If a consumer stabilizes in employment at a level of hourly work less than the goal originally established, the supported employee, the Supported Employment Provider, and the Counselor must agree that the job represents substantial and suitable employment in order for successful status closure. ***The consumer must maintain employment for at least 30 days after the VR outcome fee has been paid before case closure can occur.***

OVR staff must be careful not to close cases too quickly. The closure narrative must indicate the name of the supported employment agency that will provide extended and ongoing support services after the OVR case file is closed.

Before closing the case, the Counselor should talk with the consumer, the supported employment specialist, and possibly with the employer and others such as family members, etc. The counselor must be assured that the consumer is functioning well at the job not only in terms of general satisfaction, number of hours worked, performance of job duties and other basics, but also in comfort level on the job, in interacting with coworkers and supervisors, and in other "less visible," but essential, aspects of the job which, if unattended, could jeopardize the worker's future.

POST EMPLOYMENT

Following OVR case closure, selected services can be provided as discrete post-employment services. It must be ascertained that they are unavailable from the Supported Employment Provider and that they are necessary to maintain the job placement, such as job station redesign and repair, maintenance, or replacement of assistive technology devices. In instances of under-employment or a need for extensive retraining, discrete post-employment services shall be used and consideration should be given to opening a new case with the Office if appropriate.

DEFINITIONS

NATURAL SUPPORTS

Successful supported employment is not solely a matter of physical integration (i.e., a work setting which is "natural" rather than created for people with disabilities and where a low percentage of workers has a disability). A community is also a social sPace: A network of interactions, relationships, and supports. Natural supports should be emphasized in order for supported employment to be successful and for the worker to feel included in the workplace.

The job coach approach to supported employment does not by itself always maximize the social integration of workers with severe disabilities. Narrowly practiced, job coaching can develop unnecessary dependency on external supports, stigmatize workers as deviant, and result in social isolation. Task analysis, work skill training, and other "job coach" functions need to be carried out in the context of a wider perspective.

A common mistake is to create a self-contained job position that requires few interactions. Jobs designed should to be interdependent and some tasks should be performed jointly with other workers. At several points in the workday a supported employee's job and other jobs shall intersect in a way that requires communication. Job routines should be flexible, with allowance for disruptions of the usual pattern. A priority for employment specialists must be insuring that there is a procedure for asking for help and notification of problems.

Many co-workers and supervisors enjoy training and providing other supports. Many companies have formal or informal mechanisms for the training and orientation of new employees (for example, pairing a new worker with an experienced worker or "mentor"). Employment specialists look for these opportunities and work with them. For example, employment specialists may observe the mentoring process, meet periodically with the mentor, and offer training pointers. By giving away training and behavior management skills, employment specialists avoid communicating the message that it takes some special kind of person to interact with the supported employee. Job training should not appear mysterious.

It is important that everyone is clear about whom the supervisor is and that the supervisor gives job orders to the worker. Also, supported employees must understand whom to go to when they have a problem at work; the employment specialist should not solve the problem. Co-workers and others at the setting should be enlisted in the search for solutions to job design, work method, or adaptation problems. Sometimes redesigning or renegotiating a job is better than lengthy instruction.

A few cautions must be kept in mind when implementing natural supports:

Supported employment is not a rigid service or fixed package of techniques but a flexible, open-ended approach. "Co-worker support" is not a new model to be imposed on businesses. The relationship between employment specialist, supported employee, co-workers and supervisor will be different at each work setting.

"Natural support" must never be used as an excuse for providing inadequate services or withdrawing agency support. A "laissez-faire" or "place and hope" approach is incompatible with facilitating natural supports. Agencies may perform their support function in a less direct

and intrusive way, but supported employees remain entitled to receive whatever ongoing agency support they need for as long as they need it.

Co-workers must not be turned into human service paraprofessionals. For example, it is generally unnecessary to conduct classroom-style-training session for co-workers in behavior management or to load co-workers down with data sheets and stop watches. Inclusion of co-workers in the support process must be directly related to a specific need, respectful of their existing skills, and tailored to fit the cultures of work settings.

Source: Excerpts from "Natural Supports Presentation" by David Hagner, Ph.D., Concord, NH. 1996

SUPPORTED EMPLOYMENT VENDORS ("providers," "agencies," etc.)

Supported employment providers must be approved by the Supported Employment Branch and receive a Supported Employment Services Agreement Contract. Vendorship will be reviewed regularly and updated as necessary. All supported employment vendors must be able to fund and ***provide extended***, ***ongoing*** support services for all consumers served.

Vendorship applications are available from the Supported Employment Branch and may be submitted any time during the year. All supported employment programs need to have both internal and external review policies in place to ensure continued quality of services. Internal reviews should include regular evaluations of staff, as well as thorough financial and program audits. External reviews should include consumer satisfaction surveys, and other feedback from consumers, family members, and employers. All vendors must assure that staff will participate in "Supported Employment Core Training Sessions" which is available through the University of KY-Interdisciplinary Human Development Institute in Lexington.

JOB CARVING

Job carving (sometimes called job creation or restructuring) is the process of analyzing and identifying specific tasks within a given job that might be reassigned to another position. This process can be extremely effective in assisting Employment Specialists (job coaches/job developers) to secure well-matched jobs for persons with the most severe disabilities. Therefore, it is often an important and valuable step in the job development process.

Working with employers to move away from standard job descriptions that include many generalized tasks and can create opportunities for securing valued positions for supported employment consumers. Individuals with severe cognitive disabilities, serious mental illness and/or physical challenges can often benefit from finding a job specifically created with their unique talents and competencies in mind.

In addition, the idea of job carving can be appealing to employers. By utilizing job carving strategies, an employer can free up the company's more technical or skilled personnel. This can often increase efficiency and productivity of these positions, generate savings in overall labor costs, and/or improve customer service. Employers may also find that certain tasks within the carved position are now assured of completion and that turnover in certain positions is reduced.

It is extremely important to start this process with assisting the employer to do a thorough job analysis of the related position(s), taking into account all of the required tasks, the skills and competencies of the existing employees, and the overall efficiency of the employees. It is critical to listen to the employer's needs and concerns, and to involve the employer in the entire process. By directly observing the work routine and interviewing the employer and employees, the Employment Specialist can analyze what tasks do not get done that need to band what tasks could be handled by someone else. The Employment Specialist must listen carefully to any efficiency and productivity concerns of the employer and employees as well as ask if there are any tasks that are particularly time-consuming or whether turnover is a problem. In multi-department companies, it is important to schedule time in each department to understand particular needs.

Employment Specialists will want to assess the company culture and attitudes towards hiring persons with disabilities, as well as to identify what natural supports are available to assist a new employee learn and maintain their job. Special care needs to be given to make sure that a created or carved position would not devalue an individual by having them perform tasks that no one wants to do or that coworkers feel are unnecessary. Employment Specialists will want to target overlapping or intersecting job tasks to allow for increased interaction with coworkers. As always, Employment Specialists must make sure that the consumer would not be physically separated from other employees or excluded from any applicable staff meetings or company events.

After the analysis, the Employment Specialists must determine if there is sufficient work and tasks to warrant the creation or carving of a position, and if the available tasks and the culture of the company match to the needs of the consumer. If this is the case, the proposal should be put in writing to the employer, clearly outlining the benefits to the employer, the proposed job duties, hours and wages, and an overview of the supports the supported employment organization will provide. It is also important to include specific information about the consumer the Employment Specialist has in mind, including a resume and/or completed application. The Employment Specialist will also want to set up a time for the employer to interview the applicant.

The process of job carving can be an excellent opportunity to develop jobs for persons with severe disabilities and to establish strong relationships between an employer and the supported employment organization.

GUIDELINES FOR PURCHASING SUPPORTED EMPLOYMENT SERVICES

The following guidelines pertain to purchase of supported employment services for eligible consumers with the most significant disabilities. The OVR Supported Employment Branch must approve all supported employment service providers as vendors. An application process is required to become a vendor. The Counselor must authorize the services for each consumer.

Payment documents must be processed promptly by the Office upon attainment of appropriate outcomes, pending receipt of necessary documentation of service provision and individual progress from the supported employment service provider.

PERSON-CENTERED JOB SELECTION (formerly "Vocational Profile")

Becoming well prepared to represent consumers who need supported employment to prospective employers is an important activity before the initiation of job development efforts. The supported employment specialist must get to know the person and to gather all relevant information possible on the needs, skills, preferences, and experiences of the consumer's who shall be employed. This information serves as the basis for successful job matches.

Person-centered job selection provides:

- a respectful way to get to know people who are seeking jobs; a way to break past preconceived notions about what a person can and cannot do; and a way to discover new and positive job possibilities with the person;
- a thoughtful framework for planning job development and job negotiation—a means for service providers to "get ready" for job development;
- a way to be thoughtful about the nature of an ideal job for a consumer—as opposed to "slotting" him or her into a readily available job, guessing whether or not it will work out.

The person-centered job selection outcome fee must be authorized by the OVR Counselor prior to the start of this service. It may be paid once a Person-Centered employment Plan (PCEP) is developed and submitted to the counselor. The SE Provider must submit monthly activity notes while the PCEP is in process. Standard formats for the notes and the PCEP have been developed and must be used by all Providers. If at the end of the three-month authorization period a PCEP has not been developed, the Provider and the SE Consultant should be contacted to plan next steps prior to issuing another authorization for the completion of the PCEP.

PERSON-CENTERED EMPLOYMENT PLAN

A person-centered employment plan must be submitted to the Counselor once the Supported Employment Provider has completed the process and is ready to begin job development. The Plan should include:

- General Information/Life Information affecting employment;
- Employment History (jobs that worked well and why? Jobs that did not work well and why?);
- Skills/Interests;
- Possible job tasks based on skills and interests;
- Learning styles/teaching tools;
- Desired job characteristics and rationale for each;
- Ideal number of hours per work-week and how this was determined;
- Plan of Action that includes: job possibilities, supports for Job Development, On-the-Job Supports, Other Support Services and Information.

JOB DEVELOPMENT SERVICES

Individualized job development services are very important in the supported employment process. The Provider should assure that all job development activities are based on the PCEP. Accordingly, an outcome fee will be paid for specialized job development services that lead to employment in a suitable job.

Job development services may focus on interviewing skills/interview support, particular work environments, job types and settings, learning styles, transportation needs, hours required, potential for natural supports, job carving, job creation, needs for accommodations and assistive technology, and/or many other services based on the individual.

The OVR Counselor should issue an authorization for job development services upon receipt of the PCEP.

Monthly activity notes must be submitted while job development is in process to the OVR counselor. A standard format for the Notes has been developed and must be used by all Providers. If at the end of the three-month authorization period a job has not been developed, the Provider and the SE Consultant should be contacted to assist with planning next steps prior to issuing another authorization. The outcome fee will be paid at the time the person starts the job. Communication between the Counselor and Provider is vital to assure that authorizations, notes, and payments are timely.

SUPPORTED EMPLOYMENT INDIVIDUAL PLACEMENT

Once the individual has obtained employment, the outcome-fee should be authorized to the supported employment provider so that individualized supported employment services can be delivered to assist the supported employee in achieving job success.

The list of possible supported employment services covered under the outcome fee is extensive. These services can occur both on and off the job site. Services are not limited to skills training by a job coach only, but should be individually tailored based on the needs of the particular person.

The supported employment provider *must* give feedback to the OVR counselor as needed, furnishing written progress reports on a monthly basis or more often as needed. The Provider must also submit a **Long Term Support Plan** with the invoice when the service is completed. Successful completion of the service means:

- the individual has been employed at least 60 calendar days in a job or jobs consistent with the PCEP
- is satisfied with the job, and has a satisfactory number of hours of work scheduled each week
- *and* has the extended services support in place to continue on after OVR closes the case file.

The fee will be paid to the supported employment provider if the above criteria are met. OVR case closure could then occur after another 30 days of successful employment, for a total of at least 90 days in “employment status” before case closure.

Before closing the case file, the OVR counselor should talk with the individual, the supported employment specialist, and possibly with the employer and other "stakeholders" such as family members, etc. The counselor should be assured that the customer is functioning well at the job not only in terms of general satisfaction, number of hours worked, performance of job duties and other basics, but also in his/her comfort level on the job, in interacting with coworkers and supervisors, and in other "less visible" but essential, aspects of the job which, if unattended, could jeopardize the worker's future.

The supported employment agency is responsible for provision of all ongoing support services necessary to help the individual remain employed. The supported employment agency will use funds other than OVR dollars to cover the cost of these services. Only in specialized circumstances will additional services be authorized by OVR.

SUPPORTED EMPLOYMENT CONSULTATION IN CONJUNTION WITH COMMUNITY BASED WORK TRANSITION PROGRAMS

When a consumer is in the Community-Based Work Transition Program (CBWTP) and will need supported employment services to maintain employment after graduation, the following guidelines apply:

The Supported Employment Provider may become involved with the student during the last semester. During this involvement the CBWTP staff will remain the primary person responsible for job development. The Supported Employment Provider may act as a Consultant to work with the CBWTP program. The SE Consultation Fee may be authorized to cover activities such as:

- Planning meetings with the student, VR, CBWTP and other involved persons
- Record reviews
- Consultation regarding vocational goal selection and job development
- IEP/ITP meetings
- Other individualized services.

The Supported Employment Provider and CBWTP staff will work together to plan for a smooth transition for the student.

If the student leaves school with a job, the CBWTP will be eligible to receive the 60 day follow-up fee according to CBWTP guidelines. During these 60 days the CBWTP staff will work with the SE Provider to facilitate a smooth transition to long term supports. The SE Provider in this case would not be eligible for the SE Job Development Fee, but would be paid the Supported Employment Outcome Fee, according to guidelines for that service.

If the student leaves school without a job, the Supported Employment Provider is eligible to receive the Supported Employment Job Development Fee, followed by the Supported Employment Outcome Fee, according to guidelines. Individualized decisions will be necessary to determine if supplemental information is needed prior to beginning the job development process. If so, the Counselor may authorize an additional fee (see current Service Fee Memorandum) for the completion of a Person Centered Employment Plan, according to guidelines.

When planning for Supported Employment Services for a student still in school, all decisions should be individually determined. Exceptions to the above guidelines should be discussed with and approved by the Supported Employment Branch Manager.

ADDITIONAL SUPPORTED EMPLOYMENT SERVICES (by special approval only)

An additional hourly fee has been established for provision of services by a supported employment specialist, who may provide extra necessary support services beyond the outcome fee for up to 18 months (timeframes to be specified in the IPE) by special approval from the Supported Employment Branch.

Stabilization is not easily defined and is often a "judgment call" based on considering such factors as the individual's satisfaction with his/her job, level of interaction with his/her coworkers and supervisors, etc., and level of services needed and/or anticipated. Also, the individual may need time to substantially meet the goal for hours of employment established in the IPE. The extended services may not be in place and OVR services are needed for a specific time to preclude any interruption of services. All issues, which are deemed to be "exceptions to the rule", will be taken into consideration and decisions made on an individual basis.

OVR case closure can occur after a minimum of 30 days has elapsed beyond OVR payment of services. Extended services must be in place so that interruption of services does not jeopardize the consumer's employment.

TRAINING

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Applicable Forms

Student Individual Responsibilities Form
Consumer Cost Sharing Form

General Guidelines

These guidelines apply to all types of training including: college, technical, proprietary, distance learning, short-term, etc.

Training may be supported by OVR, when required, to achieve the agreed upon career goal. Informed choice will be utilized to promote optimum benefit in terms of employment outcome through the expenditure of time and resources of both the consumer and OVR.

Prior to the provision of training:

- The counselor should assist the consumer in thorough career exploration. The counselor should encourage the potential student to complete interest inventories, visit job sites and training institutions, participate in shadowing and volunteer opportunities, etc., as appropriate, to help the individual fully understand the career choices available. Tools such as O-Net (Dictionary of Occupational Titles) and the Occupation Outlook Handbook are valuable resources for information on training requirements, salary ranges, and working conditions of many occupations. The counselor should explain to the consumer about labor market trends and the probable availability of employment in the planned occupation after completion of training.

- The counselor should thoroughly assess the individual's transferable skills, interests, and capacities to determine whether training is necessary for appropriate employment consistent with the consumer's potential.

- Documentation in the case file should support the counselor's conclusion that the individual has the ability, aptitude, and interest to complete the training and obtain the certification or degree required for employment, with or without reasonable accommodations. This evidence may include various performance measures such as academic records, ACT or TABE scores.

- The counselor should carefully discuss with the consumer all situations, obligations, history, and attendant factors which may impact successful completion of training and explore comparable training options prior to finalizing a plan for provision of training.

When other forms of assessment are not indicative of the individual's likelihood of success in training, a semester of training may be an appropriate assessment tool. It is important to note, however, that a semester of training sponsored by OVR should not be routinely used as an assessment. When it appears that remediation may be necessary to insure success, the counselor should introduce the consumer to programs to increase skills (i.e. adult education, etc.) prior to OVR sponsorship of training.

Students are expected to be ready to successfully participate in required coursework prior to beginning training. Adult education courses should be utilized, when geographically available, to increase skills as appropriate. Because of the availability of remedial educational assistance at no charge to OVR, it is expected that counselors authorize for no more than one non-credit course throughout the student's training. It is expected that this course will be taken during the first year of training. Any additional non-credit courses are the responsibility of the consumer.

The goal of OVR sponsored training is not education alone but employment. Progress should be monitored carefully, and due diligence should be exercised to insure that all efforts are directed toward the achievement of an appropriate positive employment outcome. Assistance with training expenditures is to be determined by applying the Consumer Cost Sharing Form and available comparable benefits.

The U.S. Congress recognizes national programs for individuals who are deaf. (i.e. Gallaudet, NTID). OVR may provide tuition and fees at these post-secondary programs without regard to financial needs testing or comparison with costs at a state-supported institution. As always, comparable benefits must be considered.

Institutional training must be purchased only from those schools that are accredited or licensed by appropriate accrediting or licensing bodies, and who comply with all state and federal requirements applicable to their use by OVR.

Prior to the beginning of training, the counselor and student are to negotiate the individualized minimum requirements for successful progress. The agreed upon requirements should include at a minimum: expected grade point average; minimum number of credit hours to be completed per term; requirements for filing financial aid forms; responsibility to contact counselor prior to changes in plan; responsibility for provision of grade or progress reports at the conclusion of each term; and anticipated date for completion of training. These requirements should be recorded on the IPE or on the Student Individual Responsibilities Form, and must be signed and dated by the consumer to indicate agreement with the requirements.

It is best practice that fulltime training programs be completed as follows:

Program	**Maximum Expected Duration of Training**
Two year associates/ technical college	Three (3) years

Four year bachelor degree	Five (5) years

When additional time beyond the expected maximum is required, the justification for the extension and the revised expected completion date are to be clearly documented in the case record. **It is best practice that the IPE will include the length of training or type of degree, i.e. associates, bachelors, etc.**

It is best practice that counselor and student will meet at least once annually to review progress and make needed changes to the plan. The counselor can take this opportunity to discuss: the individual's progress by reviewing grades and class schedule; explore the impact of the disability on success in training; identify needed accommodations or changes to the plan; or make appropriate referrals.

It is expected that students maintain full-time training status and make satisfactory progress toward the completion of training. Exceptions should be made by the counselor when part-time training is necessary due to the limitations of the disability or would result in financial savings to OVR (i.e. student only requires one class to graduate).

It is expected that students maintain at least a "C" average throughout the training program. At the counselor's discretion, sponsorship may continue when this requirement is not met for **one additional term** only. The justification for exceptions must be clearly documented in the case record.

The counselor may require a higher grade point average if such is necessary for satisfactory achievement of the vocational objective. Individuals are required to provide the counselor with a grade transcript or progress report for each grading period.

Books and supplies are excluded from financial needs testing. Books and supplies purchased for the student will be limited to those considered essential. Books may be sold by the student and receipts can be used to purchase books and supplies for the upcoming semester.

Comparable benefits must be considered for post-secondary training programs.

Student Need and Aid Assessment

Individuals who plan to attend a training program which participates in a financial aid program must file the FAFSA (Free Application for Federal Student Aid). An exception may be provided, if the student is not eligible for need-based financial aid and dependency status, income, and/or school has *not* changed. Students must also apply for other school-specific financial aid assistance or other sources of grants that are available. Failure to seek out and utilize comparable benefits will result in the cessation of OVR sponsorship of the training.

Financial assistance for school tuition and fees is based on individual economic need *after* the application of comparable benefits. The amount of OVR training assistance is

determined by completing the Consumer Cost Sharing Form which is to be updated yearly. Please refer to the Consumer Cost Sharing section of this manual for more information.

For training programs which participate in a financial aid program, the Student Aid Report (SAR) is to be used to complete the Consumer Cost Sharing Form. For those programs that do not participate in a financial aid program, see the exception below.

Appropriate comparable benefits must be explored and utilized as outlined in Federal and State regulations and OVR policy. Negotiation is strongly encouraged to maximize resources to successfully serve the greatest number of eligible individuals.

Tuition payment process: Exceptions

Exception to Requirement for SAR

A SAR is required for all consumers attending training programs which participate in financial aid. A SAR is **not** required for individuals attending training programs that do not participate in a financial aid program. If the individual files the FAFSA and is not eligible for any need-based financial aid (including grants or loans), a new SAR is not required in subsequent training years if there has been no substantive change in family income, dependency status, or school of attendance. Other primary income documentation should be used to complete the form, i.e. pay stubs, tax returns, SSA benefit verification, etc.

Exception for post-secondary programs for individuals who are deaf

The US Congress recognizes national programs for individuals who are deaf. Tuition and initial registration fees may be provided for these programs without regard to financial needs testing. One hundred percent of tuition may be paid to these training programs. OVR assistance for these programs is not limited to the highest state rate.

Exception to SSI/SSDI Recipients

Although services to SSI/SSDI recipients are not subject to economic needs testing, comparable benefits must be applied and therefore, the same training assistance procedure is to be followed. Negotiation is strongly encouraged to maximize resources to successfully serve the greatest number of eligible individuals.

Out-of-State training

In general, OVR training sponsorship for out of state programs should be at the same level as that for in-state training. However, if a person is receiving SSI/SSDI benefits, or if one of the above exceptions is granted, the following policy shall apply: If comparable vocational preparation is available at a state training program in Kentucky, sponsorship shall not exceed the highest state rate. If no comparable vocational preparation is available at a state training program in Kentucky, sponsorship shall not exceed the established fee paid by the Office in that state.

Default on loans

Authorizations are not to be made if the reason that financial aid is not available is due to the individual being in default on a student loan. Such a loan must be in reinstatement or rehabilitation status before sponsorship is provided.

Replacing loans

Students are expected to participate in the cost of their training according to the application of the Cost Sharing Form. Subsidized loans, which are based on need, may be replaced up to the allowable amount that OVR can pay. The student is responsible for the percentage not covered by OVR sponsorship and may be required to take out loans if other sources of aid are not available. The Financial Aid Office should be notified regarding replacement of loans.

Types of Financial Aid

(Excerpt from Getting In: Kentucky Higher Education Assistance Authority and The Student Loan People)

***Grants**: Awards based on need that do not need to be repaid.*

***Scholarships**: Awards based on some kind of special achievement; i.e. academic, athletic or service. These are merit-based and do not need to be repaid.*

***Work-study**: Part-time employment that lets a student earn money toward a college education either on or off campus.*

***Student loans**: Money borrowed, either from a bank, the government or a school. A student loan must be repaid. However, low interest rates are available, and repayment doesn't start until you've either left school or graduated.*

***Conversion scholarships**: Scholarships that require you to provide certain services for a period of time. If you don't, you have to repay the money with interest.*

***Waivers**: An arrangement offered by some schools to eliminate certain costs for students who meet certain qualifications.*

***Military benefits:** Financial aid offered to individuals (or their dependents) who were, are or will be in the U.S. armed forces.*

***Prepaid tuition:** A contract guaranteeing fully paid tuition for a fixed number of credit hours at a participating school. You have to pay a certain amount up front.*

***National service award**: An award received for education expenses in return for national or community service.*

Types of training

Summer school

It is best practice that summer school will be supported when the course is relevant to the individual's vocational objective, and one or more of the following conditions are present:

The summer course reduces the length of time that the consumer is enrolled in school, by at least one term, and/or reduce cost to OVR.

The lack of the summer course will result in a conflict with the regular session.

The required course will not be offered at any other time than the summer session.

Graduate training

Graduate training is to be planned when it is **clearly required** to meet the original vocational goal (i.e. physician, attorney, dentist, etc.). The district manager does **not** have to approve graduate training when it is required to meet the original vocational goal. When a rehabilitation plan is nearing completion and the individual has made satisfactory progress, the vocational goal should not be changed in order to receive graduate assistance or other advanced training.

Graduate training **not clearly required** to meet the original vocational goal must be approved by the district manager and be reviewed for:

1. the appropriateness of the vocational goal as it relates to the disability;
2. consideration of other vocational goals which do not require advanced training; and
3. the determination of the necessary level of training for the vocational goal.

Distance learning/technology assisted training

The Office may authorize the provision of correspondence or technology assisted training (i.e. web-based, distance learning, interactive, etc) to an eligible individual if it is the best method by which the individual may receive the necessary training. Providers of such training must be accredited or licensed by the appropriate body, and comply with all state and federal requirements applicable to their use by OVR**.** The Office should not sponsor correspondence courses in subjects such as heavy equipment operation, truck driving, and detective or airline employees if practical experience is not provided**.**
Assistance with any training expenditures is determined by applying the cost sharing form according to the process that has been adopted. Counselors should keep in mind that training

assistance offered by OVR must not exceed the highest rate of a state-supported school that offers similar vocational preparation.

Other training programs

Consumers may choose to participate in other types of training such as corporate training, proprietary training, or continuing education classes. OVR can support these types of training in the same manner as other post-secondary training. Assistance with training expenses is determined by applying the cost sharing form according to the process that has been adopted. Counselors should keep in mind that tuition assistance offered by OVR must not exceed the highest state-supported school that offers similar vocational preparation.

Training outside the United States

It is expected practice that training will be provided at institutions located within the United States. Exceptions may be considered if all of the following conditions are met:

Individuals are enrolled in a program in the United States that requires study abroad to satisfy degree requirements for graduation;

The study abroad does not lengthen the total program;

Individuals maintain full-time student status while studying abroad;

Individuals are in good academic standing; and

Successful achievement of the vocational goal is contingent on participation in the study abroad as a part of the approved curriculum.

If all five (5) of the above conditions are met, OVR may make an exception and provide financial assistance only up to the amount normally authorized for the individual's training in the United States, excluding transportation costs. The cost sharing worksheet and comparable benefits are to be applied. Approval by the branch manager and Director of Program Services or designee is required before training outside of the United States can be provided.

Educational support services

Educational and support services include tutorial services and educational aids. Please refer to the Tutorial Services and Educational Assistance section of this manual for more information on these training services.

Other Training Issues

OVR assistance with repeated training/multiple training programs

Prior to providing OVR assistance with repeated training programs, a thorough job search and/or assessment of transferable skills should be conducted as the availability of employment at the current skill level should be ruled out. If a consumer has completed a training program that has enabled or will enable him/her to achieve a positive employment outcome with the current level

of training, it is not the responsibility of OVR to continue to provide assistance with additional training programs that may broaden employment opportunities or enhance advancement opportunities. For example, in the rapidly changing computer technical field frequent retraining is the norm not the exception. Many employers provide employee-retraining opportunities.

On-the-job training

On-the-job training allows the individual to learn an occupational skill by performing as an employee. The Office subsidizes part or the entire wage paid by the employer to the individual. For more information, see the On-the-job Training section of this manual.

Exceptions

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

TRANSITION

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UPDATED 11/30/2012

Authority
Rehabilitation Act of 1973, as amended
Federal Regulations: 34 CFR, Part 361.48
IDEA: PL 101-476

*For the purpose of this manual, use of the terms **must** or **shall** reflect requirements of Federal law or regulation or state law or administrative regulation and must be adhered to strictly.*

Definition of Transition

Transition services are a coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities, including postsecondary education, vocational training, competitive integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation.

The coordinated set of activities must be based upon the individual student's needs, taking into account the student's preferences and interests, and must include instruction, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional evaluation.

Transition services must facilitate the achievement of the employment outcome identified in the student's Individualized Plan for Employment (IPE).

Coordination with Education

State Interagency Cooperative Agreement

OVR maintains an interagency cooperative agreement with the Kentucky Department of Education (KDE). The purpose of this agreement is to improve the cooperative and collaborative efforts between OVR and KDE for a more effective and efficient integrated school-to-work transition planning and vocational rehabilitation service delivery system to eligible secondary school students with disabilities. This agreement includes: the roles and responsibilities of each agency, including financial responsibilities; the provisions for determining State lead agencies and qualified personnel responsible for transition services and the procedures for outreach to and identification of students with disabilities.

Local Agreements of Cooperation

In addition to the interagency cooperative agreement with KDE, OVR maintains individualized agreements between local school districts and vocational rehabilitation offices. These

agreements define referral procedures and the roles of the school and VR staff in the provision of transition services that are specific and tailored to the unique situation of each school district and VR district.

Local agreements of cooperation are kept on file at the district level as well as at central office.

Assignment of Staff

OVR has assigned VR Counselors to function as liaisons to schools and service providers for eligible students with disabilities in each school district in the State.

Consultation/Technical Assistance

OVR Counselors provide consultation and technical assistance to assist education agencies in planning for the transition of students with disabilities from school to post-school activities, including vocational rehabilitation services.

Outreach

OVR Counselors are responsible for initiating outreach to students with disabilities to identify those who are in need of transition services. This will take place as early as possible during the transition planning process. Students are not required to have an open case with OVR to participate in outreach activities.

Outreach efforts shall inform education staff, students and as appropriate, families and authorized representatives regarding:

1. A description of the purpose of the vocational rehabilitation program
2. Information regarding OVR eligibility requirements
3. Information regarding application procedures
4. Information about the scope of services that may be available to eligible individuals.

Many opportunities for the OVR Counselor to engage in outreach efforts exist. Such opportunities to interact with students, families, and educators may include Individualized Education Program (IEP) meetings, transition forums, parent nights, education staff meetings, school based agency events, career fairs, agency nights, and others. Attendance at these events fosters and advances collaboration with education and may allow the counselor to provide outreach on a broad level.

The Carl D. Perkins Vocational Training Center (CDPVTC) may also provide opportunities for outreach by offering tours to groups of high school students with disabilities. Prior to and upon the completion of such tours the counselor or counselors who serve the respective high school and their field branch manager will receive an e-mail notification from the CDPVTC. The pre notification will indicate the name of the high school that has scheduled a tour. The post notification will include a list of student participants and the high school they attend.

Attendance at Individualized Education Program (IEP) Meetings

The Individuals with Disabilities in Education Act (IDEA) mandates that local education agencies invite adult agency representatives, such as OVR Counselors, to mandated student-related meetings. These meetings are held for special education students at least annually. When the OVR Counselor is invited by a school district to attend a student staff meeting such as an Individualized Education Program (IEP) meeting, the counselor should consider how his or her involvement could be beneficial to the student with regard to consultation, technical assistance, referral to OVR or the planning and coordination of service provision.

During an Individualized Education Program (IEP) meeting, the OVR Counselor may provide either verbal and/or written information regarding OVR services and programs. The OVR Counselor is authorized to sign the Individualized Education Program (IEP) if attending the meeting. OVR is responsible only for those employment-related services that are placed on the eligible student's Individualized Plan for Employment (IPE).

Provisions for timely notification of Individualized Education Program (IEP) meetings should be included in the local agreement of cooperation between the local school district and vocational rehabilitation office. There may be times when an OVR Counselor is not able to attend scheduled Individualized Education Program (IEP) meetings. Options for involvement beyond the physical presence of the OVR Counselor at the meeting could include the sharing of informational sheets and brochures, telephone conferencing or other creative approaches developed at the local level.

Point of Referral/Application

OVR Counselors will consider the following guidance as discussions with education staff and others regarding the point of referral and application for OVR services. Referral of a student should not occur until:

1. The youth's focus has shifted (or is in the process of shifting) from education to employment
2. The youth is ready and available to fully participate in all aspects of his/her OVR program, including assessment activities, and services, as identified on the Individualized Plan for Employment (IPE)
3. The youth is prepared to enter the competitive work force following provision of services, as reflected in his/her Individualized Plan for Employment (IPE) (depending upon the individual's needs and preferences, alternative outcomes may be pursued, as reflected in other sections within the manual, including supported employment, self-employment, etc.)

Expected practice is that OVR Counselors will open cases on students prior to the beginning of the final year of high school, as appropriate, to ensure completion of the intake and evaluation process so that the Individualized Plan for Employment (IPE) may be completed prior to the student exiting the school system.

Cases on students expected to participate in the Community Based Work Transition Program (CBWTP) should be opened in the months leading up to the students final two years of high school. This is done in order to ensure completion of the intake and evaluation process as well as two years of participation in the CBWTP per established guidelines. There is an option at the Counselors discretion to allow for a student to participate in their final year of school. The Compressed Year Option is specifically for students who have transferred into a school district with a CBWTP from a school that did not have a CBWTP; a medical reason that prohibited the student from participating before their last year; or other valid reason at the discretion of the OVR counselor.

The OVR Counselor and local education staff should devise a system for making referrals to OVR. Aspects of this process, such as the use of a referral form and how a student's records are accessed and provided to OVR should be recorded in the local agreement of cooperation between the local school district and vocational rehabilitation office.

All individuals, including students, have the right to apply for services with OVR. There are situations in which application for services may be premature, depending on individual circumstances. Open and ongoing communication between education and OVR staff provides opportunities for education, discussion and negotiation in those situations in which disagreement may exist regarding point of referral.

Eligibility

Students are determined to be eligible for OVR services based on the same criteria as all other consumers of this agency. OVR Counselors, with a signed release of information provided by the student and or parent/guardian as appropriate, shall obtain all appropriate school records including medical, psychological, vocational, educational, recreational and other informational records relating to the student's disability, impediments to employment and rehabilitation needs. These records are provided by the local school district at no cost to OVR.

Documentation For Students with Current Individualized Education Programs (IEPs)

Students receiving services under IDEA will have an Individualized Education Program (IEP). The Individualized Education Program (IEP) and other documents contained within the special education file will provide valuable information to the OVR Counselor in preparation for eligibility determination, severity of disability designation and the comprehensive assessment and vocational goal development process. OVR Counselors will obtain and use these documents in the eligibility determination and vocational planning process.

Documentation For Students without Individualized Education Programs (IEPs)

Students not receiving services under IDEA will not have an Individualized Education Program (IEP). Documentation of impairment must be made by a qualified person (see Eligibility section of the Manual). Other written reports and documentation obtained from the high school should be used by the counselor to determine substantial impediment to employment, whether the student requires OVR services, and to determine the priority for services. This information will also be used to assess the student's strengths, interests, priorities, abilities, functional limitations, and other factors relevant to the student's VR needs.

Documentation For Students with 504 Plans
Students receiving services under Section 504 of the Rehabilitation Act will have a current 504 plan. A student who has a current 504 plan will be considered to have a physical or mental impairment. The OVR Counselor must determine whether the impairment constitutes a substantial impediment to employment, and whether the individual requires OVR services to achieve a post high school employment outcome.

When determining if the student has a substantial impediment to employment and has a severe impairment that results in significant functional limitations, it is important to determine that the issues are due to the individual's impairment rather than to the student's age. For example, a student may have limitations in the area of work skills. The OVR Counselor needs to determine if these limitations are because of age and experience or because of impairment related limitations. An age-related limitation does not constitute a significant functional limitation for the purpose of determining priority for services.

In many cases, records obtained from the schools are sufficient to determine OVR eligibility. All education records are not always contained within the special education file. Documents that are beneficial to the OVR process may be located in files maintained by other education staff (e.g. occupational therapist, speech pathologist), in the health office or in the school district cumulative file. OVR Counselors should consult with educators on a case-by-case basis regarding the existence of relevant documents and how these documents can be accessed. If records obtained from the schools are insufficient to determine OVR eligibility, the OVR Counselor may elect to obtain appropriate documentation through other means such as other existing information or through purchase of information per established agency guidelines.

Assessment

The guidelines and standards outlined in the Comprehensive Assessment section of the Manual apply to the assessment of VR needs with a qualifying student. Use existing information from the school, the student, and the student's parents or representative, when feasible, to facilitate timely, coordinated and accurate assessment of VR needs.

The OVR Counselor should conduct additional assessment if information necessary to determine an eligible student's VR needs is unavailable or insufficient.

An assessment does not have to be purchased by OVR or conducted by someone else; it often will be the OVR Counselor's assessment of interests, strengths, barriers, etc., that are based on current vocational interest and aptitude tests, school reports, interviews with school personnel, work history, medical or psychological records, evaluations and other information from the student and his or her family. Assessment findings obtained by the counselor through interviews with the consumer, parents, or school personnel should be included in the case record. It is expected that the file will include an analysis and synthesis of vocationally relevant Individualized Education Program (IEP) and/or 504 plan information.

Individualized Education Program (IEP)/Individualized Plan for Employment (IPE) Planning and Coordination

The OVR Counselor will review and consider a student's Individualized Education Program (IEP) during the development of the student's Individualized Plan for Employment (IPE). Services reflected on the Individualized Education Program (IEP) may or may not need to be included on the Individualized Plan for Employment (IPE), depending upon the employment goal and individual situation of each student.

There may be times when a vocational goal or service reflected in a student's Individualized Education Program (IEP) is determined to be inappropriate by the OVR Counselor. As with all other consumers of the Agency, the OVR Counselor is not expected to support an inappropriate vocational goal or service. The approach the OVR Counselor should take with education staff in this situation should be similar to that taken to providing guidance and counseling to a consumer in like circumstances.

Individualized Plan for Employment (IPE) Development/Approval

The role of the OVR Counselor, while an eligible consumer is in school, is to assist the student to choose a post high school employment goal and the services needed to reach that goal, and to develop and approve an Individualized Plan for Employment (IPE) before the student exits school.

If there are circumstances that prevent the development of an Individualized Plan for Employment (IPE) prior to the student exiting school, the case file must contain evidence that planning activity is taking place or a rationale for the delay in development of the Plan. If there is a delay in planning, the case file must reflect when planning is expected to resume.

Expected practice is that the Individualized Plan for Employment (IPE) is to be developed and implemented in a timely manner (within 90 days of the eligibility determination). However, the unique needs of the consumer must be taken into consideration. Thus, consumers receiving transition services, including those served in the CBWTP, often need a longer period of time to explore career options prior to plan development. Such exceptions to the expected practice should be documented in the case record.

Provision of Services

The extent of OVR's financial responsibility for vocational rehabilitation services while a student is still enrolled in high school is determined on an individual basis. Using expected practice, the OVR Counselor should not consider providing services, other than assessment, and guidance and counseling until the student is near the end of his/her final year of school. The CBWTP is an exception to these guidelines and is discussed later in this document, as well as in the CBWTP manual.

When providing VR services to eligible students remember that services must

1. Be vocational in nature, and support and lead to the achievement of the
2. employment goal identified on the Individualized Plan for Employment (IPE)

3. Not be the responsibility of the school district under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act
    a. Such responsibilities may include, but are not limited to: physical therapy; occupational therapy; interpreter services; reader services; educational aids; transportation; and assistive devices for educational purposes

4. Not be readily available from the school district

The following are general guidelines to consider when determining if the provision of a service is the responsibility of OVR or if the provision of the service is the responsibility of the local school district.

> Question 1 – Will the service help to achieve the educational goal of the Individualized Education Program (IEP)? If yes, the local school district is responsible for the service.
>
> Question 2 – Will the service help to achieve the employment goal of the Individualized Plan for Employment (IPE)? If yes, OVR is responsible for the service.

If OVR and the local school district are unable to agree upon which party is responsible for a specific service, then a cost sharing arrangement may be negotiated (conflicts are to be resolved using the process outlined in the *State Interagency Cooperative Agreement*).

Guidance and Counseling

Guidance and counseling will be the most commonly provided service to eligible students while still enrolled in high school. Topics to consider while providing guidance and counseling to students may include but are not limited to

- Career exploration,
- Employment options, e.g. competitive employment, supported employment,
- Self advocacy and self determination skills,
- Previous and current work experience,
- Transportation and related issues,
- Post secondary education and training opportunities (e.g. community college, university, technical schools, certificate training, on the job training),
- Referral to, and information about other agencies/programs

Assistive Technology

If a student who is an OVR consumer needs assistive technology to complete an Individualized Education Program (IEP) it is the responsibility of the school to provide the technology.

Equipment purchased by the local school district for a specific student can only be used by that student while in school. It then remains the property of the local school district after the student graduates.

Students with assistive technology needs as identified on the Individualized Education Program (IEP), should be considered for a rehabilitation technology assessment from OVR. This will assist in determining their need for equipment in order to support their long-term vocational goals. As a matter of best practice, this assessment should not occur prior to the student's final year in high school.
In rare cases, purchase of equipment from the local school district by OVR may be considered, but only after a rehabilitation technology assessment is completed. At that time appropriateness of the equipment with regard to vocational objectives and fair market value of the item will be determined. It is important to note that OVR is in no way obligated to purchase equipment from the school. Purchase of equipment from the local school district should only be considered when the purchase of new equipment is not in the best interest of the student and may cause a delay in services or unnecessary hardship for the consumer.

Case Closure

Transition cases are subject to the same criteria for closure as all other cases served by OVR. A student's case cannot be considered for successful closure until the student has met his/her vocational objectives as outlined in the Individualized Plan for Employment (IPE) and worked for a minimum of 90 days beyond the date that they exit high school. This helps to ensure that the student is able to work independently of the school setting and structure and has made an adequate adjustment to the employment setting.

THE COMMUNITY BASED WORK TRANSITION PROGRAM (CBWTP)

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The Community Based Work Transition Program (CBWTP) is a collaborative effort between OVR and KDE. This milestone/outcome based program allows OVR to authorize and purchase employment coordinator (job coach) services for eligible students from local school districts. The goal of the CBWTP is for all participating students to leave high school with paid competitive employment (including supported employment) in the most integrated setting reflective of their capacities, abilities and interests.

Eligibility

The CBWTP is designed to serve students with significant disabilities, who, traditionally have not been served, or have been under-served by OVR. This population includes, but is not limited to, persons with moderate and severe mental retardation, persons with severe emotional disorders, persons with severe long-term mental illness, and persons with severe multiple disabilities. Students participating in this program must require specialized training, support, and follow-up that only the CBWTP can provide (i.e. systematic, individualized community based vocational evaluation, career exploration, job placement, on-the-job training, and follow-up services.) The need for this service, rather than a particular diagnosis, forms the basis for eligibility to participate in the CBWTP. The counselor must document the specific functional limitations that support the need for the CBWTP as opposed to other services from OVR such as training programs offered at the Carl D. Perkins Vocational Training Center (CDPVTC), vocational school, or college. If there is another program in the school that is more appropriate for the student or if the student plans to attend a post-secondary training program or the military, then the student should not participate in the CBWTP. There are instances when this cannot be determined prior to beginning the evaluation phase of the CBWTP. In the event that the student is determined not to be appropriate for the CBWTP for any reason, then participation in the program should cease and alternate plans developed for the transition of the student.

In order to be considered for the CBWTP students must be within two years of exiting the school system. The Admissions and Release Committee (ARC) is responsible for determining if a student should be referred for consideration of services through the CBWTP. Each of these students will have an Individualized Education Program (IEP), which will identify OVR as an interagency linkage and the CBWTP as a needed transition service. A designated school representative (i.e., Special Education Coordinator, teacher, vocational coordinator, or employment specialist) refers students felt to be appropriate for the program to the OVR Counselor. Ideally, referrals should be made to the OVR Counselor in the months leading up to the student's final two years of high school. The OVR Counselor determines eligibility for services provided by OVR and the CBWTP separately, with input from school personnel and family. Once it has been determined that the student is eligible for the CBWTP, the counselor will issue an authorization to the local school district to provide services to the student during their final two years of high school.

Service Provision: Evaluation/Exploration

Initial Planning Meeting

The first part of a student's evaluation should be meeting with the student and their parents to explain the CBWTP and to begin identifying the student's interests, skills, history, etc. Formal evaluation will begin during *the Initial Planning Meeting*. This is an opportunity for the student, the OVR Counselor, the employment coordinator and other interested parties to begin discussion of what vocationally relevant questions need to be answered early in the evaluation process. Initial questions are answered by devoting time with the students in typical areas of interest and skill, talking to people who know the student well, and reviewing relevant records. Later on, time with the student should be structured to discover new information involving novel activities -- including the development of targeted business evaluation/job shadowing sites. These sites are developed with a specific student in mind — for the purpose of answering specific evaluation questions that can best be answered within a place of business. The *Initial Planning Meeting Note* completed by the employment coordinator and submitted to the OVR Counselor provides an overview of relevant information from the *Initial Planning Meeting.* Typically, the *Initial Planning Meeting* will occur within the first month of the student's final two years of high school.

Monthly Evaluation/Exploration Services

After the *Initial Planning Meeting*, the student will begin receiving *Monthly Evaluation/Exploration Services* from the employment coordinator. At this time the employment coordinator will dedicate time to answering questions posed during the *Initial Planning Meeting*. This is a continuous process of information gathering for the student and employment coordinator. It is not uncommon for answers during *Monthly Evaluation/Exploration Services* to lead to more questions that will need to be addressed. It is important to remember that the information needs identified during the *Initial Planning Meeting* should not limit the exploration and collection of additional evaluation information. *Monthly Evaluation/Exploration Services Reports* capture the activities utilized as well as vocationally relevant information collected by the employment coordinator. These reports are completed by the employment coordinator and submitted to the OVR Counselor.

Targeted Business Evaluation/ Job Shadowing sites are a mandatory and useful means of obtaining information in conjunction with interviews and other observation opportunities. It is recommended that students be evaluated in multiple different job clusters (such as manufacturing, agricultural, clerical, retail, food service, maintenance, etc.) during the evaluation/exploration stage. These clusters will be partly determined by the student's interests, the local economy, and the types of jobs available in the community. All evaluation/job shadowing sites must be fully integrated places of employment in the community. The CBWTP is designed with the intended outcome of integrated, competitive employment (which may include supported employment), therefore evaluation and training should not occur in a sheltered or institutional setting. School settings should not be used as evaluation/job shadowing sites. In an instance where a student desires employment in a school setting and an opportunity for the student to become employed in such a setting exist, an exception request must be made in writing to the OVR Counselor working with the program and the Plan Administrator must be

apprised of the situation before initiating any services within the school. A detailed progress note must also be in the consumers file specifying clearly the reasons for this direction along with information from the school expressing an interest in hiring the consumer in the future. Unless there is strong evidence that the school is willing to hire the individual, in school work experience is strongly discouraged.

Each student is allocated in the first year, two 40-hour terms of *Monthly Evaluation/Exploration Services*. The employment coordinator is encouraged to fully use the entire 80 hours to assist the student in creating an individualized career path based on their interests and strengths.

Career Assessment

Throughout the evaluation/exploration phase, the employment coordinator must keep accurate notes on the student's progress. These notes will form the basis of the career assessment report. At such time that the employment coordinator has sufficient information to do so, a career assessment is written. The assessment needs to include the following key components:

1. identification information
2. current activities, life situation and important history
    a. student's goals (work and life)
    b. significant situations or life events
    c. important people in the student's life and their role in the student's success
    d. medical conditions (including medications and their effects)
    e. significant concerns to be addressed (communication methods, technology
    f. needs, behavior strategies, etc)
    g. comparable benefits (SSI, Medicaid, etc.)
3. transportation
    a. options
    b. geographical boundary considerations
4. academic skills
    a. academic skill levels (math, time, money, reading, etc.) as they relate to employment
    b. graduation status (diploma, certificate, etc.)
5. interests, skills, abilities
    a. description of interests, skills, abilities
    b. abilities that potential employers will view as assets
    c. tasks that the student can perform successfully, job skills, etc.
6. work behavior, work skills observations, work environment
    a. description of ideal work setting (e.g., inside, outside, noisy, quiet, organized, unorganized, large, small, etc.)
    b. description of ideal co-workers (e.g., continuity of people, high turnover, lots of co-workers, few co-workers.)
    c. desired work schedule

d. learning style (visual, hands-on, etc.)

7. strengths and weaknesses that apply to employment
8. multiple evaluation site summaries
9. summary and recommendations

Information contained in the *Career Assessment* will serve as the basis for the OVR Counselor completing the Individualized Plan for Employment (IPE), which will later lead to job development and job analysis. Once the *Career Assessment* is submitted to the OVR counselor the *IPE Planning Meeting* will then be scheduled. Typically, the *Career Assessment* should be submitted by the end of the student's first year of participation in the CBWTP.

Individualized Plan for Employment (IPE) Planning Meeting

The goal of the *Individualized Plan for Employment (IPE) Planning Meeting* is to discuss the findings of the *Career Assessment* with the student, OVR Counselor, employment coordinator, and other interested parties. During this meeting, the Individualized Plan for Employment (IPE) should be completed. *The Individualized Plan for Employment (IPE) Planning Meeting Report,* completed by the employment coordinator and submitted to the OVR Counselor is designed to capture an overview of relevant information from the *Individualized Plan for Employment (IPE) Planning Meeting.*

Service Provision: Training

After the Individualized Plan for Employment (IPE) has been written, it is time to begin to seek a fitting job with the student. Based on information learned with students in their evaluations and explorations, the employment coordinator will work with employers and students to develop and negotiate personalized jobs. (The initial job development list for each student is included in his or her evaluation report.) The OVR Counselor will issue an authorization for *Monthly Training Services*.

The school is authorized to provide *Monthly Training Services* to the student once the Individualized Plan for Employment (IPE) is written. *Monthly Training Services* cannot be authorized until the Individualized Plan for Employment (IPE) is written. <u>The Individualized Plan for Employment (IPE) cannot be completed until the *Career Assessment* is received by the OVR counselor and the *Individualized Plan for Employment (IPE) Planning Meeting* has occurred</u>.

Monthly Training Services

Following the completion of the *Career Assessment* and *Individualized Plan for Employment (IPE) Planning Meeting*, the employment coordinator is involved in the following flow of services:

1. **initiating** job development with the student beginning with the list of employers identified in the evaluation report;
2. **pursuing** more in-depth information on the targeted job through job analysis when a specific job seems likely to be a good fit for the student;
3. **advocating** for the student and promoting his or her hiring;

4. **providing** continuing support for the student including assessment (information to be gained by student's performance on the job), training (direct training for student or consultation with people who typically provide training), and help with job advancement within this or other businesses; and

Each student is allocated two 40-hour terms of *Monthly Training Services in the final year of the program*. The total number of billable terms of *Monthly Evaluation/Exploration Services* and *Monthly Training Services* invoiced cannot exceed four, or exceed 160 billable hours total.

When developing jobs, the location of the student's home and transportation after graduation need to be considered. If the initial job is a good fit and consistent with the Individualized Plan for Employment (IPE) goal, then a student may work in the same job through graduation. Or he or she may work in multiple jobs prior to graduation. The idea here is that the student, OVR Counselor, employment coordinator, and other interested parties are always learning and building upon information gained during evaluation.

Exit Interview

The *Exit Interview* should be held within the student's final three months of school. This is an opportunity for the student, OVR Counselor, employment coordinator and other interested parties to discuss final steps in the CBWTP. Such steps would include updating contact information, reviewing the Individualized Plan for Employment (IPE), amending the Individualized Plan for Employment (IPE) if necessary and assuring referrals have been made to adult service providers as necessary. The *Exit Interview Report*, completed by the employment coordinator and submitted to the OVR Counselor, captures relevant information discussed during this meeting.

Job Placement

The desired end result or goal of the CBWTP is that the participating student will obtain post school paid employment in a job consistent with the Individualized Plan for Employment (IPE) goal. Ideally, this will occur prior to the conclusion of training in the CBWTP. For CBWTP billing purposes OVR considers a *Job Placement* as paid employment in a job consistent with the Individual Plan for Employment (IPE) goal after the student has exited school. It is perfectly acceptable for the student to obtain paid employment in the planned vocational goal prior to exiting school, but the school will not be able to invoice OVR for the *Job Placement* milestone until the student has exited school with the employment outcome. The employment coordinator will provide documentation of Job Placement to the OVR Counselor through the *Monthly Training Services Report* as well as the submitting the *Job Placement report*.

Employment Follow-Up

Employment coordinators are expected to provide *Employment Follow-up* to students upon exiting school with a *Job Placement*. *Employment Follow-up* services are designed to assist students with finalizing natural supports and troubleshooting issues that may arise in the first 60 days after exiting school to ensure that the student maintains employment. The amount of individual time needed for *Employment Follow-up* to occur will be unique to each student who participates in the program. During this time, it should not be necessary for the employment coordinator to spend the majority of the student's workday on the job site. Instead, the

employment coordinator should be able to periodically check on the student in order to troubleshoot issues or offer other assistance. In order to receive payment for *Employment Follow-up* services, the first 60 days of employment must occur and an invoice must be received by August 15. If it is not realistic for the student to complete the first 60 days of post-school employment by August 15 (due to inclement weather or other extenuating circumstances) an exception may be requested through the Transition Program Administrator.

Additional Services

The intent of the CBWTP is for the student to be employed, with any necessary supports in place, before the student exits high school. However, not all students will be job placed by this time. The counselor is encouraged to refer the student for additional assistance to Community Rehabilitation Providers (CRPs) or other services available locally such as Pace. Still other students may require long-term support services through a Supported Employment provider. Any of these services, if necessary, are encouraged and acceptable. Ideally, the service provider will be identified early in the process, made aware of the pending referral and invited to participate in the Transition planning meetings.

Supported Employment

During the course of participation in the CBWTP supported employment services may be recommended for some students. It is the counselor's responsibility to assess such recommendations and determine if supported employment services are required. This is done on an individual basis, taking into account the unique needs of each student.

In the event that the OVR Counselor determines that a CBWTP student will require supported employment services, it is the OVR Counselor's responsibility to determine the best service path. This may include continuing participation in the CBWTP or ending participation in the CBWTP and being referred to Supported Employment per OVR guidelines.

For students who are determined to need Supported Employment and continue in the CBWTP, Supported Employment services are to be initiated no later than January of the student's final year of high school. The Supported Employment provider will act as a consultant to the CBWTP Employment Coordinator while the student is still in school. The CBWTP continues to be the provider responsible for the student achieving the *Job Placement* and *Employment Follow-up* milestones per CBWTP guidelines. The CBWTP will receive full reimbursement for those outcomes and credit toward their target number, if obtained by the student prior to exiting high school. The Supported Employment provider will be the provider responsible for long term follow-up after the CBWTP's obligation for 60 day follow-up of the student in employment has been completed.

In the event that a student does not achieve job placement at the time of exiting school, the Supported Employment provider takes over the responsibility for *Job Placement* and *Employment Follow-up* service provision. In this situation, there is no payment to the CBWTP for the *Job Placement* or *Employment Follow-up* milestones, nor does the program receive credit toward their target number.

When determining individual eligibility and concurrent need for supported employment services counselors should always adhere to agency-established guidelines. **For agency specific guidance regarding supported employment services please consult the Supported Employment Section of the Counselor's Manual**.

Technical Assistance

The Human Development Institute at the University of Kentucky (HDI) provides technical assistance and training for the CBWTP. ***Detailed information regarding all aspects of the Community Based Work Transition Program can be found in the CBWTP Policy & Procedures Manual (located on the Transition Area of the Intranet).***

Case Closure

CBWTP cases are subject to the same criteria for closure as all other cases served by OVR. A student's case cannot be considered for successful closure until the student has met his/her vocational objectives as outlined in the Individualized Plan for Employment (IPE) and worked for a minimum of 90 days beyond the date that they exit high school. This helps to ensure that the student is able to work independently of the school setting and structure and has made an adequate adjustment to the employment setting.

TRANSPORTATION

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Transportation means travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a vocational rehabilitation service, including expenses for training in the use of public transportation.

Transportation assistance may be provided according to the following guidelines:

Transportation may be provided for individuals when it is necessary to support and derive the full benefit of other OVR services being provided. It shall not be provided as the sole service.

Generally the maximum cost should not exceed the established reimbursement rate for state employees (actual toll cost may be paid). Counselors may negotiate a lesser amount. Exceptions above the maximums may be considered for essential transportation in vehicles with special adaptive equipment, etc.

Transportation, other than for diagnostic purposes, is subject to the cost-sharing worksheet. The cost of transportation will not exceed the cost of maintenance to stay in the area to which the individual is transported. Transportation for training is limited to actual time in attendance.

When social services agencies, hospitals, community rehabilitation programs, or similar organizations are used by OVR to provide financial disbursement to an individual for transportation, the individual must sign a receipt acknowledging that funds were received and used for transportation

Procedures for Providing Transportation

Public transportation, paratransit, other regulated carriers – the counselor may pay the standard fee charged to the general public or negotiate a lower rate.

Individual, family member, or third party vehicles – the counselor may pay:

- the prevailing state rate per mile **or**
- $7.00 per hour **or**
- total miles to be driven divided by the approximate miles per gallon and multiplied by the average cost per gallon.

The rate of payment applies regardless of who owns the vehicle or how many individuals are transported. The third party may be compensated at the established per diem rate for state employees when it is necessary to be away overnight in order to provide transportation.

OVR Operated Vehicles - OVR owned and operated vehicles should be used when circumstances are advantageous to OVR and the consumer. Arrangements for transportation can be made by contacting the Transportation Branch at the Carl D. Perkins Vocational Training Center.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for exception guidelines.

TUTORIAL SERVICES AND EDUCATION ASSISTANCE

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Applicable Forms
Agreement for Services (OVR 9A)

Applicable Service Fee Memorandums
Educational Support Services Fee Schedule (May 2009)

Tutorial Services

A tutor instructs an individual, usually one-on-one, in a particular subject or skill. OVR requires a tutor to have a bachelor's degree or a minimum of fifteen semester hours in the specific subject matter. For the purpose of this manual: remediation, disability-related tutoring, and content tutoring have distinct definitions. See the Educational Support Services Fee Schedule.

Remediation - Tutoring or classes aimed at addressing deficiencies in basic education which are not caused by limitations or impact of a disability or disabilities. Adult education courses should be utilized to increase skills when appropriate to the needs of the individual and geographically available.

Disability-related tutoring – tutoring, classes, or programs designed to specifically address limitations, resulting from a disability or disabilities, on academic achievement. Examples of disability-related tutoring are Learning Disability Programs and Deaf Tracks. Some institutions may refer to programs that meet this definition as remediation, or mentoring that is designed to address disability issues. Counselors may purchase disability-related tutoring at the established fees set by OVR when the service is appropriate to address the limitations of the disability.

Content tutoring – tutoring aimed at addressing poor academic progress in a specific class or course that is not caused or impacted by a disability.

Non-credit remediation programs and content tutoring opportunities that are commonly provided at many institutions may not be the most appropriate source of assistance for many consumers with disabilities. For example, remediation or content tutoring in mathematics may be ineffective for an individual with a mathematics learning disorder. Counselors should become aware of community resources that provide disability-related tutoring and provide information to the student so the most appropriate and beneficial services can be provided. Many training institutions have Disability Resource Centers or Special Student Services that can provide the counselor and student information on assistance available to students with disabilities at that institution.

Educational Aid Services

Services such as page turning, typing, recording, reading, and securing reference materials, etc. may be provided, and are considered educational assistance or aids. Individuals performing such duties are education aides. The hourly rate for such services is the same whether the services are conducted for an individual or for a group. See the Educational Support Services Fee Schedule

An agreement (OVR 9A) for either tutorial or educational assistance must be signed that also indicates that the vendor is responsible for submitting a monthly log of hours in which services were provided

State law provides for funding to Kentucky public postsecondary institutions for auxiliary aids, such as interpreters and note-takers, in the classrooms for students who are deaf or hard of hearing. This program is funded for public postsecondary institutions only. OVR oversees the administration and distribution of this fund. However, the public postsecondary institutions, not OVR, are ultimately responsible for arranging and providing communication access to these students. The public postsecondary institutions are reimbursed by OVR through the Deaf and Hard of Hearing Services Branch for their classroom interpreter and note-taker expenses. For OVR consumers who are deaf or hard of hearing, interpreter and note-taker costs are tracked utilizing non-pay cash authorizations. Expenses for individuals who are not consumers are paid from a separate budget.

Interpreter and note-taker costs are negotiated with Kentucky private postsecondary institutions when eligible consumers who are deaf or hard of hearing attend these programs. OVR practice is to share half of the cost of these services with the Kentucky private postsecondary institution.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for exception guidelines.

VEHICLE PURCHASES

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The purchase of vehicles for a consumer is allowable only when the occupation of the consumer will require a vehicle as occupational equipment. The Office may not purchase a vehicle for the routine need for transportation to and from a place of employment. Occupational equipment is defined as equipment required to perform the essential functions of the job once consumers have arrived at their work stations. If consumers are required to travel to alternate work sites this does not constitute a vehicle as occupational equipment as in the case of a rehabilitation counselor traveling to surrounding counties. These consumers could access other modes of transportation such as the mass transit system, the state motor pool, co-workers, etc. Once consumers actually arrive at their work sites, occupational equipment consists of whatever is needed to actually perform the job.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

THE CARL D PERKINS VOCATIONAL TRAINING CENTER

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Applicable Forms
Application for CDPVTC Services (OVR-35)

Authority

The Rehabilitation Act of 1973 as amended: Sections 20, 102(c), and 112(a)
Federal Regulation: CFR 361.36
State Legislation: KRS 13B.170, KRS 151B.185(2), KRS 151B.195(1)
State Administrative Regulation – 781 KAR1:050 and 781 KAR 1:010

The Carl D. Perkins Vocational Training Center (CDPVTC) is a day student and residential facility located in Thelma, Kentucky offering multiple programs for individuals with disabilities to assist them in achieving positive employment outcomes. The mission of the CDPVTC is "to provide services that achieve suitable employment and independence." See the CDPVTC website or the Office of Vocational Rehabilitation's website for more information.

Programs offered at CDPVTC

Comprehensive Vocational Assessment

Assessment includes testing and activities that help individuals learn more about themselves and their strengths and weaknesses as related to employment. Information may assist individuals in making important decisions about future vocational plans.

Work Adjustment

Work Adjustment may be recommended based on identification of behaviors that can be barriers to successful employment. The program focuses on teaching work-related behaviors, skill, and attitudes that are necessary for success in a vocational training program or for successful employment through the use of work activities and classroom instruction. Services in this program may include:, Picture Matting & Framing; Craft Factory, Work Activities, Horticulture, Community Living, Home Living, Personal Appearance and Hygiene, Social Skills, Job Seeking Skills, Developmental Reading & Math, and Computer Basics.

Occupational Skill Training

CDPVTC offers vocational training in the areas of Child Care, Cosmetology, Nail Technology, Food Service, Building Maintenance, Custodial Services, Small Engine Repair, Auto Lube/Detailing, Materials Management, Hotel/Motel Services, and Retail Sales.

Physical Restoration

Physical Restoration provides an intensive, multi-disciplinary approach to increasing or restoring functional living skills and promoting the most efficient use of existing skills. The program includes physical therapy, occupational therapy, speech therapy, and aids to daily living for individuals with physical disabilities to assist them in preparing for future training and employment.

Lifeskills Enhancement Program

The Lifeskills Enhancement Program provides services for individuals with a range of disabilities including, but not limited to, autism, Asperger's Syndrome, mild mental retardation, learning disabilities, and traumatic brain injury. Program participants must require intensive occupational therapy, speech therapy, and physical therapy. Program activities include PT, OT, and Speech as well as several group activities such as Critical Thinking, Community Management, Health Awareness, Job Skills, Orientation, Reflection, Memory, T.A.L.K., Medication Administration, S.W.I.M./Self-Esteem, and Anger Management/Stress Management. Psychological Services and Rehabilitation Technology are also available. The length of the program is three (3) months and participant enrollment is conducted four (4) times each year in accordance with a schedule developed by the program.

Outpatient Medical Rehabilitation

Rehabilitative services are also available to consumers on an outpatient basis. The Outpatient Program is designed to assist persons requiring post-acute rehabilitative services to achieve self-sufficiency and community integration through medical assessment and treatment services such as physical therapy, occupational therapy, and speech therapy. The consumer also has access to a wide range of support services that include psychological counseling, academic remediation, therapeutic recreation, as well as services to meet individual needs through comprehensive assessment.

Support services

In addition to the above programs, CDPVTC also offers the following support services as the individual may require:

- Case Management Services
- Counseling (Supportive and Chemical Dependency)
- Developmental Education
- Dietary Consultation

- Dormitory Housing
- Driver's Education (Preparation for permit test and "behind the wheel" training through simulators and vehicles)
- External Diploma Program (for persons age 25 & above)
- Job Placement
- Housing in the Center's Assisted Living Unit staffed by nursing personnel
- Medical Support Services
- Occupational Therapy
- Physical Therapy
- Preparation for GED Exam
- Pace Program
- Qualified students may be housed at CDPVTC with transportation provided to attend near-by KCTCS campuses in Prestonsburg and Paintsville. The Center also has a cooperative agreement with a local Job Corps Center to access training opportunities not available at CDPVTC.
- Recreation (Leisure and Therapeutic)
- Rehabilitation Engineering
- Speech Pathology & Audiology
- Transportation services

Referral procedure

Submit the following information to the Admissions Office at the CDPVTC via a scanned electronic file:

1. An application for CDPVTC Services (OVR-35)

   The OVR 35 must be signed by the individual to be served and the individual's legal guardian (if applicable) prior to admission. Official documentation of court appointed guardianship (if applicable) is required. In addition to descriptive information requested about the individual in order to provide appropriate services, the OVR 35 includes the following consumer acknowledgements:

   A. Consent for legally authorized staff at the CDPVTC to provide routine or emergency medical care to the individual served.

   B. An agreement by the parent, guardian, or individual responsible to assume responsibility for living arrangements when the individual is discharged from the CDPVTC, or, during any breaks or holidays at which time residential services at the Center are closed.

   C. Information concerning the student pass system for consumers while they are on campus grounds and supervised activities off campus grounds.

   D. Consent of the individual to comply with CDPVTC policies and procedures regarding alcohol and drugs as well as the CDPVTC Substance Abuse Program.

   E. A description of the facility monitoring equipment utilized by the Center and consent for the potential release of the individual's image and/or identity to law enforcement

F. Or other designated entities that may be necessary to protect the health and safety of students and staff.

2. The CDPVTC Referral Checklist (OVR-35A) & Addendums

The referral checklist and accompanying referral addendums (e.g. Referral Documentation & Checklist for Deaf/Blind Consumers, as appropriate) should be completed and accompany the OVR-35 at the time of referral. The checklist and referral addendums are tools that allow referring counselors to provide consumer information, including services requested, in a fast and efficient manner.

3. The case record

4. Diagnostic information

Complete diagnostic information should be present in all cases. If the individual's disability is stable and not likely to change, as in the case of individuals with congenital deafness with no secondary disabilities, diagnostic information purchased or obtained during application for rehabilitation services may be acceptable.

Case records for individuals with conditions or disabilities subject to rapid change or rapid progression from chronic to acute status should contain current, detailed assessment of the individual's functioning level. For example, an individual with a diagnosis of schizophrenia or multiple sclerosis may need a current assessment of functioning level.

Individuals referred to CDPVTC with a diagnosis of traumatic brain injury may be admitted if post-acute and functioning is at a Rancho Los Amigos Cognitive Level VII (Automatic-Appropriate) and/or Level VIII (Purposeful-Appropriate). Level VI (Confused-appropriate) will also be considered but will be closely screened for behavior disturbances. Additional medical information; such as admission and discharge hospital summaries, therapy notes, and updated neuropsychologicals, are needed in order to schedule appropriate assessments and to determine post-rehab remediation.

5. Appropriate case documentation

Counselors may transfer a case in applicant, active or post-employment status to the CDPVTC by sending the case directly to the Admissions Counselor. The Field Counselor will process the transfer.

If a consumer is referred for a specific program, the referring counselor is responsible for writing the appropriate Individual Plan for Employment (IPE) or Amendment which should be submitted at the time of referral and include the following services:

A. Type of program (i.e. work adjustment, training, physical restoration, etc.)

B. Recommended minor medical services

C. Dorm room and cafeteria meals

D. Uniform and supplies if needed.

Special Considerations:

- Consumer Transportation The individual and/or family should provide transportation to and from CDPVTC. Vans are available for individuals who cannot arrange for transportation. Contact CDPVTC well in advance to schedule van transportation.

- Medication Individuals who reside at CDPVTC should bring a two-week supply of medication in appropriately labeled containers. Consumers may bring sample medications but must have an accompanying doctor's order(s) with appropriate directions as to the administration of the medications. Consumers housed at CDPVTC should be informed they must surrender all prescription medications to nursing staff upon their enrollment. They will be placed on a schedule to receive their medications. The CDPVTC Admissions Office will also provide this information in the letter sent to the consumer with their scheduled reporting date.

- Diagnostic Examinations The referring counselor should secure recommended diagnostic exams that would affect evaluation or training (e.g., eye exams and glasses, audiologial exams, etc.) before the individual enters the CDPVTC.

- Adaptive Equipment Consumers who require adaptive/assistive equipment (e.g. hearing aids) should bring such equipment with them to the CDPVTC.

- Vocational Behavioral Enhancement (VBE) Program The purpose of VBE is to teach and reinforce expected workplace behaviors that assist in preparing consumers for employment settings. Consumers are expected to comply with the program's behavioral expectations while at the facility or during supervised activities off campus grounds. OVR staff is provided detailed training on the various components of the VBE program during their orientation as new employees and through liaison visits with Center staff. Consumers receive an orientation to the VBE program when they arrive at the facility.

Admissions policies and procedures

The CDPVTC attempts to be inclusive rather than exclusive for admissions. The CDPVTC typically rejects only a small number of applicants for services each year.

Individuals admitted to CDPVTC should meet one of the following conditions:

OVR applicants for whom an assessment is needed to support a decision on eligibility/ineligibility or to develop an appropriate Individualized Plan for Employment.

OR

OVR consumers who require the type of services provided by CDPVTC to benefit from an employment outcome.

OR

Other individuals served through private pay or fee-for-services arrangements. Consumers of another agency that has agreed to reimburse for the cost of services provided, and consumers served as part of a Memorandum of Agreement between the CDPVTC and another agency, are also eligible for admittance.

No applicants or consumers will be admitted to any CDPVTC program if there is evidence that a medical or behavioral condition represents a direct threat to the health or safety of self or others. The CDPVTC Admissions Counselor will review incoming referrals for admission. The Admissions Counselor will make an autonomous decision to admit for CDPVTC services, or, refer the case to other CDPVTC staff (i.e. the CDPVTC Admissions Review Committee). Referral to the Admissions Review Committee will be utilized for situations which include, but are not limited to, indications of behavioral problems, legal issues, and/or psychological problems, to such a severity the Admissions Counselor is not comfortable in making an admission decision.

The Counselor will receive notification from the Admissions Office via email upon receipt of the consumer's case and will be asked to electronically transfer the case to 291963 at that time. The Admissions Review Committee has the authority to designate individuals approved for admission to CDPVTC as "Comprehensive Vocational Evaluation only". This designation will be utilized if the committee feels a safety risk to the applicant and/or other individuals may exist if the individual is recommended for additional CDPVTC services beyond the assessment process.

The admission decision will stand for a single referral. The CDPVTC Admissions Office will notify the Counselor and the consumer of the admission decision. If the decision is made to accept the consumer, he/she will be given a reporting date. Mondays are currently used as the reporting day for new students who will reside at CDPVTC. An orientation program is provided for all new students.

When a decision is made not to admit an OVR consumer to CDPVTC the referring Counselor will be notified in writing of the decision and provided justification for that decision. The consumer will be notified of the decision and informed of the availability of the Client Assistance Program, appeal rights and mediation services (781 KAR1:010).
Persons should not be referred for services at the CDPVTC as a condition of probation or parole. Counselors should provide the CDPVTC appropriate documentation (correspondence, case notes, etc.) that describes the status of the person being referred subsequent to the individual's release from custody.

It is best practice that a referred individual resides in a home or community living arrangement for at least four months prior to starting any CDPVTC program. During that time, an individual should demonstrate that he or she is not a risk to the health or safety of self or others.
The individual may remain at the CDPVTC for services after the completion of the Comprehensive Vocational Assessment if:

1. CDPVTC services are appropriate for the individual;
   AND
2. There is an open slot in the program recommended for the individual;
   AND
3. There is bed space available if the individual is to be a resident;
   AND

4. The referring counselor and CDPVTC Facility Rehabilitation Counselor concur on CDPVTC services to be included in the IPE. (In this instance, the CDPVTC Facility Rehabilitation Counselor would then write the IPE.)

Discharge policy

A consumer shall be involuntarily discharged from CDPVTC if the individual fails to make progress in the program of services and efforts to resolve the problem have been unsuccessful; the individual is no longer qualified for the program and no other needed program is available; or, the individual's behavioral condition deteriorates to the point of direct threat to the safety of others. If necessary to prevent harm to a person or property, or to prevent serious disruption of a CDPVTC program, the individual shall be discharged from CDPVTC without prior notice. The applicant or eligible individual may appeal the discharge decision pursuant to 781 KAR 1:010.

In addition to any exceptions described above, unless prohibited by federal, state, or local statute or regulation, the Director of Program Services or his/her designee may approve an exception to policy. Please refer to the "Services: General Information" section of this manual for the exception guidelines.

Policies and Guidance Related to Specific Disabilities

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DEAF, HARD OF HEARING, AND DEAFBLIND

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Deafblind

Deafblindness is defined as an auditory and visual impairment that is so severe that the combined sensory disability causes the individual extreme difficulty in the attainment of independence in activities of daily living, psycho-social adjustment or in the pursuit of a vocational objective. It is not necessary for either the hearing impairment or the visual impairment to be the major or secondary disabling condition. The presence of both conditions is sufficient for the individual to be considered deafblind.

Counselor information

Individuals with deafblindness will be served by the Office which can most appropriately meet the specific and individual needs of the deafblind person. Due to deteriorating hearing or vision, it may be necessary for the individual to be served by OVR, and the Office for the Blind at different points in his or her life. In cases where multiple and complex services are needed, both Agencies may carry a case on an individual. Coordination of services will be validated by cooperative development of the Individualized Plan for Employment (IPE). Both Agencies may be credited with the successful closure if both counselors have documentation of having provided substantial services.

Deafness

deaf (lower case "d") means any person with hearing loss so severe that communication and learning is primarily by visual methods.
Deaf (capital "D") indicates a cultural identification with members of the Deaf community and the use of American Sign Language as the primary communication method.

Counselor information

Each county has an assigned Rehabilitation Counselor for the Deaf (RCD). RCDs serve consumers who are deaf and use sign language as their preferred mode of communication (major, secondary, or other disability). Counselors serving individuals who are deaf should consult the State Coordinator of Deaf Services (SCD) for assistance with appropriate services.

Due to the prevalence of conditions that cause hearing and vision loss, it is recommended that individuals with a diagnosis of deafness be provided with a visual evaluation by a physician skilled in the diseases of the eye or by an optometrist. This visual evaluation should be part of the assessment of vocational rehabilitation needs and address visual function (including visual fields) and possible eye pathology. If restricted visual fields or eye pathology are found, referral should be made to an ophthalmologist.

Hard of Hearing/Late Deafened

Hard of Hearing is used to indicate persons who have some degree of hearing loss ranging from mild to profound as defined by audiological measurement; and can benefit to some extent from the use of hearing aids and/or other assistive listening devices. Individuals who are hard of hearing depend primarily upon spoken or written language in communicating with others (who do not rely on any form of sign language as their primary means of communication); and function in the hearing world with regard to family, friends, work, and leisure activities. Individuals who are hard of hearing do not have significant association with Deaf community. They may or may not have taken steps to deal with their hearing loss, i.e. audiological assessment, use of hearing aids or other technology.

Late Deafened refers to persons who have a severe to profound hearing loss as defined by audiological measurement, which occurred after the development of speech and language; and can benefit from the use of visual display technology, but usually very little from hearing aids or other listening technology. Individuals who are late deafened usually depend upon visual representations of language to communicate with others (may include finger spelling, some system of manually coded English, speech reading, cued speech or written communication. They may have developed some proficiency in American Sign Language learned as a second language; and function in the hearing world with regard to family, friends, work, and leisure activities. Individuals who are late deafened usually do not have significant association with the Deaf community.

Counselor information

Communication Specialists, located in most of the major offices, serve individuals who are hard of hearing or late deafened (major, secondary, or other disability). Communication Specialists have specific training and expertise related to rehabilitation needs of persons with hearing loss. Best practice is for consumes with hearing loss be referred to the district Communication Specialist. In certain cases, this may not be possible or in the best interest of the consumer. In these instances, please discuss this issue with the branch manager to determine the best course of action.

Expected practices

A recommendation for a hearing aid must be obtained from a qualified professional according to State law. It is preferred that a comprehensive audiometry evaluation and hearing aid evaluation be obtained from an audiologist. Audiologist assesses hearing loss and prescribes hearing aids. Any exceptions to this expected practice such as the use of a hearing instrument specialist must be justified and documented in the case file. Please note only audiologist can perform comprehensive audiometry evaluation (92557). Audiologist and hearing instrument specialist can perform hearing aid evaluations (92590 & 92591). An evaluation of the auditory system from a physician skilled in the diseases of the ear should be provided when symptoms of ear pathology and/or conductive hearing loss are present.

Due to the prevalence of conditions that cause hearing and vision loss, it is recommended that individuals with a diagnosis of hard of hearing or late deafened be provided with a visual examination by a physician skilled in the diseases of the eye or by an optometrist. This visual examination should be part of the assessment of vocational rehabilitation needs and address visual function (including visual fields) and possible eye pathology. If restricted visual fields or eye pathology are found, referral should be made to an ophthalmologist.

It is a requirement that a communication assessment be completed covering the following communication difficulties in basic areas such as face-to-face communications, telephone communications, environmental sounds and situations, small group and large group situations and electronic media/special equipment in settings such as work, school, home, etc. This information is helpful to determine the appropriate circuitries and other assistive devices needed in order to meet the communication needs of the consumer's essential functions of their job.

SUBSTANCE USE DISORDERS

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Applicable Service Fee Memorandums
Psychological Fee Schedule Service Fee Memorandum CP-07-08-09

Definitions

The term "substance use" is commonly used by treatment professionals to describe any excessive use of addictive substances. Therefore, for the purpose of this section the term "substance use" will be used to denote both substance dependence and substance abuse. The term relates to the use of alcohol as well as other substances of abuse and refers to all varieties of substance use disorders as described by the DSM-V. The essential feature of substance use is a maladaptive pattern manifested by recurrent and significant adverse consequences. Recurrent use may result in a failure to fulfill major role obligations at work, school or home. It also may result in legal, social or interpersonal problems and physically hazardous situations. Disability does not end with the cessation of use.

Both Treatment and Recovery programs are part of the array of services available to individuals dealing with addictions in order to sustain long-term recovery. Many individuals enter a formal inpatient or outpatient treatment program in their initial phases of abstinence and then go on to participate in Recovery Programs to maintain abstinence. Continuing and consistent participation in Treatment and Recovery Programs has a positive correlation to the individual's success in their rehabilitation.
Treatment

Treatment

Treatment is inpatient or outpatient services provided by licensed and certified mental health professionals (see Service Fee Memo CP-07-08-09) to assist a person with addiction in recognizing, and taking appropriate steps to remedy the damage done by addiction.

Treatment programs

Treatment programs include inpatient treatment or three or more months of outpatient care provided by qualified, licensed and certified mental health professionals.

Recovery

Recovery is defined as the condition of learning to live and function without drugs and alcohol. Individuals in recovery continue to deal with addictive thinking and behaviors. Recovery can initially be as difficult as the active phase of substance abuse therefore, it is important for

individuals in recovery to participate not only in treatment but also in organized after care/recovery programs.

Recovery programs

Recovery Programs are peer led. These programs may include Alcoholics or Narcotics Anonymous, 12-step programs based on peer support, faith based or pastoral counseling and halfway houses.

DUI education classes

DUI education classes are part of recovery. These classes alone are not considered treatment and do not meet the expanded definition of mental restoration. However, in conjunction with treatment or recovery programs they may be very beneficial. In some cases a DUI education class also includes a therapy component that is conducted by a certified drug counselor. It is important for each counselor to determine the kinds of services that are offered through the DUI programs in their community and make an individual determination regarding the expanded definition.

Replacement therapy

Replacement Therapy(i.e. Methadone, Suboxone/Subutex) is a medical maintenance program. It is one treatment program among several options including detoxification, residential or inpatient treatment, This form of treatment is generally considered after more conventional treatments have been tried and a pattern of relapse is present. Replacement Therapy is a respected and accepted step in the direction of recovery Consumers have the right to choose their form of treatment and it is the responsibility of the consumer and their mental health professional to assist in making an informed choice and in understanding the consequences of their decision. For some, this kind of program will be the safest and surest means to a goal of abstinence. It is expected practice that an individual in a replacement therapy program should be “stable on dose” prior to provision of services. This insures that the individual is available to complete the assessment process. The term "stable on dose" means that the individual is not positive for illicit substances, and is on the same maintenance dose for at least 21-28 days. This time will allow the individual to develop the capability to find a stable source of income to cover the cost of replacement therapy. Replacement therapy alone does not meet the expanded definition of mental restoration. However, mental health therapy is often provided in conjunction with replacement therapy and if so, the conditions for the expanded definition of mental restoration may be met.

Relapse

Relapse is the principal marker of this disorder, and recovery may be interrupted by multiple relapses. These relapses may require the interruption, in turn, of VR services. Relapses are part of the disability and multiple treatment experiences are often necessary. During this time it is

important for the counselor to communicate support and commitment to the consumer and the plan. The counselor should clearly express willingness to resume services as soon as possible when the recovery is back on track.

Guidance

Eligibility

No specific length of abstinence is necessary in order for an individual to make application with the Office of Vocational Rehabilitation. However, prior to eligibility determination a consumer will acknowledge substance abuse and a commitment to recovery that will be documented through all of the following; treatment records, counselor observations and self-reports. Individuals in recovery commonly have significant functional limitations, some as a result of substance abuse and some associated with co-occurring disorders. These limitations can be physical, psychological, or social. Regardless of the specific diagnosis, it is the functional limitations related to employment that are the determining factors of eligibility. Counselors will determine and document how substance abuse or a co-occurring condition affects the individual's ability to prepare for, obtain, or maintain employment. Further, counselors will establish if the individual's functional limitations constitute a substantial impediment to employment.

Individuals with long-term abstinence will be less likely to experience the functional limitations required to meet the criteria for eligibility. Generally, the longer a person has been in remission the fewer limitations they should have to employment. If substantial problems continue during long-term abstinence, further assessment may be necessary to determine if there is an overlooked co-occurring condition or continued abuse. It is particularly important to do a thorough assessment on any secondary co-occurring condition to insure that all of the functional limitations are identified and necessary services are addressed.

Assessment

Consumers in recovery may have difficulty in cognitive functioning early in the treatment process. Therefore, assessment to determine the nature and scope of services may not provide the most accurate information during the initial phase of treatment and abstinence. Based on research, an assessment at 3 months after the completion of treatment may look different than an assessment at 1 year after treatment is completed. Reassessment of a consumer's aptitude may need to be considered as the individual reaches a longer period of abstinence and their level of functioning improves.

Developing an Individualized Plan for Employment

Work is necessary for the physical and emotional recovery of consumers with substance abuse disorders. Meaningful progress toward employment can reduce the potential for relapse and provide opportunities for consumers to grow in many areas important to recovery. As part of the

IPE, individuals must have a commitment to abstinence and be active in (or have completed) treatment and be involved in a recovery program based on the individual's needs and availability of services.

The case record must include documentation that verifies compliance in a treatment program (or completion) and active participation in a recovery program. This documentation might include:

- A sponsor's letter of recommendation
- A treatment coordinator's recommendation
- Verification of active participation in 12-step or other self-help program

The counselor may also monitor the consumer's progress in other areas of their life. This would include the consumer's ability to meet their own basic independent living needs as well as family stabilization, managing finances, and complying with the judicial system.

Drug Courts and halfway houses

Persons with a history of substance abuse are often referred by drug courts and halfway houses. Counselors need to be alert to the legal issues surrounding the consumer's history and current circumstances and recognize their implications for employment. Counselors must help consumers prepare for the unique challenges they will be facing. These individuals often have specific work and lifestyle restrictions that will directly affect the choices an individual can make in setting goals. Developing a cooperative working relationship with these referral sources will maximize the individual's potential for success. For further information regarding working with ex-offenders please refer to the Job Placement manual section on criminal records.

Establishing goals

Consumers in early recovery need to keep focused on the recovery process and the "here and now". This is particularly important for those individuals being served by the drug courts or halfway houses. It is generally best for them to limit stress and to make only gradual changes in life activities. They can benefit most from encouragement and from a focus on short-term, specific, manageable goals within the context of a longer-term strategy. These goals might include stopgap employment, stable housing, reliable transportation and independent living skills. Job seeking skills and job keeping skills services are often needed to develop interviewing skills, acquire attitudes and behaviors necessary for work, such as punctuality, regular attendance, appropriate dress, and responsiveness to supervision.

Individuals with mid-range abstinence have a diminished risk of relapse and, in general, a greater success rate for engaging in new activities and tolerating stress. Their family lives and sense of self have moved towards stability, and they have an increased capacity for long-range planning and problem solving. They are often ready to engage in active job seeking or to begin work toward long-term vocational goals by acquiring new skills and knowledge.

The criteria used to determine an individual's readiness for training, including post-secondary training, are not based on a specific length of abstinence. Instead, the determining criteria are based on individual success indicators as outlined below.

Individual success indicators

Each individual's timeline for success may vary. The counselor needs to monitor individual success indicators in order to guide the consumer in making appropriate vocational plans and insure optimum success. The criteria listed below will help the counselor determine if the individual has a good chance of being successful:

- Individual is in recovery
- Participating in (or completion of) a formal treatment program
- Compliant with the recommendations of the treatment plan
- Individual is practicing appropriate life skills (i.e. personal care, finances, medical needs, housing, etc.)
- Individual demonstrates they have a stable support system
- Individual demonstrates abilities to make decisions and carry thru on tasks

The counselor and consumer should agree upon the criteria that will be used to determine the individual's readiness to begin the services identified in the IPE. The agreement and the achievement of the established criteria must be documented in the case file. Services will be initiated when compliance is met based on the terms agreed upon by both consumer and counselor.

Carl D. Perkins Vocational Training Center

The Carl D. Perkins Center (CDPVTC) should be considered as a part of the consumer's planned services for achieving a vocational goal and should not be considered a primary treatment facility. The Center is a viable option for vocational assessments and training for individuals with substance abuse. Please refer to the CDPVTC section of the counselor's manual for additional information regarding services and admissions procedures.

CDPVTC offers a Substance Abuse (SA) Program as an auxiliary service to consumers enrolled in vocational services at the Center. The CDPVTC Substance Abuse Counselor assesses consumers who are referred for the SA Program. That assessment determines the best practice options available to the consumer at the time, taking into account the consumer's potential for relapse based on stated and available information, as well as the consumer's viability for remaining in the Center's residential training setting without being a harm to self or a danger to others. The Substance Abuse Counselor will contact the VR Counselor in a conference call, with the consumer and the Center's Case Manager present, to present the results of the assessment. There may be three outcomes of this conference:

If the recommendation from the Substance Abuse Counselor states the consumer needs more intensive care than is currently available at the Center, the consumer will return to the home community for care.

If the recommendation states the consumer can benefit from the Center's SA Program, (1) the VR Counselor agrees to have the recommended services added to the IPE and (2) the consumer agrees to amend and sign the IPE – then the consumer will remain at the Center for vocational services.

If the consumer and VR Counselor do not want the recommendations added to the IPE, the consumer will return to the home community for services deemed appropriate by the consumer and VR Counselor.

Drug testing

Drug testing can often be a service that will assist a consumer prepare for specific training programs or employment opportunities. If a relapse of substance abuse is suspected during the rehabilitation process, drug testing is at the discretion of the counselor. This action is not routine but can be suggested and accomplished if both counselor and consumer agree. However, action may be taken by the counselor due to the lack of cooperation, progress, or participation of the consumer in services without verification of causation. The counselor can act upon the manifested (in) actions of the consumer without an actual drug test. The counselor's determination would be based upon the status of the vocational rehabilitation case thereby avoiding personal suspicions of the individual's behavior.

LEARNING DISORDERS

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Definition

According to the DSM-V, Learning Disorders are diagnosed when the individual's achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence. Substantially below is usually defined as a discrepancy of more than 2 standard deviations between achievement and IQ. If a sensory deficit is present (i.e. vision or hearing loss), the learning difficulties must be in excess of those usually associated with the deficit.

Documentation from School Systems

The counselor should use the existing documentation of psychoeducational evaluation and Individual Education Plan (IEP) records that can be obtained from the school system. It is not necessary to get a DSM-V diagnosis if significant documentation of the significant discrepancy between intelligence and achievement is available through the educational system.

MORBID OBESITY

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Definition

According to the National Institutes of Health (NIH), a person is considered "obese" when he or she weighs 20 percent or more than his or her ideal body weight. Obesity becomes "morbid" when it significantly increases the risk of one or more obesity-related health conditions or serious diseases (also known as co-morbidities). Morbid obesity sometimes called "clinically severe obesity" is defined by NIH as being 100 lbs. or more over ideal body weight or having a Body Mass Index (BMI) of 40 or higher.

Guidance for Determining Eligibility

Morbid obesity is a serious chronic disease, meaning that its symptoms build slowly over an extended period of time and a disability of morbid obesity may be established if the individual's weight meets the medical definition of morbid obesity. Eligibility must be determined on the current functional limitations of the individual based on the existing documentation gathered during the eligibility process. The counselor should also closely monitor the possible co-existing physical ailments that may accompany obesity, such as hypertension, diabetes, heart disease, etc.

TERMINAL ILLNESS (POTENTIALLY)

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AUTHORITY
KAR 1-020 Section 6

Guidance for Determining Eligibility

Individuals with a potentially terminal illness must have either a favorable prognosis or the prospect of survival for a reasonable period of time, allowing a return to work for at least twelve months (work life expectancy). Individuals requiring surgery or ancillary medical services such as chemotherapy or nuclear medical treatment that is expected to cure the condition should be served as if it were any other medical condition.
If the attending physician feels the prognosis is "guarded," the counselor shall request a letter indicating the consumer's work life expectancy. For those individuals without a twelve-month work life expectancy, the counselor should consult with the Branch Manager before accepting the case or denying services.

VISUAL IMPAIRMENT

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Revised 9/11/2013

Authority
Federal Regulations- CFR 361.24(d), CFR 361.48, CFR 361.37(a)(2)

Applicable Forms
Release of Information (OVR 15b)

General Information

When needed to meet the vocational needs of an individual, services from both the Office for the Blind (OFB) and the Office of Vocational Rehabilitation may be provided simultaneously. Such circumstances are known as a dual case. For a dual case, the individual must meet the eligibility requirements and Order of Selection for both agencies, and must require the unique services of both agencies to ensure the best chance of attaining independence and employment. These policies and procedures have been adopted in accordance with a cooperative agreement between the Office for the Blind and the Office of Vocational Rehabilitation.

Referring to OFB

The individual must sign a Release of Information before a referral can be made. If the counselor identifies the potential for a dual case at application, a referral to OFB should be made within 5 business days. A meeting with both counselors and the consumer is to be conducted within 30 calendar days of the application date. In preparation for this meeting, the two counselors should review medical information, determine the severity of the disability, and evaluate the need for multiple complex services. At the meeting, both counselors and the consumer will together determine whether or not it is appropriate for both agencies to provide services to the individual, or if one agency will take the full responsibility of serving the individual while the other provides consultation as needed. If it is decided that one agency shall provide consultation, and no other services, then that agency shall close the case.

Should the need for a dual case become apparent at any other point during the rehabilitation process, the counselor should, within 30 calendar days, make a referral to OFB. Following the referral to OFB, a meeting with both counselors and the consumer will be held within 30 calendar days.

Coordination of Services

For a dual case, the counselors from each agency should coordinate their activities to minimize duplication of effort, while maximizing the benefits of accessing the resources of both agencies to the consumer.

Development of the Individualized Plan for Employment

Both counselors and the consumer will meet to develop an individualized plan for employment cooperatively. The consumer will sign an IPE for each agency. These IPE's (and any subsequent amendments) will be identical, reflecting the same job goal, and will be specific as to which services will be provided by each agency. Amendments and reviews will be conducted jointly, as needed, or required. General guidance regarding the IPE can be found in the "Individualized Plan for Employment" section of this manual.

Evaluations/Trainings at Agency Facilities

Vocational evaluations will be conducted as necessary. Evaluation and/or training may be provided at an in-state facility e.g. the Charles W. McDowell Rehabilitation Center or the Carl D. Perkins Vocational Training Center (CDPVTC). Both counselors will review these options with the consumer, and based upon the consumer's needs and choices, determine the most appropriate strategy to provide these services. Services can be provided at both facilities.

Individuals participating in training at the Carl D. Perkins Vocational Training Center should be given access to OFB evaluation and training services when needed. The counselors and CDPVTC staff should arrange for OFB regional staff to travel to the CDPVTC to provide assistive technology evaluations, and orientation and mobility evaluations and training as necessary. To meet more extensive technology evaluation needs, the counselors and CDPVTC staff should arrange transportation for the individual to the Charles W. McDowell Rehabilitation Center.

Job Placement

Both counselors and the consumer will actively participate in all job placement efforts. If it is decided that the consumer will be referred to a Community Rehabilitation Program (CRP) for job placement services, payment of CRP fees should be negotiated by both counselors before the referral is made, and should be reflected on the IPE.

Case Closure

Successful: When the consumer has been successfully employed for a minimum of 90-days in a job consistent with the IPE or IPE Amendments, and all services on the IPE and/or Amendments have been provide, then both counselors may close the case as successful. Closure dates may vary between the agencies. Additional guidance regarding successful employment outcomes can be found in the "Case Closure and Transfer: Employment Outcome" section of this manual.

Unsuccessful: A dual case may be closed unsuccessfully rehabilitated for any one of the reasons listed below.

- death
- unable to locate or contact
- individual is in an institution other than prison or jail
- individual is incarcerated in prison or jail
- transferred to another agency

- individual is ineligible
- transportation to work is unavailable or unfeasible
- extended services (ex. supported employment) are needed, but not available
- extended employment (non-integrated setting)
- individual is no longer interested in receiving services
- disability too significant to benefit from VR services
- other circumstances in which there is reasonable evidence the individual cannot, or will not complete the IPE

Though closure dates may vary between the agencies, each counselor should notify the other of their intension to close a dual case. To the maximum extent possible, the consumer should be involved in the decision to close their case. A dual case closed for any reason should have the rationale for closure documented in the progress notes or case record. Additional guidance regarding unsuccessful case closure can be found in the "Case Closure and Transfer" section of this manual.

Disagreements

If any disagreements regarding the provision of services occur (including a determination of whether or not the consumer should be served by both agencies) the appropriate Branch Managers from both agencies should discuss and resolve the disagreement. If an agreement between the Branch Managers cannot be reached, the Office of Vocational Rehabilitation Director of Program Services and the Office for the Blind Director of Consumer Services will make a final resolution within 10 business days of being contacted by the involved Branch Managers.

Appendices

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APPROVAL SIGN OFF LIST

Services Or Circumstances	Forms Requiring Approving Signature	Branch Manager or Designee	Director of Program Services or Assistant Director
Agreement for Services (OVR-9)	Agreement for Services (OVR-9)	X	
Authorizations- Expenditures of $10,000 or more (including home or vehicle modification, & self employment)	Pay Authorization IPE or Amendments	X	X or Self Employment Coordinator
New Counselors- First 6 months	Eligibility statement IPE & Amendments	X	
Personal Care Assistant (Hiring Family Member)	Progress Note	X	
Price Contract and Bid Items – Expenditures of $3,000 or more	IPE or amendment Non pay authorization Attach itemized list	X	Finance Officer
Training- Graduate Level (if different from the initial vocational objective)	IPE or Amendments	X	
Mental Restoration Services – Requiring more than 18 sessions	IPE or Amendments	X	
Therapies (physical)- Requiring more than 18 sessions	IPE or Amendments	X	
Training-In foreign Countries	IPE & Amendments	X	X
Contingency Fund	Letter to Assistant Director (See Policy & Procedures Manual for guidance)	X	X
Self-employment - Start-up costs greater than $1,000	Pay Authorization IPE or Amendments	X	X or Self-employment Coordinator
Self-employment – Start-up costs greater than $60,000 (total VR expenditures over $10,000)	Pay Authorization IPE or Amendments Exception Letter	X	X or Self-employment Coordinator

GENERAL FISCAL CONCERNS

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AUTHORITY
Rehabilitation Act of 1973 as amended, Sec. 103 (a)
Federal Regulation: CFR 361.5 (b)
Kentucky Revised Statute: KRS 45A
Administrative Regulation: 781 KAR 1:020 and 200 KAR 5

For the purpose of this manual, use of the terms **must** or **shall** reflect requirements of Federal law or regulation or state or administrative regulation and must be adhered to strictly.

General Regulations for Providing Services and Authorizations

All purchases for individuals will be authorized and paid utilizing, as appropriate, an OVR Authorization for Goods and/or Services. When an expenditure is $10,000 or more, the District Branch Manager will countersign, and the Director of Program Services will review the expenditure prior to the authorization being issued to the vendor. Approval of the expenditure will be evidenced by the signature of the District Branch Manager on the authorization.

Authorizations **must** be prepared, signed and dated by the counselor and delivered to the vendor before a service is initiated. OVR will not approve payment for services provided to an individual when OVR has made no prior authorization. Each item must be consistent with the provisions planned, and all services clearly itemized with their respective costs. OVR will ensure that physicians or other vendors of services agree not to charge or accept from the applicant/consumer or his/her family any payment for such services unless the amount of such charge or payment is previously known to and, where applicable, approved by the Director of Program Services.

All authorizations are submitted with a pay or non-pay descriptor. A non-pay descriptor means that the payment is processed in a different manner, i.e. interaccount expenditure to another state agency, non-pay cash authorizations, contract, etc.

Counselor must verify that a service has been rendered before the authorization is sent to Frankfort for payment. For most services, this means an invoice or receipt. A service is not considered received on psychological or medical services until the report is received. Timesheets are adequate documentation for Pace training wage payments. Personal Care services require both a timesheet and a tax worksheet.

Authorization Service Code and Expenditure Categories

Authorized services are classified by expenditure code. An individual's case status determines which expenditure codes can be used. With the exception of diagnostics, most expenditure

categories for services also require that an IPE be in the case management system before the service can be authorized. Service codes are listed below:

1. Services for Individuals, Status 02 & 04 (diagnostic)
2. Services for Individuals, Status 06
3. Services for Individuals, Status 10-24
4. Services for Individuals, Status 32 (post employment)

All authorized services should be charged to the appropriate Expenditure Category Code. Each subcategory is listed below with a brief description of the types of services provided under a particular subcategory. More detailed information is included in this Manual under Services and under other topics. The information below is only a guideline and the more detailed information should be referred to before authorizing for a service.

Diagnostic and Evaluation (10) - Services in this subcategory may be provided at any stage of the rehabilitation process other than referral and closure and are provided to determine an individual's eligibility for VR services, to assign an individual to a priority category under the order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. Expenditures made while a case is in applicant status, trial work experience, extended evaluation, or eligible status are to be included here. Additionally, expenditures for services or activities needed to further assess limitations of a disability or the nature and scope of VR services at any time throughout the rehabilitation process are to be coded under this category.

Medical diagnostic services may include: medical and surgical examination, psychiatric evaluation, consultation with examinations by specialists, trial treatment for differential diagnosis, stabilization on drug therapy, and other medically recognized diagnostic services.

Surgery and Treatment (21) – This subcategory includes services that are necessary to correct or substantially modify a physical or mental condition, and may include the services of physicians, surgeons, and anesthetists that are not on the staff of the hospital and not included in the costs of hospitalization (surgery may include pre-operative and post-operative care). Visual services, dentistry, hospitalization, nursing services, and prescription medications are also provided under this subcategory.

Prosthetic and Orthotic Appliances (22) – In addition to prosthetic, orthotic, hearing aids, and visual appliances or aids, this subcategory also includes wheelchairs and surgical appliances such as belts, trusses, corsets, elastic stockings, arch supports, orthopedic shoes, and crutches as well as the repair of prosthetic and orthotic appliances

Hospitalization and Convalescent Care (23) - This subcategory includes payments to hospitals approved by the Office for inpatient or outpatient hospital services in connection with medical or surgical treatment. Also included are convalescent or nursing homes for individuals including room, board, nursing home care and other services provided by the facility under agreement with the Office; nursing services provided in the

individual's own home by organizations or individuals; or special nursing services provided during hospitalization by hospitals or related facilities and not included in the hospital bill.

Other Physical Restoration (24) - This subcategory is used for restoration services that cannot be properly classified under any other subcategory.

Training (3-) – The training category has several subcategories (listed below) that cover the cost of various types of training and training related materials or services. Training may be provided at schools, colleges, universities, rehabilitation facilities, by tutor, correspondence, apprenticeship, in an organized on-the-job training situation, or by some other organized training program. Training may include: personal adjustment training, prevocational training, work adjustment training, training in the use of artificial limbs, hearing aids, or other appliances, remedial training, speech and hearing training that is not medically directed, lip reading, mobility training, or any other kind of organized training needed to meet the rehabilitation needs of the individual being served.

Training materials include such items as: writing materials, learning aids, processing materials used in mechanical or technical training; special supplies, laboratory aprons, nurses' uniforms, breakage fees, and tools, machines and small equipment used in technical, mechanical, commercial, adjustment and on-the-job training.

Academic Associate, Baccalaureate and Other Higher Degree Training (31) - Include in this subcategory the costs of academic associate, baccalaureate, or graduate higher-degree training regardless of whether the training is full-time or part-time. Bachelor and graduate degree training is defined as training which is higher than secondary education and which leads to a baccalaureate or higher degree. Associate degree training is defined as training which is higher than secondary education, which consists of basic academic courses and which leads to an associate degree.

Other Academic (32) - Include in this subcategory the cost of training at the elementary or secondary level including GED. This subcategory also include miscellaneous training that does not fit in any other training category and does not result in a degree or certificate.

Occupational/Vocational Training (33) - Include in this subcategory the costs of non-degree technical or trade training. Non-degree technical or trade training, is training that leads to a certificate and usually provides specific job-related instruction but does not include broad-based academic courses. Skills to be obtained may include: office practice, typing, accounting, bookkeeping, word processing, data entry, welding, woodworking, metalworking, TV repair, electrical wiring, automobile mechanics, etc. Courses included in occupational/vocational training are not usually accepted for credit in an academic associate or a baccalaureate degree program.

On-the-Job Training and Basic Academic, Remedial or Literacy Training (34) - Include in this subcategory any costs in connection with on-the-job training for an individual. Under this program the individual usually works for wages while learning the skills of the job. Additionally, this subcategory includes general remedial or literacy training. Individualized tutoring or specialized training to address the specific limitation of a disability is **not** to be coded in this subcategory.

On-the Job Supports and Job Search Assistance (35) – Include in this subcategory job coaching and supported employment services provided to an individual on the job. Also included in this subcategory are job development and job finding services as well as community-based work transition services (after IPE) and job retention services for individuals who receive SSI or SSDI.

Job Readiness Training (36) - Include in this subcategory costs incurred for training that helps an individual adjust to a particular situation that is hindering his/her rehabilitation potential, such as: work conditioning, developing work tolerance, etc. Personal and vocational adjustment facilitation is also coded in this subcategory.

Disability Related Augmentative Skills Training (38) - Include in this subcategory costs associated with prosthetic training or driver training necessary due to a disability or disabilities. Do **not** include driver training that is needed for reasons other than disability.

Maintenance (40) - Include in this subcategory basic living expenses outside of home community and in addition to normal living expenses necessary to derive the full benefit of other vocational rehabilitation services such as long-term training or while in travel status for a short-term training program or other service. Also included are basic expenses, clothing or uniforms necessary for job interviews or employment prior to receipt of initial paycheck.

Services to Family Members (50) - This subcategory is for providing services to members of an individual's family when such services are necessary to the adjustment or rehabilitation of the individual, except at referral or at closure.

Transportation (60) - Include in this subcategory transportation that will enable the individual to arrive at appointments for assessment, medical services, training, work, or any other rehabilitation service, and if necessary, their escorts, attendants, or guides. This includes taxis and bus fares for consumers while in any status.

Personal Assistance Services – Reader, Interpreter, Personal Care (70) -Include in this subcategory personal assistance services necessary for the

individual to function effectively in their rehabilitation program. This subcategory includes reader, interpreter, and personal care attendant services.

Job Placement (71) - Include in this category costs of job placement including competitive employment outcome services provided by Community Rehabilitation Programs (CRPs).

Computer Equipment (80) - Include in this category all costs directly related to the purchase of computers and peripheral equipment such as printers, monitors, etc. as well as software. Adaptive equipment and software necessary for an individual with a disability to utilize a computer should **not** be coded under the subcategory. They should be coded under Rehabilitation Technology (92).

Property Modifications (91) – This subcategory includes modifications to vans, vehicles, home, or work site when it is deemed necessary to render an eligible individual able to engage in a gainful occupation or to determine his/her rehabilitation potential.

Assistive Technology/Rehabilitation Engineering (92) – This subcategory includes services that are intended to help the individual maintain or enhance his/her ability to function personally, socially, and/or vocationally. Services provided under this subcategory are:

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

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

Rehabilitation engineering is a complex of services entailing an original design or concept. The original design or concept must be innovative and not an adaptation of an existing mode of accommodation. Typically the involvement of a rehabilitation technology specialist would be required and can encompass devices, equipment, aids, and modifications to the environment, work site or transportation.

Technical Assistance Services (93) -.This subcategory includes technical assistance and other consultation services used to conduct market analyses, develop business plans, etc. This subcategory also includes initial equipment/stock or operating expenses.

Receipts for Tools, Equipment, Computers, ETC.

Various items, such as tools, equipment, computers, supplies, etc. require that a receipt, Receipt/Transfer Agreement, or Security Agreement be signed by the recipient. Receipts for non-transferable items are retained in the field office. Receipt/Transfer Agreements for

transferable items over $500 (items that could be used by others –**not** prosthetic devices, dentures, etc. that must be custom fit) and Security Agreements are to be sent to the Systems and Fiscal Management Branch in Central Office.

Purchase Through Bid Procedure

No counselor will commit the Office to purchase tools, equipment, computers, initial stocks and supplies for self-employment, etc. over the Office limit of purchase. Purchases to a single vendor under $1,000 do not require bids and can be purchased locally using a pay authorization. Purchases to a single vendor over $1,000 and less than $3,000 require 3 local quotes and can be purchased locally using a pay authorization. The case file must include documentation to substantiate 3 quotes on identical items were obtained prior to purchase. If the purchase is over $3,000, the counselor must consult with the District Branch Manager and he/she must be in agreement that the purchase is necessary. In accordance with KRS 45a, the Finance and Administration Cabinet-Office of Material and Procurement Services must competitively bid these purchases. If several items are needed from the same vendor and the total exceeds $3,000, this bid process must be followed. It is a violation of Finance and Administration Cabinet procurement policy to artificially divide or split purchases to remain below these limits.

Process for orders $3,000 or more

The list of items to be purchased will be submitted to the District Branch Manager along with two copies of the IPE justifying the request with strong emphasis on the necessity of the purchase and how it is to be used by the individual. If approved, the District Branch Manager must sign the IPE and submit to the Systems and Fiscal Management Branch**. No authorization is to be entered until the bid has been awarded.**

A listing of items to be purchased with sufficient description for ordering must be attached and will include: budget unit number, delivery address, estimated cost and specifications. The specifications must be explicit since they will be used to write the requisition that will be sent to the Division of Purchases and should include: model numbers, dimensions, branch, pictures, etc. Additionally, the name and address of the vendor(s) who provided the specifications must also be shown. Contact the Central Office Finance immediately if there is need for correction of errors.

To speed the process, it is advisable for the counselor to seek and receive three (3) quotes and send them along with the detailed list. It is imperative that the quotes be for identical items. For example, if one quote is for a 15 cubic foot refrigerator and the quote from another vendor is for one that is 14 cubic foot, they are not identical quotes.

- When the bid is awarded, the counselor will receive a copy of the purchase contract showing the exact cost and the vendor. The counselor will prepare a non-pay authorization and submit electronically to Central Office. The delivery address should be designated to the counselor's office address, except for large, heavy equipment.

- Upon delivery, the counselor must verify against the purchase contract prior to or at delivery of equipment to the individual.
- When all materials on the purchase contract have been received, the counselor will date and send the copy of the purchase contract, marked received, and the signed Receipt/Transfer Agreement to the Finance in Central Office. Central Office will continue the payment process.

Exceptions to bid and quote process

The Office has a delegated purchasing authority for the purchase of rehabilitation technology, vehicle modifications, and medical/diagnostic services. This authority allows the Office to procure these items/services without utilizing the competitive bid and quote process as outlined in KRS 45a. However, counselors must follow Office guidelines for these purchases by referring to the appropriate sections of this Manual. All other purchases for occupational and other tools, equipment, computers, initial stocks and supplies for self- employment, etc, **must** utilize the procedures described above.

Non-pay Cash Authorizations

When a counselor has established a legitimate need and the service cannot be obtained via the standard authorization process, cash funds may be expended as outlined below. The non-pay authorization may be authorized to the recipient of the service, but should be authorized to a vendor whenever possible. Generally, non-pay cash funds paid to the consumer for a specific service should not extend beyond a three-month period. This should allow the counselor with the assistance of Central Office adequate time to establish a mechanism to pay for the necessary service via the vendor payment system.

1. **Payment made directly to recipient of service**, is not to exceed $500.00 per non-pay authorization, (exception for attendant care). Services include:

    a. Maintenance outside of home community and beyond normal living expenses: including room, board, apartment rental and/or subsistence.
    b. (b) Transportation expenses (other than purchase of airline ticket). Refer to the Services-Transportation section of the Counselor's Manual for specific procedures regarding paying transportation related expenses.
    c. Uniform expenses.
    d. Incidental needs, i.e., necessary toiletries, laundry, etc., not to exceed $100.00 per month.
    e. Lodging, less than one week, daily rates only.
    f. Testing and or license fees for customers.
    g. Personal care assistance, cannot exceed $2000.00 in a one month period.
    h. Consumer training funds.

When a check is issued to the recipient of the authorized service, the recipient should be informed of the purpose for which the money is provided and the type of documentation that he/she will be required to produce. Additionally, the counselor must have reasonable expectation that the money will be used for the intended purpose.

When the non-pay cash authorizations produces a check that is payable to the consumer prior to acquiring the needed service or item, it is not possible to attach a receipt at the time of authorization. The consumer should produce a receipt for the authorized expenditures within 30 calendar days of receiving the check. Under no circumstances should additional non-pay cash funds be authorized until the appropriate documentation is received for prior authorizations.

The following documentation must be attached to the non-pay cash authorization: Maintenance, transportation, uniform expenses, incidental expenses, lodging, and testing or license fees: **Appropriate documentation includes invoices or receipts identifying items purchased or services received equaling or exceeding amount of cash received. For testing or license fees documentation of test completion or licensure would be adequate documentation.**

The Non-pay cash authorization must be submitted electronically to Central Office and the counselor is to maintain a copy of the authorization. Once the counselor receives the check from Finance, verification of the correct amount and authorization number (located on check stub) must occur. The counselor and consumer must sign and date the authorization, which verifies the check was delivered and received. The signed and dated copy of the authorization will then be filed in the consumer file. Appropriate documentation is to be attached to authorization when received.

Personal Care Assistance: Appropriate documentation is a timesheet signed by both the consumer and the provider of personal care **and** a completed tax worksheet. Due to the nature of this service, funds are not to be authorized until after the personal care assistance has been received and the time sheet and tax worksheet are completed. The original non-pay authorization is to be signed by the authorizing counselor and submitted electronically to Central Office. The signed timesheet and tax worksheets are to be attached to the authorization and filed in the case record.

2. **Non-pay authorization payments to vendors** can be made for the following:

    a. Maintenance including room, board, apartment rental, etc.
    b. Transportation expenses (other than purchase of an airline ticket).
    c. Drugs and medical supplies.
    d. Interpreter services, note taking services, tutoring services, attendant care and childcare.
    e. On-the-job training services.
    f. Testing and/or license fees (original application must accompany non-pay authorization).

If services are not rendered or goods received, the check should be retrieved and an authorization refund document should be prepared and submitted electronically. A printout of the refund document is to be attached to the check and mailed to the Systems Management Branch in Central Office. Copies must be filed in the case file.

Contingency Fund

A Contingency Fund has been established in response to the needs of counselors and consumers. There are times when very large expenditures are necessary in order for a consumer to achieve employment. The outlay of the funds would deplete the caseload budget to the extent that other consumers on that caseload might not receive needed services. All purchasing laws, regulations, and procedures ***including the bid process***, as appropriate, apply to the use of the Contingency Fund and must be strictly followed.

Counselors can request monies from the Contingency Fund for any expenditure of $10,000 or more. An exception to the $10,000 amount will be considered if a counselor has multiple expenditures, none of which singularly amount to $10,000 but which together constitute a significant amount of the caseload budget.

For approval to utilize the Contingency Fund:

1. Consult with District Branch Manager. If both the counselor and District Branch Manager agree that the circumstances require the use of the Contingency Fund;

2. Send a letter to the Assistant Director of Program Services briefly describing the needed purchase, the amount, and the results of an exploration of comparable benefits. Include the authorization for the purchase using Budget Unit Number (BUN) 6795 which is a separate BUN for this purpose.

Office of Vocational Rehabilitation
Useful Life Expectancy of Transferable Items

ITEM	YEARS
Auditory Equipment	5
Assistive Tech Devices (fragile)	3
Assistive Tech Devices (non-fragile)	5
Breathing Machine	5
Beauty Shop Equipment	5
Chair Lift	6
Computer Hardware	3
Construction Tools	5
Drafting Tools	5
Electronic Equipment	3
Farm Tractor	6
Home Modifications	5
Hospital Bed	6
Industrial Sewing Equipment	5
Gunsmithing Tools	5
Jewelers Tools	5
Machine Shop Tools	5
Mechanics Tools	5
Mobility Aid	5
Mower & Grounds Equipment	5
Office Furniture	6
Portable Buildings	6
Ramp	5
Refrigeration Tools	5
Stair Lift	5
Storage Barns	6
Taxidermist Equipment	5
Telecommunication Device	3
TENS Unit	5
Trailers	6
Vehicle Modification	6
Welding Equipment	5
Wheelchair	6
Woodworking Tools	5

If item purchased is not included in the above list, call the Inventory Officer, Central Office, Frankfort, for help in the determination of useful life.

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