

III. ELIGIBILITY OR INELIGIBILITY DETERMINATION

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

Page

III-1 to III-2 Added federal definition language to Basic eligibility requirements are: 1 – 4.
Defined term clear

III-2 Added examples to the term clear and convincing evidence.

III-3 PROCEDURES - SSDI/SSI ELIGIBILITY added language clarifying the document requirements and language related to the case management coding,

III-4 CERTIFICATION FOR INELIGIBILITY added an example of conditions or intervening reasons for ineligibility determination

III-5 to III-7 Order of Selection changed.

III. ELIGIBILITY OR INELIGIBILITY DETERMINATION

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

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

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

Basic eligibility requirements are:

1. A determination that the individual has a physical or mental impairment defined as an injury, disease or other condition that results in persistent functional limitations: resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.
2. A determination that the individual's physical or mental impairment constitutes or results in a substantial impediment to employment for the individual. A substantial impediment to employment exists when the impairment and the resultant limitation: Prevent the individual from obtaining a job consistent with their abilities; significantly interfere with preparing for employment consistent with their abilities, need for special accommodations or technology to perform essential job duties or barriers to job retention; for example lost of job due to impairment or unable to perform essential job duties.
3. A presumption that the individual can benefit in terms of an employment outcome from the provision of VR services. An individual is presumed capable of achieving an employment outcome, unless clear and convincing evidence is obtained documenting for example: the severity of the diagnosis would preclude not obtainable.

4. A determination that the individual requires VR services to prepare for entrance into, engage in, or retain gainful employment consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities and informed choice. 34 C.F.R. § 361.42 (i.-iv.) An individual is expected to require one or more VR services that will have a substantial impact on the individual's disability and resultant functional limitations or reduce the impediment to employment to allow the applicant to prepare for, obtain, retain or regain employment consistent with the individual's capabilities and abilities and the individual services cannot access these services without VR intervention.

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

PRESUMPTIVE ELIGIBILITY SSDI/SSI RECIPIENTS

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

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

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

If an applicant for VR services asserts that he or she is eligible for Social Security benefits, but is unable to provide appropriate evidence, such as an award letter, to support that assertion, ARS must verify the applicant's eligibility by contacting the Social Security Administration. This verification must be made within a reasonable period of

time that enables ARS to determine the applicant's eligibility for VR services within 60 days of the individual submitting an application for services. 34 C.F.R. §361.42 (a.)(3.)

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

PROCEDURES - SSDI/SSI ELIGIBILITY

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

Also, the special program code 401 (SSDI), 600 (SSI) or 601(both) **Must** be utilized for all individuals receiving Social Security benefits.

CERTIFICATION OF ELIGIBILITY

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

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

COMPLETION OF PRELIMINARY DIAGNOSTIC STUDY

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

PROCEDURES – CERTIFICATE OF ELIGIBILITY

- To determine functional limitations, priority should be given to existing information.
- Complete the Certificate of Eligibility for VR, Trial Work Experience, or Extended Evaluation services signed and dated by the counselor. {Form RS-600-B (1)} (See Appendix E)
- The Certificate of Eligibility must be placed in the individual's file. (See Section X)
- Case notes narrative should be made to reflect Status 10 (VR) or Status 06 (Trial Work Experience or Extended Evaluation). (See Appendix E)
- Key ARIMIS data for Status 10 (VR) or Status 06 (Trial Work Experience or Extended Evaluation). (See ARIMIS the case management system.)
- ~~ARIMIS will only allow 90 days in Status 10. (If the time is exceeded, the counselor must email justification and required ARIMIS data to the District Manager requesting movement to Status 04, 12, or 30. The District Manager will email the request to the Chief of Field Services.)~~

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

CERTIFICATION OF INELIGIBILITY

When clear and convincing evidence establishes that an applicant does not meet the VR eligibility conditions or intervening reasons prevent eligibility determination (i.e. applicant does not follow through with assessment, individual physical, educational, or medical records unavailable, applicant does not appear for scheduled appointments, for plan development, etc.) the counselor must include a formal Certificate of Ineligibility in the individual's record of services. This Certificate of Ineligibility will be dated and signed by the counselor. ~~Ineligibility certification will be made only after full participation with the individual or, as appropriate, their representative, or after an opportunity for consultation.~~ The counselor will notify the applicant in writing of the action taken, or by other appropriate modes of communication consistent with the informed choice of the individual, including the reasons for the ineligibility determination. When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Investment Act. **Note: For procedures see Closure Section VIII.**

APPEAL/INELIGIBILITY DETERMINATION

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

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

ORDER OF SELECTION

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

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

Description of Priority Selection

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

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

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

Priority Category I - Most Significantly Disabled

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

1) Seriously limits at least three functional capabilities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of

employment outcome;

2) Whose vocational rehabilitation can be expected to require multiple VR services* over an extended period of time**; and

3) Who has one or more physical or mental disabilities as defined below***.

Priority Category II - Significantly Disabled

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

1) Seriously limits two functional capacity area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;

2) Whose vocational rehabilitation can be expected to require multiple VR services* over an extended period of time**; and

3) Who has one or more physical or mental disabilities as defined below***.

Priority Category III – Non-Significantly Disabled

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

1) Seriously limits one functional capacity area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;

2) Whose vocational rehabilitation can be expected to require multiple VR services* over an extended period of time**; and

3) Who has one or more physical or mental disabilities as defined below***.

Definitions:

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

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

*** One or more physical or mental disabilities resulting from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

PRIORITY OF CATEGORIES TO RECEIVE VR SERVICES UNDER THE ORDER

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

for vocational rehabilitation (VR) services or extended evaluation (EE) services in place prior to the implementation of the Order of Selection policy will receive services as recorded in their IPE.

~~If ARS is unable to provide the full range of vocational rehabilitation services to all eligible individuals, the Agency will operate under an Order of Selection. ARS will provide services based on an Order of Selection on a statewide basis. The Order of Selection assures that individuals with the most significant disabilities will be selected first for the provision of vocational rehabilitation services. Under an Order of Selection, ARS will designate which priority categories will be served based on availability of resources. The Chief of Field Services will notify the Field staff when the category served is raised or lowered. A copy of the notification will be filed under the eligibility tab (9) in the client file for documentation. Changing conditions may cause a category that has already been assigned to be reclassified downward or upward.~~

~~In determining priority category, individuals are placed in the highest category for which they qualify. All individuals will be informed of the priority category for which they qualify. Rehabilitation clients who have an IPE for VR, Trial Work or EE services in place prior to the implementation of the Order of Selection policy will receive services as recorded in their IPE. Individuals who are not served due to the priority under the Order of Selection will be referred by the counselor to Workforce Investment Programs or other agencies for consideration of benefits/services.~~

~~The individual may appeal the determination of the priority category placement. ARS will provide the individual with information on the appeal process including informal and formal due process procedures, such as administrative review, mediation and review by an impartial hearing officer.~~

~~PRIORITY CATEGORY I - MOST SIGNIFICANTLY DISABLED~~

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

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

~~PRIORITY CATEGORY II - SIGNIFICANTLY DISABLED~~

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

- ~~1) seriously limits at least one functional capacity area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;~~

- ~~2) whose vocational rehabilitation can be expected to require multiple VR services* over an extended period of time** ; and~~
- ~~3) Who has one or more physical or mental disabilities as defined below***;~~

~~***Definition: One or more physical or mental disabilities resulting from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation. 29 U.S.C. 705(21)(A)~~

PRIORITY CATEGORY III - NON-SIGNIFICANTLY DISABLED NEEDING MULTIPLE SERVICES

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

PRIORITY CATEGORY IV - NON-SIGNIFICANTLY DISABLED

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

Definitions:

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

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

PROCEDURES - ORDER OF SELECTION

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

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

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

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

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

V. ECONOMIC NEED

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

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V-1 Changed the age of the individual from 24 to 23.

Normal Living Requirements increased by \$400.

V-3 Changed Pell Student Financial Aid Grant.

V. ECONOMIC NEEDS/COMPARABLE BENEFITS

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

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

In determining an individual's financial resources, the counselor will identify all resources available to the individual and/or spouse. If the individual is a dependent, the resources of the parents will be determined. If the individual is 24 23 years of age or under and unmarried, the parent(s) assets must be verified with a copy of the parent(s) income tax forms. If the parent(s) do not support the individual, the individual must provide documentation of non-support. If the client's family states the client will not be claimed on next year's income tax, the client will no longer be considered a dependent. The client will be required to verify their source(s) of income to cover their expenses.

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

Provision of services conditioned on financial need entails:

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

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

NORMAL LIVING REQUIREMENT

Number of Persons	Monthly Amount	
1	\$2,800.00	\$3,200.00
2	\$3,200.00	\$3,600.00
3	\$3,600.00	\$4,000.00
(\$400.00 for each additional family member)		

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

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

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

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

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

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

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

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

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

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

PROCEDURES - UTILIZING FINANCIAL NEED

- Exempt SSDI/SSI recipients from financial need assessment/requirements.
- The individual must apply for comparable benefits and documentation of benefits must be placed in the case file, i.e., award letter/Pell Student Financial Aid Grant.
- The financial resources form (RS-16) must be completed by the time the IPE is developed.
- For those individuals or the parents of individuals under the age of 24 23 not exempt as recipients of SSI/SSDI, the counselor will verify income by requesting Income Tax returns, copies of earnings statements, PELL Student Financial Aid grant summary or the individual may be required to request their earnings history from the Social Security Administration.
- Any available benefits will be utilized and must be considered in the provision of services.
- Other than diagnostic services, no authorizations will be issued until financial need is verified.
- In all instances where the Pell Grant-Student Financial Aid is utilized, the counselor will utilize the basic cost of education reported from the school that the individual will attend. The applicable PELL Student Financial Aid categories are dependent, on campus, dependent off campus, and independent. The basic costs may include tuition, books, fees, room and board, supplies, and transportation.
- Financial need should be re-assessed and a RS-16 completed at Annual Review or at any time the individual's financial situation changes.

VI. Services

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

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

Deleted any reference to the K drive

PAGE

VI-1 Deleted 90-Day Client Contact added Three Contacts A Year

VI-3 Provision and Authorization of Services delete Dual Signature requirement

VI-4 Procedures – EMPLOYMENT SERVICES (JOB FINDING/REFERRAL)
delete ARIB and replace with Employment Services Representative

VI-5 Procedure for Placement Services - Deleted a bullet

VI-7 New language regarding title retention on equipment/devices

VI-11 – VI-12 Added documentation requirement within the last 2 years.

VI-11 Added **SUPPORTED COUNSELING RELATED TO WEIGHT** and added:
After 3 months in a weight loss program, at the counselor's discretion and based on little or no success, the client program needs to be modified.

VI-13 Added Deputy Director of Field Operations

VI-14 MEDICATION Delete limits on medication

VI-19 FINANCIAL AID Added clarification on required documentation from the student and when. payment Change Pell grant to Student Financial Aid.

VI-20 & 21ADVANCED DEGREE planning clarification. The decision to obtain an advanced degree must be determined at the time of initial plan development. For example

VI-21 Delete ONLINE COURSE and COLLEGE COUNSELOR – No longer relevant.

VI-22 PROCEDURE – COLLEGE AND UNIVERSITY TRAINING and **VI-23 PROCEDURES-BUSINESS SCHOOLS OR COLLEGES** added

- If specialized equipment ie: computers, software, etc. is purchased, a title of retention will need to be completed. (See Appendix E.)

VI-26 ON-THE-JOB TRAINING added The training fee should be equal or above the

current minimum wage amount.

VI-29 BOOKS AND TRAINING MATERIALS added required math calculators

VI-30 TRANSPORTATION FOR TRAINING SERVICES INCLUDING COLLEGE added
Note: Receipts are required for reimbursement if transportation costs are to be provided directly to the client.

VI-31 TRANSPORTATION FOR DIAGNOSIS INCLUDING SUBSISTENCE WHILE IN TRANSIT added Transportation and meal reimbursement based on the State VR Agency's prevailing rate.

VI-36 Added milestone identifiers and deleted the amounts **PROCEDURES – SUPPORTED EMPLOYMENT SERVICES (SES)**

VI- 43 to 54 Replace SEAT with Assistive Technology Program At @ Work

VI-45, VI-47, VI-48 New language regarding title retention on equipment/devices

VI-46 to 47 PROSTHETIC AND ORTHOTIC DEVICES updated language

VI-52 SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES
Added sentence regarding driving evaluation

VI-55 HOME MODIFICATIONS AND PROCEDURES – HOME MODIFICATIONS
added

VI. SERVICES

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

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

SUBSTANTIALITY OF SERVICES

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

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

90-Day-Client Contact Three Contacts A Year

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

Vocational Rehabilitation Services

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

- 1) Assessment for determining eligibility and priority for services;
- 2) Assessment for determining vocational rehabilitation needs;
- 3) Vocational Rehabilitation counseling and guidance, including personal adjustment counseling, to maintain a counseling relationship throughout the program of services for an individual with a disability; and the referral necessary to help the individual with a disability secure needed services from other

agencies when such services are not available and to advise those individuals about Client Assistance Programs;

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

- 20) Other goods and services determined necessary for the individual with a disability to achieve an employment outcome. 34 C.F.R. § 361.48

PROVISION AND AUTHORIZATION OF SERVICES

~~Dual signatures are required on all authorizations.~~

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

~~All other authorizations that do not fall within the scope of prior policy must have a co-signature noted on the authorization. The co-signature should be legible and located under the signature of the authorizing counselor. The co-signature of the District Manager or designated Senior Counselor indicates that the authorization was checked for accuracy and authenticity according to established ARS policy and procedures prior to release.~~

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

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

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

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

PROCEDURES - PROVISION AND AUTHORIZATION OF SERVICES

- **Before an authorization is issued the counselor must consider the following issues:**
 - Is this service allowable under ARS Policy?
 - What, if any, limitation exists to providing this service?
 - Are there any comparable benefits available to provide the service?
 - Has the counselor verified financial need?
 - What other required references need to be accessed (i.e., fee schedule vendor list)?

- Does the counselor have sufficient funds in the allotment to procure/provide the service and if not, whom does the counselor contact?
- What documentation is needed to procure/provide the service? (i.e., Licensed Medical Consultant (LMC), prior approval, case notes narrative.)
- Document method of calculating cost of services (i.e.: estimates, quotes, recommendations, fee schedule, etc.) and explain why the current service is needed.
- How is the paperwork routed?
- Determine if the vendor is on the ARIMIS in the case management system vendor list. Complete a W-9 if needed.
- Create the authorization in the ARIMIS the case management system.
(See ARIMIS Manual the case management system.)
- The original authorization goes to the vendor, a copy is placed in the case file, and the individual may be provided a copy.
- When service is received, along with the billing statement, verify the individual received service, then process for payment

VOCATIONAL REHABILITATION COUNSELING AND GUIDANCE

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

PROCEDURE - VOCATIONAL REHABILITATION COUNSELING AND GUIDANCE

- The counselor will document in the case notes narratives the specific progress the individual is making toward the employment outcome.
- The individual's progress will be reviewed every 90 days three times a year.
- ~~ARIMIS will only allow 6 months in Status 14. (If the time is exceeded, the counselor must email justification and required ARIMIS data to the District Manager requesting movement to Status 16, 18, 20, 24, or 28. The District Manager will email the request to the Chief of Field Services.)~~
- Counseling and guidance must be documented in each successful closure.

EMPLOYMENT SERVICES (JOB FINDING/REFERRAL)

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

PROCEDURES – EMPLOYMENT SERVICES (JOB FINDING/REFERRAL)

- The individual may be referred to, ARIB either an ARS Employment Services Representative or other vendors for employment services in status 12 or 18. The ARS Employment Services Representative coordinator can assist the counselor at this stage in the planning process, but significant involvement of the

~~coordinator~~ ARS Employment Services Representative—may occur when the individual has completed services and is ready for employment.

- The counselor and ~~employment coordinator~~ ARS Employment Services Representative—will assist the individual, singly or in groups, in developing job-seeking skills which would include instructions on how to read the want ads, prepare job resumes, write cover letters and prepare for job interviews.
- The counselor may refer the individual for services from other resources providing job-seeking skills, if appropriate.
- The counselor will document in the case notes narrative the specific progress the individual is making toward the employment outcome.

PLACEMENT SERVICES

Placement services are organized and identifiable attempts to establish or improve the linkage of an individual and a work situation. While employment placement is the VR program goal and usually occurs toward the end of the rehabilitation process, employment planning should be an ongoing process throughout the case services program. **Placement is provided when the individual is referred to and is hired by an employer.** The State VR Agency, ~~Arkansas Rehabilitation Industry and Business~~, the State employment service, One-Stop Arkansas Workforce Centers, or any other job-finding source may provide this service. A key feature of this service is that the individual became competitively employed as a result of the job referral.

PROCEDURES – PLACEMENT SERVICES

- The counselor will assist the individual with employment planning throughout the rehabilitation program.
- The counselor and the ~~employment coordinator~~ ARS Employment Services Representative—will document in the case notes narrative the specific progress the individual is making toward the employment outcome.
- ~~Refer to ARIB in Status 12. The ARIB staff should assist the counselor in the vocational planning process.~~

FOLLOW-UP

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

PROCEDURES – FOLLOW-UP

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

ASSESSMENT SERVICES

Case Service Code for Status 02 - 1110

Case Service Code for Status 04 – 1310

Case Service Code for Status 06 - 1210

Case Service Code for Status 10-22 - 1310

Case Service Code for Status 32 - 1410

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

Medical diagnostic services may include:

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

Vocational diagnostic or assessment services may include:

- 1) Referral to a Community Rehabilitation Program for assessment.
- 2) Referral to the ~~Hot Springs Rehabilitation Center~~ ACTI for assessment.

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

RESTORATION (PHYSICAL/MENTAL) SERVICES

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

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

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

PHYSICAL RESTORATION SERVICES PURCHASED IN-STATE

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

PROCEDURES- PHYSICAL/MENTAL RESTORATION SERVICES

- Documentation of the action to be taken will be made in the case notes narrative.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file
- Medical Consultant review is required. (Form RS3-g) (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If wheelchairs or other durable medical equipment is purchased, a title of retention will be completed and placed in the case file. (See Appendix E).
- Refer to ARS Fee Schedule. ~~for fees. (See Fee Schedule)~~
- Key ARIMIS data for Status 18 46 if needed. (Refer to ARIMIS Manual the case management system.)
- Select appropriate ARS Procedure code.
- Key authorization. ~~in ARIMIS.~~ (Refer to ARIMIS Manual the case management system.)
- When billing statement is received, along with a medical report, key payment in ARIMIS the case management system. (See ARIMIS Manual.)

NOTE: The vendor must agree to accept ARS fees for services.

PHYSICAL RESORTATION SERVICES PURCHASED OUT-OF-STATE

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

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

- Documentation of the action to be taken will be made in the case ~~notes~~ narrative.
- Medical reports and recommendation will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule. ~~for fees. (See Fee Schedule)~~
- Key ARIMIS data for Status 18 46 if needed. (Refer to ARIMIS Manual the case management system.)
- Select appropriate ARS Procedure code.
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When billing statement is received, along with a medical report, key payment in ARIMIS case management system. (See ARIMIS Manual.)
- The medical report will be placed in the case file.

MEDICAL CONSULTANT

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

PROCEDURES – MEDICAL CONSULTANT

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

MEDICAL, SURGICAL, PSYCHIATRIC, AND MEDICALLY DIRECTED TREATMENT

Case Service Code for Status 06 – 1221

Case Service Code for Status 46 18 –22 – 1321

Case Service Code for Status 32 - 1421

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

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

Surgical Treatment: Payments may be made for surgical operations and fees for pre-operative care. Payments will be made according to the established ARS Fee Schedule.

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

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

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

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

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

EXCEPTION: Insurance benefits must be used first in paying for surgical and medical services. The amount allowed by the ARS Fee Schedule will be authorized followed by the statement "Rehabilitation Services will pay only that part of the authorized amount not covered by the insurance policy up to the maximum amount allowed by the ARS Fee Schedule". ~~Authorization will be based on the ARS Fee Schedule.~~

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

- Documentation of the action to be taken will be made in the case notes narrative.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. ~~(See Fee Schedule)~~
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- When billing statement is received, along with a ~~medical report~~, key payment in ARIMIS case management system. (See ARIMIS Manual.)
- The medical report will be placed in the case file.
- Refer to Out of State Policy limitations, if necessary. ~~(See VI. Services Index)~~
- UAMS requires special payment. ~~(See VI. Services Index for UAMS)~~

DIRECTED THERAPY FOR WEIGHT LOSS

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

PROCEDURES – DIRECTED THERAPY FOR WEIGHT LOSS

- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E).
- Counselor will negotiate reasonable fees with the vendor.
- ~~The counselor will secure the approval of the District Manager.~~
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. ~~(See VI. Services Index)~~
- UAMS requires special payment. ~~(See VI. Services Index for UAMS)~~

GASTRIC RESTRICTIVE OR BYPASS SURGERY AS TREATMENT FOR MORBID OBESITY

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

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

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

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

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

SUPPORTED COUNSELING RELATED TO WEIGHT

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

PROCEDURES – GASTRIC BYPASS SURGERY

- Obtain a general medical assessment or current medical information that documents the individual's diagnosis of morbid obesity and any other high-risk co-morbid conditions.
- Obtain a Mental Health Assessment that indicates the individual does not have a mental health condition that might preclude this restoration service.
- Obtain documentation from a treating physician of the individual's failure in a structured weight loss program for at least 1 year (this documentation must be within the last 2 years.) and the presence of morbid obesity for at least 5 years.
- Documentation of co-morbid conditions by an appropriate physician with a statement of recommendation for weight loss surgery.
- Obtain medical reports that document the need for referral to a surgeon for an assessment to determine the appropriateness of gastric restrictive, lap band, or bypass surgery.
- Obtain an examination from a surgeon proficient in gastric restrictive, lap band, and bypass procedures that documents the individual is an appropriate candidate for this procedure.
- Assess the individual regarding motivation for the procedure and understanding of the associated risks.
- The Counselor will submit received reports and documentation for review and approval by the Medical Consultant.
- The Counselor will submit a memorandum to the District Manager with the reports and all required documentation requesting approval for the procedure. As a part of the memorandum the counselor will provide the District Manager the counseling issues to be addressed during the restoration and recovery process.
- If the District Manager agrees that all the required documentation is present and the individual meets ARS eligibility and Order of Selection requirements, the individual is an appropriate candidate for the procedure, and agrees with the identified counseling issues, the District Manager will provide the Counselor a memorandum of approval.
- If the District Manager does not agree the individual meets eligibility and Order of Selection criteria, is not an appropriate candidate for the requested gastric restrictive or bypass procedure, or is of the opinion that the identified counseling issues are inadequate or inappropriate, a memorandum of denial will be sent to the counselor notifying the counselor of the decision.
- If the District Manager approves, the Counselor will proceed as with any other physical restoration case.
- During the recovery process the Counselor will be required to document a minimum of 3 counseling sessions prior to case closure.
- It is recommended that the case be placed in post-employment status so that necessary counseling and follow-up can take place to ensure optimum benefits from the procedure.

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

COCHLEAR IMPLANTS

Requirements:

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

SURGICAL AND HOSPITAL INSURANCE

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

"Rehabilitation Services will pay only that part of the authorized amount not covered by the insurance policy up to the maximum amount allowed by the ARS Fee Schedule". Authorization will be based on the ARS Fee Schedule.

~~NOTE: SEE FEE SCHEDULE ON THE K DRIVE~~

CONSULTATION

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

POST-OPERATIVE REPORTS

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

MINOR SURGERY BY GENERAL PRACTITIONERS

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

MEDICATION

Case Service Code for Status 02 - 1110

Case Service Code for Status 06 - 1221

Case Service Code for Status ~~46~~ 18 - 22 – 1321

Case Service Code for Status 32 – 1421

~~Medication during assessment will be limited to not more than 60 days.~~

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

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

PROCEDURES – MEDICATION

- Documentation of the action to be taken will be made in the case notes narrative.
- Medical reports and recommendations including prescription will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status ~~46~~ 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. (~~See VI. Services Index~~)
- UAMS requires special payment. (~~See VI. Services Index for UAMS~~)

SPEECH AND HEARING THERAPEUTIC SERVICES

Case Service Code for Status 06 - 1221

Case Service Code for Status ~~46~~ 18 - 22 – 1321

Case Service Code for Status 32 - 1421

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

PROCEDURES – SPEECH AND HEARING THERAPEUTIC SERVICES

- Documentation of the action to be taken will be made in the case notes narrative.

- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. ~~(See Fee Schedule)~~
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. in ARIMIS. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. ~~(See VI. Services Index)~~
- UAMS requires special payment. ~~(See VI. Services Index for UAMS)~~

HOSPITALIZATION, CONVALESCENT CARE AND NURSING SERVICES

Case Service Code for Status 06 – 1222

Case Service Code for Status 46 18 - 22 – 1322

Case Service Code for Status 32 - 1422

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

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

PROCEDURE - HOSPITALIZATION, CONVALESCENT CARE AND NURSING SERVICES

- Documentation of the action to be taken will be made in the case notes narrative.
- Medical reports and recommendations will be obtained from the attending physician and the reports placed in the case file.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. ~~(See Fee Schedule)~~
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. in ARIMIS. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. ~~(See VI. Services Index)~~
- UAMS requires special payment. ~~(See VI. Services Index for UAMS)~~

CONVALESCENT OR NURSING HOME CARE

Case Service Code for Status 06 – 1222

Case Service Code for Status ~~46~~ 18 -22 – 1322

Case Service Code for Status 32 – 1422

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

PROCEDURES – CONVALESCENT OR NURSING HOME CARE

- A recommendation from the attending physician must be secured before authorizing for convalescent or nursing home care.
- Documentation of the action to be taken will be made in the case notes narrative.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (~~See Fee Schedule~~)
- Key ARIMIS data for Status ~~46~~ 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. (~~See VI. Services Index~~)
- UAMS requires special payment. (~~See VI. Services Index for UAMS~~)

HOSPITALIZATION THROUGH COOPERATING AGENCIES

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

RADIOLOGY/ PATHOLOGY

Case Service Code for Status 06 – 1221

Case Service Code for Status ~~46~~ 18 -22 – 1321

Case Service Code for Status 32 - 1421

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

PROCEDURE – RADIOLOGY/PATHOLOGY

- Documentation of the action to be taken will be made in the case notes narrative.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (See Fee Schedule)
- Select appropriate ARS Procedure code.

- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. (~~See VI. Services Index~~)
- UAMS requires special payment. (~~See VI. Services Index for UAMS~~)

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

SPECIAL NURSES

Case Service Code for Status 06 - 1223

Case Service Code for Status 46 18 - 22 – 1323

Case Service Code for Status 32 - 1423

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

PROCEDURES – SPECIAL NURSES

- Documentation of the action to be taken will be made in the case notes, narrative.
- Medical Consultant review is required. (See Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees. (~~See Fee Schedule~~)
- Select appropriate ARS Procedure code.
- Key ARIMIS data for Status 46 18 if needed. (Refer to ARIMIS the case management system.)
- Key authorization. ~~in ARIMIS~~. (Refer to ARIMIS the case management system.)
- Refer to Out of State Policy limitations, if necessary. (~~See VI. Services Index~~)
- UAMS requires special payment. (~~See VI. Services Index for UAMS~~)

CHILDREN'S MEDICAL SERVICES

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

TRAINING

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

Vocational training includes the following broad categories:

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

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

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

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

An individual is eligible for training:

1. if the individual meets basic eligibility requirements;
2. if the individual is mentally, physically, and temperamentally capable of completing the training and performing the resulting job;

3. if the individual has no skill which, within the limitations of the disability, can be used for satisfactory employment;
4. if there is every indication employment can be found in the trade or occupation for which the individual is to be trained; and
5. after every effort has been made to utilize comparable benefits and other resources.

FINANCIAL AID

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

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

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

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

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

COLLEGES AND UNIVERSITIES

Case Service Code – Tuition – for Status 06 – 1231

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

Case Service Code – Tuition – for Status 32 - 1431

ARS will assist individuals in pursuing two and four-year College and university training programs in only those colleges and universities accredited by the appropriate accrediting Agency and whose courses will be given full recognition by other accredited colleges and universities. It is the counselor's duty to determine if the selected institution is approved by the State Department of Education or by another qualified accrediting Agency of the state in which it is located.

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

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

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

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

ADVANCED DEGREE

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

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

FULL-TIME STUDENT

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

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

ONLINE COURSES

~~ARS may provide online college degree program courses if needed to reach the IPE vocational goal.~~

REMEDIAL COURSES

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

SATISFACTORY PERFORMANCE – COLLEGE AND UNIVERSITIES

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

GRADES – COLLEGES AND UNIVERSITIES

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

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

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

COLLEGE COUNSELOR

~~At each university and college within the State, ARS has designated a counselor who is called a "college counselor". The college counselor primarily serves as a liaison between the college and ARS. Prior to July 1st of each school year, the college counselor is responsible for securing the current tuition, fees, basic costs of education at the institution and starting dates. The counselor is responsible for entering this~~

~~information on the K Drive in College and Universities Folder. The original Authorization/Billing form will be sent directly to the college.~~

PROCEDURE – COLLEGE AND UNIVERSITY TRAINING

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

COLLEGE TEXTBOOKS

Case Service Code for Status 06 – 1230

Case Service Code for Status 18 - 22 –1330

Case Service Code for Status 32 – 1430

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

PROCEDURES – COLLEGE TEXTBOOKS

- Documentation of the action to be taken will be made in the case ~~notes~~narrative.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter,

~~Pell Student Financial Aid~~ grant response letter, on-line ~~Pell Student Financial Aid~~ printouts or copies of ~~Pell Student Financial Aid~~ grant application forms.

- Complete Annual Review, ~~if appropriate, and documenting any amendments changes to the IPE by completing the Amendment (RS600-C.)~~
- Update the Financial Resources Form (RS16) at Annual Review, ~~if appropriate.~~
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- ~~Refer to the K Drive for the College and University folder for fees.~~
- Key ARIMIS data for Status 18. (Refer to ~~ARIMIS Manual~~ the case management system.)
- Key authorization in ~~ARIMIS.~~ (Refer to ~~ARIMIS Manual~~ the case management system.)
- When the billing statement is received, key the payment. ~~into ARIMIS.~~
- Refer to Out of State Policy limitations, if necessary.

BUSINESS/COMPUTER SCHOOLS OR COLLEGES

Case Service Code for Status 06 – 1233

Case Service Code for Status 18 - 22 –1333

Case Service Code for Status 32 - 1433

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

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

PROCEDURES – BUSINESS SCHOOLS OR COLLEGES

- Documentation of the action to be taken will be made in the case ~~notes.~~narrative.
- The individual will provide the counselor with documentation of any financial aid awards and scholarships. This documentation can include: college award letter, ~~Pell Student Financial Aid~~ grant response letter, on-line ~~Pell Student Financial Aid~~ printouts or copies of ~~Pell Student Financial Aid~~ grant application forms
- Complete Annual Review, ~~if appropriate, and documenting any amendments changes to the IPE by completing the Amendment (RS600-C.)~~
- Update the Financial Resources Form (RS16) at Annual Review, ~~if appropriate.~~
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- If specialized equipment ie: computers, software, etc. is purchased, a title of retention will need to be completed. (See Appendix E.)
- ~~Refer to the K Drive for the College and University folder for fees.~~

- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When the billing statement is received, key the payment. into ARIMIS.
- Refer to Out of State Policy limitations, if necessary.

VOCATIONAL SCHOOL

Case Service Code for Status 06 – 1234

Case Service Code for Status 18 - 22 –1334

Case Service Code for Status 32 - 1434

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

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

ONLINE COURSES

ARS may provide online vocational courses if needed to reach the IPE vocational goal.

PROCEDURES – VOCATIONAL SCHOOL

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

COSMETOLOGY/BARBER SCHOOL

Case Service Code for Status 06 -1234

Case Service Code for Status 18-22 – 1335

Case Service Code for Status 32 - 1434

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

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

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

PROCEDURES - COSMETOLOGY/BARBER SCHOOL

- Key ARIMIS data for Status 18 (Refer to ARIMIS Manual case management system.)
- Documentation of the action to be taken will be made in the case notes-narrative.
- A copy of the school's program costs will be placed in the case file by the time of plan development.
- The case record must document the school's Student Financial Aid eligibility or ineligibility.
- The award/denial letter/Student Financial Aid will be obtained and placed in the case file
- Complete Annual Review, ~~if appropriate~~, and documenting any amendments changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review, ~~if appropriate~~.
- The counselor and the individual will complete the College Student's Responsibilities Form prior to the first semester and then each fall semester.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- ~~Refer to the K Drive for the College and University folder for fees.~~
- Key ARIMIS data for Status 18. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ~~ARIMIS~~. (Refer to ARIMIS Manual the case management system.)
- When the billing statement is received, key the payment. ~~into ARIMIS~~.

- Refer to Out of State Policy limitations, if necessary.

ON-THE-JOB TRAINING

Case Service Code for Status 06 - 1235

Case Service Code for Status 18 - 22 - 1335

Case Service Code for Status 32 - 1435

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

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

The counselor will consider:

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

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

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

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

PROCEDURES ON-THE-JOB

- The counselor will negotiate with the vendor the training fee and the length of On-the-Job program. The fee and time period should be kept to a minimum.
- Documentation of the action to be taken will be made in the case notes narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.

- Key ARIMIS data for Status 18 (Refer to ARIMIS Manual case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When the billing statement is received, key the payment into ARIMIS into the case management system.
- The training vendor will provide a progress report to the counselor with appropriate billing forms. The counselor will not process payment for On-the-Job training without proper progress reports.

ADJUSTMENT TRAINING

Case Service Code for Status 06 – 1236

Case Service Code for Status 18 - 22 –1336

Case Service Code for Status 32 - 1436

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

PROCEDURES – ADJUSTMENT TRAINING

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

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

MISCELLANEOUS TRAINING

Case Service Code for Status 06 – 1237

Case Service Code for Status 18 - 22 –1337

Case Service Code for Status 32 - 1437

This category includes academic training on secondary education level or lower, as well as, specialized academic schools for persons who are blind or deaf. It also includes training not listed in the above categories, such as correspondence study. Only a few individuals are able to satisfactorily pursue a correspondence study course; therefore,

ARS personnel regard this method as impractical in most cases. There may be exceptions if justified by specific conditions.

The correspondence method may be used if:

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

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

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

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

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

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

PROCEDURES – MISCELLANEOUS TRAINING

- Documentation of the action to be taken will be made in the case notes narrative.
- Complete Annual Review, ~~if appropriate,~~ and documenting any amendments changes to the IPE by completing the Amendment (RS600-C.)
- Update the Financial Resources Form (RS16) at Annual Review, ~~if appropriate.~~
- Refer to ARS Vendor List or secure W-9 from new vendor.
- ~~Refer to K Drive for College and University Folder.~~
- Key ARIMIS data for Status 18 (Refer to ARIMIS Manual case management system.)
- Key authorization in ~~ARIMIS~~. (Refer to ARIMIS Manual the case management system.)
- Refer to Out of State Policy limitations, if necessary.

- The training vendor will provide a progress report to the counselor with appropriate billing forms. The counselor will not process payment for the training without proper progress reports.
- When the billing statement is received, key the payment into ~~ARIMIS~~ into the case management system.

BOOKS AND TRAINING MATERIALS

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

TRANSPORTATION

Case Service Code for Status 02 – 1191

Case Service Code for Status 06 – 1291

Case Service Code for Status ~~46~~ 18 - 22 –1391

Case Service Code for Status 32 – 1491

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

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

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

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

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

TRANSPORTATION FOR PHYSICAL RESTORATION SERVICES

Case Service Code for Status 06 – 1291

Case Service Code for Status ~~46~~ 18 - 22 –1391

Case Service Code for Status 32 – 1491

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

TRANSPORTATION FOR TRAINING SERVICES INCLUDING COLLEGE

Case Service Code for Status 06 - 1291

Case Service Code for Status 18 - 22 - 1391

Case Service Code for Status 32 - 1491

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

TRANSPORTATION FOR PLACEMENT

Case Service Code for Status 20 - 22 - 1391

Case Service Code for Status 32 - 1491

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

AMBULANCE

Case Service Code for Status 06 - 1291

Case Service Code for Status 18 - 22 - 1391

Case Service Code for Status 32 - 1491

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

TRANSPORTATION FOR DIAGNOSIS INCLUDING SUBSISTENCE WHILE IN TRANSIT

Case Service Code for Status 02 - 1110

Case Service Code for Status 06 - 1210

Case Service Code for Status 10 - 22 - 1310

Case Service Code for Status 32 - 1410

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

PROCEDURES - TRANSPORTATION

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

MAINTENANCE

Case Service Code for Status 06 – 1240

Case Service Code for Status ~~16~~ 18 - 22 –1340

Case Service Code for Status 32 - 1440

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

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

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

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

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

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

PROCEDURES - MAINTENANCE

- Documentation of the action to be taken with justification for the service will be made in the case ~~notes~~ narrative.

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

MAINTENANCE DURING PHYSICAL RESTORATION SERVICES

Case Service Code for Status 06 - 1240

Case Service Code for Status ~~16~~ 18 - 22 - 1340

Case Service Code for Status 32 - 1440

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

MAINTENANCE FOR VOCATIONAL PROGRAMS

COLLEGE TRAINING

Case Service Code for Status 06 - 1240

Case Service Code for Status 18 - 22 - 1340

Case Service Code for Status 32 - 1440

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

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

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

Maintenance services are available at the Hot Springs Rehabilitation Center (HSRC)
Arkansas Career Training Institute (ACTI).

FULL-TIME VOCATIONAL TRAINING

Case Service Code for Status 06 – 1240

Case Service Code for Status 18 - 22 –1340

Case Service Code for Status 32 - 1440

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

REHABILITATION CENTERS AND FACILITIES

Case Service Code for Status 06 – 1240

Case Service Code for Status 18-22 –1340

Case Service Code for Status 32 - 1440

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

PLACEMENT

Case Service Code for Status 20-22 –1340

Case Service Code for Status 32 - 1440

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

PROCEDURES – MAINTENANCE FOR VOCATIONAL PROGRAMS

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

OTHER SERVICES

Case Service Code for Status 06 – 1290

Case Service Code for Status ~~16~~ 18 -22 –1390

Case Service Code for Status 32 – 1490

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

PROCEDURES – OTHER SERVICES

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

SUPPORTED EMPLOYMENT SERVICES (SES)

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

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

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

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

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

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

Primary job coach components of supported services are:

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

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

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

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

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

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

Job stability measures in the Individual Competitive Employment Model are:

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

Job stability measures for the Group Models are:

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

PROCEDURES – SUPPORTED EMPLOYMENT SERVICES (SES)

- Complete the Certificate of Eligibility. (See Appendix E)
- Complete the IPE utilizing informed choice. The counselor will indicate the extended service provider on the IPE at plan development.
- ARS will purchase services on a fee-for-service basis as follows: directed in current Arkansas Guide to Supported Employment:
 - Milestone #1 – Referral/Job Development: \$600.00–to be paid at time of referral by counselor to the provider Agency.
 - Milestone #2 – Job Match: \$1,600.00–upon job placement as agreed by the counselor, individual and provider.
 - Milestone #3 – Stabilization: \$600.00–at point of stabilization Status 22 (stabilization is to be determined by job coach intervention faded to 20 percent) ~~or the individual reaches a plateau of intervention greater than 20 percent and maintaining that level for 60 days.~~

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

- Milestone #4 – Closure: \$1,600.00–after remaining in Status 22 for 90 days and eligible for a successful Status 26 closure.

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

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

PROCEDURES – SES TRANSITIONAL EMPLOYMENT SERVICES

- Complete the Certificate of Eligibility. (See Appendix E.)
- Complete the IPE utilizing informed choice.

- ARS will purchase services on a fee-for-service basis as follows: outlined in procedures above.

- ~~— \$600.00 to be paid at time of referral by counselor to the provider Agency.~~
- ~~— \$1,600.00 upon job placement as agreed by the counselor, individual and provider.~~
- ~~— \$600.00 at point of stabilization Status 22 (stabilization is to be determined by 20 percent intervention by the job coach in comparison to total number of hours worked or the individual reaches a plateau of intervention greater than 20 percent and maintaining that level for 60 days. In addition, the individual and the employer must be satisfied with the job placement performance.~~
- ~~— \$1,600.00 after remaining in Status 22 for 90 days and eligible for a successful Status 26 closure.~~

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

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

- A. Supported Employment services for persons with mental retardation who meet the above criteria.
- B. Supported Employment Services and Transitional Employment Services for persons with LTMI who meet the above criteria.

2) Supported employment services for secondary students. The Agency may plan with and sponsor SES for students who are classified as most significantly disabled and are completing their last year of "formal" education. To provide these services:

- A. The SES must be identified on the IPE, IEP, and ITP, if appropriate, and it results in full/part-time employment.
- B. Vocational awareness/job readiness services, if appropriate, should be identified on the IEP and/or ITP, are considered academic in nature and will not be sponsored by ARS.
- C. During the last 60 days, prior to the student's exit from school, SES as identified on the IPE, IEP, and ITP, if appropriate, may be provided by ARS.
- D. The vendor of follow-along services must be identified on the IPE, IEP, and ITP, if appropriate.
- E. If transportation is needed for the SES, the provider must be identified on the IEP and ITP, if appropriate.

PROVISION, IMPACT AND SCOPE OF SERVICES TO FAMILY MEMBERS

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

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

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

Educating the family on the importance of using personal resources, family support, and other available community resources is essential to the successful completion of the rehabilitation program. Appropriate and available resources should be fully utilized in the provision of services to a individual's family when necessary to the individual's adjustment or rehabilitation. Any contribution by family members to the cost of these services is regarded as participation by the individual.

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

PROCEDURES – SERVICES TO FAMILY MEMBERS

- The counselor must document in the case ~~notes~~ narrative why services are needed, which family member needs services, what services are needed, how

the services will contribute to the individual's adjustment or rehabilitation, and how services will be secured in accordance with informed choice.

- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS-data for appropriate Status. (Refer to ARIMIS Manual to the case management system.)
- Key authorization in ARIMIS. (Refer to Refer to ARIMIS Manual to the case management system.)
- When the billing statement is received, key the payment into ARIMIS into the case management system.

TERMINATING SERVICES TO FAMILY MEMBERS

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

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

POST- EMPLOYMENT SERVICES TO FAMILY MEMBERS

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

POST- EMPLOYMENT SERVICES

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

These services are available to meet rehabilitation needs that do not require a complex and comprehensive provision of services and, thus, should be limited in scope and duration. If more comprehensive services are required, then a new rehabilitation effort should be considered. Post-employment services are to be provided under an amended individualized plan for employment; thus, a re-determination is not required.

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

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

PROCEDURES – POST- EMPLOYMENT

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

TOOLS, EQUIPMENT, INITIAL STOCK, AND CONSTRUCTION

Case Service Code for Status 06 - 1290

Case Service Code for Status 18 - 22 -1390

Case Service Code for Status 32 – 1490

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

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

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

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

PURCHASING (State Purchasing Guidelines)

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

the RS-357 will be returned to the counselor. Upon receipt, the counselor may issue an authorization.

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

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

PROCEDURES – PURCHASING (State Purchasing Guidelines)

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

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

TITLE RETENTION/RELEASE/REPOSSESSION

The individual who is provided durable medical equipment, equipment for training, occupational tools and/or equipment by ARS will sign a Title Agreement listing the tools and/or equipment items provided and specifying that ARS will retain the title. The individual may not sell, mortgage, give away, or dispose of tools and/or equipment provided during the time that ARS retains title. The individual upon receipt of the

authorized goods will sign a Title Agreement form in duplicate with a list of all articles. It is the counselor's responsibility to secure the Title Agreement.

PROCEDURES – TITLE RETENTION

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

TITLE RELEASE

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

PROCEDURES – TITLE RELEASE

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

REPOSSESSION

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

PROCEDURES – REPOSSESSION

- The counselor will arrange to reclaim the tools or equipment listed on the Title Retention form.
- The case ~~notes~~ narrative should reflect the action taken.
- The counselor will be responsible for storage of the equipment.
- ~~The Counselor will be responsible for listing the equipment on the K Drive in the Tools and Equipment folder.~~

RETURNED OR DONATED ITEMS

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

PROCEDURES — RETURNED OR DONATED ITEMS

The counselor will list the returned or donated item on the K P Drive in the Tools and Equipment folder.

- A counselor who has a need for any of the items will contact the counselor listed on the folder.
- The counselor listed on the K Drive will remove the item from the list once arrangements for the exchange have been made.
- The counselor will document in the case record the disposition of the item even of the individual's file has been closed.

REHABILITATION TECHNOLOGY SERVICES

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

Rehabilitation Technology Services is the systematic application of technologies, engineering methodologies or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities in areas which include education, rehabilitation, employment, transportation, independent living and recreation. The term includes Rehabilitation Engineering, Assistive Technology Devices, and Assistive Technology Services.

REHABILITATION ENGINEERING

Case Service Code for Status 02 - 1197

Case Service Code for Status 06 - 1297

Case Service Code for Status ~~16~~ 18 - 22 – 1397

Case Service Code for Status 32 - 1497

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

PROCEDURES – REHABILITATION ENGINEERING

- Documentation of the action to be taken will be made in the case ~~notes~~ narrative.
- Complete referral procedures for SEAT's the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)

- Counselor will meet with individual to discuss findings of assistive technology evaluation in accordance with informed choice and with similar benefits.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key authorization in ~~ARIMIS~~. (Refer to ~~ARIMIS Manual~~ the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into ~~ARIMIS~~ into the case management system.
- Refer to Out of State Policy limitations, if necessary. (See Services VI Index)

ASSISTIVE TECHNOLOGY SERVICES

Case Service Code for Status 02 - 1199

Case Service Code for Status 06 - 1299

Case Service Code for Status ~~46~~ 18 - 22 – 1399

Case Service Code for Status 32 - 1499

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

- 1) Evaluation of the needs of individuals including a functional evaluation in his/her customary environment;
- 2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices;
- 3) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;
- 4) Coordinating and using other therapies or interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- 5) Training or technical assistance for the individual or, where appropriate, the individual's family.
- 6) Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities, to the extent that training or technical assistance is necessary to the achievement of an employment outcome by an individual with a disability.

PROCEDURES – ASSISTIVE TECHNOLOGY SERVICES

- Check for appropriate status in ~~ARIMIS~~ the case management system.
- Documentation of the action to be taken will be made in the case ~~notes~~ narrative.

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

ASSISTIVE TECHNOLOGY DEVICES

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status ~~46~~ 18 - 22 – 1398

Case Service Code for Status 32 - 1498

These are devices that enable the individual to participate in a rehabilitation program, to complete necessary assessments, or make it possible for the person to work or become more productive. These devices include any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

PROCEDURES – TECHNOLOGY DEVICES

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

- When the billing statement is received, key the payment into ARIMIS into the case management system.
- Refer to Out of State Policy limitations, if necessary.

PROSTHETIC AND ORTHOTIC DEVICES

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status 16 18 - 22 – 1398

Case Service Code for Status 32 - 1498

Prosthesis means an artificial appliance ~~substitute for a missing body part such as an~~ (arm or leg, eye or teeth), ~~contact lenses, and heart valves~~ used for functional or corrective reasons, or both. Orthotics means an orthopedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body. ~~These items include braces, hearing aids, glasses, belts, trusses, corsets and supports, orthopedic shoes, crutches and wheelchairs.~~ For an original or first device, the purchase must be based on the recommendation of a specialist in the appropriate field. In cases of replacement and repair of devices, for individuals with a history of satisfactory device use, and in which the basic examination report indicated no pathological change, this report may be sufficient medical basis for rendering the service.

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

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

In selecting the vendor, the counselor will consider:

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

PROCEDURES – PROSTHETIC AND ORTHOTIC DEVICES

- Check for appropriate status in ARIMIS. the current case management system.
- Documentation of the action to be taken will be made in the case notes narrative.

- Complete referral procedures for SEAT's the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Counselor will meet with individual to discuss findings of the Assistive Technology Program AT @ Work / ~~Hot Springs Rehabilitation Center~~ Arkansas Career Training Institute evaluation in accordance with informed choice and with similar benefits.
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Refer to ARS Fee Schedule for fees and select appropriate code. (~~See L-Code Fee Schedule~~)
- Key authorization in ~~ARIMIS~~. (Refer to ~~ARIMIS Manual~~ the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into ~~ARIMIS~~ into the case management system.
- UAMS requires special payment. (~~See VI. Services Index for UAMS~~)
- Refer to Out of State Policy limitations, if necessary

HEARING AIDS

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status ~~16~~ 18 - 22 - 1398

Case Service Code for Status 32 - 1498

ARS will purchase hearing aids for individuals from licensed dealers or physicians skilled in diseases of the ear after a hearing evaluation by a physician and a hearing aid evaluation by an audiologist. The audiologist's hearing aid evaluation report must specify the type of hearing aid, (~~i.e., behind the ear, or eyeglass~~), the specific brand name, and model. ~~When applicable, the internal and/or external~~ Hearing aid adjustments for a hearing aid purchased will be included as part of the ARS purchase. ~~must also be specified.~~ The individual must indicate vendor choice in accordance with informed choice by signing the application, or IPE.

PROCEDURES – HEARING AIDS

- Documentation of the action to be taken will be made in the case notes narrative.
- Refer individual to audiologist from ARS Vendor list for hearing aid evaluation.
- Counselor will meet with individual to discuss audiologist recommendations in accordance with informed choice and with similar benefits
- Medical Consultant review is required. (See Forms Appendix E)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Select appropriate ARS Procedure code. (~~See Codes Appendix A~~)

- Key ARIMIS data for Status 46 18, if appropriate. (Refer to ARIMIS Manual to the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into ARIMIS into the case management system.
- Refer to Out of State Policy limitations, if necessary. (See VI. Services Index)
- UAMS requires special payment. (See VI. Services Index for UAMS)

WHEELCHAIRS

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status 46 18 - 22 - 1398

Case Service Code for Status 32 - 1498

ARS may purchase electric and manual wheelchairs and necessary repairs for the individual to proceed through the rehabilitation process. Wheelchairs will be purchased as prescribe by the treating physician. ~~The counselor is required to obtain three bids and will purchase wheelchairs from the lowest bidder. Purchases for lightweight/sports model chairs may be made from the vendor recommended by the therapist, physician, or other professional completing the prescription if it is the lowest of three bids.~~ Purchases of specific wheelchairs will be consistent with the recommendation of the therapist and/or wheelchair specialist involved. All requests for power wheelchairs will be referred to the ACTI Physical Therapy Department.

PROCEDURES – WHEELCHAIRS

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

- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into ~~ARIMIS~~ into the case management system.

REPAIR OF WHEELCHAIRS

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status ~~46~~ 18 - 22 - 1398

Case Service Code for Status 32 - 1498

Repairs of wheelchairs present numerous problems and it will not be possible to provide detailed procedures to cover every possibility. ~~Decision on where repairs may be made will depend upon resources for repairs in various local communities. Usually, it would be more convenient to the individual for minor repairs to be made locally. In general, all repairs should first be addressed through the vendor where the wheelchair was purchased.~~ If this is not possible, arrangements should be made to repair the chair at HSRG ACTI. The counselor and individual will make the decision based on resources and immediacy of the situation in accordance with informed choice.

PROCEDURES - REPAIR OF WHEELCHAIRS

- Documentation of the action to be taken will be made in the case notes narrative.
- Check with the Assistive Technology Program AT @ Work to check for parts in inventory for repair. If not refer to Durable Medical Equipment Vendor for repairs.
- Complete referral procedures for SEAT's the Assistive Technology Program AT @ Work for an evaluation/assessment. (See Forms Appendix E and Special Programs Appendix B.)
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ~~ARIMIS~~ data for Status ~~46~~ 18, if appropriate. (Refer to ~~ARIMIS Manual~~ the case management system.)
- Key authorization in ~~ARIMIS~~. (Refer to ~~ARIMIS Manual~~ the case management system.)
- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into ~~ARIMIS~~ into the case management system.
- Refer to Out of State Policy limitations, if necessary. (See ~~VI. Services Index~~)
- UAMS requires special payment. (See ~~VI. Services Index~~ for UAMS)

BRACES

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status ~~46~~ 18 - 22 - 1398

Case Service Code for Status 32 - 1498

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

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

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

PROCEDURES – BRACES

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

GLASSES AND ARTIFICIAL EYES

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status 16 18 - 22 - 1398

Case Service Code for Status 32 - 1498

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

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

PROCEDURES – GLASSES/ARTIFICIAL EYES

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

PERSONAL ASSISTANCE SERVICES

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

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

- 1) Attendant

- 2) Interpreter
- 3) Reader

ATTENDANT

Case Code for Status 02 - 1170

Case Code for Status 06 - 1270

Case Code for Status 10 - 24 - 1370

Case Code for Status 32 - 1470

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

PROCEDURES – ATTENDANT

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

INTERPRETER SERVICES

Case Code for Status 02 - 1171

Case Code for Status 06 - 1271

Case Code for Status 10 - 24 - 1371

Case Code for Status 32 - 1471

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

PROCEDURES – INTERPRETER SERVICES

- Documentation of the action to be taken will be made in the case notes narrative.
- Refer to ARS Vendor List or secure W-9 from new vendor.
- Key ARIMIS data for appropriate Status. (Refer to ARIMIS Manual the case management system.)
- Key authorization in ARIMIS. (Refer to ARIMIS Manual the case management system.)

- When the billing statement is received, key the payment ~~into ARIMIS~~ into the case management system.

READER

Case Code for Status 02 - 1172

Case Code for Status 06 - 1272

Case Code for Status 10 - 24 - 1372

Case Code for Status 32 - 1472

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

PROCEDURES – READER

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

MOTOR VEHICLES

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

SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES

Case Service Code for Status 06 - 1298

Case Service Code for Status ~~16~~ 18 - 22 - 1398

Case Service Code for Status 32 - 1498

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

- 1) The individual or vehicle operator has a current operator license, proof that insurance will cover equipment and proof of vehicle ownership.
- 2) Equipment is purchased from an approved vendor.
- 3) Equipment purchase and/or vehicle modification is made to enable a individual to participate in an approved full-time VR training program or employment. Needed equipment must be established as a criterion for evaluation of progress toward the employment outcome or covered in an IPE amendment.

- 4) A vehicle more than five (5) years old and/or a vehicle with more than 50,000 miles has been determined mechanically sound. This requirement does not apply to vehicles less than five (5) years old or with less than 50,000 miles.
- 5) An Assistive Technology evaluation from the Assistive Technology Program AT @ Work has been completed upon a counselor's request. The evaluation must include an equipment description or specification.
- 6) The individual has been instructed in safe operation and/or use of equipment by the vendor.
- 7) A threshold of \$5,000 has been established for van modifications, including lift. **For an exception refer to Appendix G.**

The counselor will follow the State Purchasing guidelines.

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

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

PROCEDURES--SPECIAL EQUIPMENT AND MODIFICATION FOR MOTOR VEHICLES

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

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

HOME MODIFICATIONS

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

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

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

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

PROCEDURES – HOME MODIFICATIONS

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

VII. Independent Living Rehabilitation Services

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

Hereinafter, any and all references to the term "SEAT" shall be replaced with "AT @ Work."

VII-4 Added new language re: Components of ILRS plan

VII-5 Added Procedures for ILRS plan
Reopening case – sentence deleted

VII-7 to VII-8 Added Policy and Procedure for Motor Vehicles

VII. INDEPENDENT LIVING REHABILITATION SERVICES

DEFINITION AND INFORMATION

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

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

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

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

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

CASE STATUS CLASSIFICATIONS

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

ELIGIBILITY

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

Residence requirements are the same as for VR services.

RESPONSIBILITY FOR DETERMINING ELIGIBILITY

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

BASIC ELIGIBILITY REQUIREMENTS FOR ILR SERVICES

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

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

The following paragraphs define the basic criteria:

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

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

ECONOMIC NEED AND COMPARABLE BENEFITS

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

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

CERTIFICATE OF ELIGIBILITY

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

CERTIFICATE OF INELIGIBILITY

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

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

The basic reasons for ineligible determinations are:

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

ILRS INDIVIDUALIZED PLAN

The counselor must complete a plan for services. ~~See Section IV for plan development.~~

The components that the ILRS plan must contain:

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

THE SERVICES, SERVICE PROVIDERS, AND ALL ACTIVITIES SELECTED BY THE INDIVIDUAL MUST BE NECESSARY TO MEET THE ILRS GOAL.

THE INDIVIDUAL OR REPRESENTATIVE MUST SIGN AND DATE THE ILRS PLAN. THE INDIVIDUAL OR REPRESENTATIVE MUST BE GIVEN A COPY OF THE ILRS INDIVIDUALIZED PLAN.

THE ARS COUNSELOR IS THE APPROVING AUTHORITY; THEREFORE, THE COUNSELOR'S SIGNATURE INDICATES APPROVAL OF THE ILRS INDIVIDUALIZED PLAN.

PROCEDURES – INDIVIDUALIZED PLAN FOR INDEPENDENT LIVING REHABILITATION SERVICES

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

TERMINATION OF SERVICES UNDER AN IPE

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

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

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

RE-OPENING A CASE

A person with a significant disability may re-apply for ILR services at any time after the ~~record of services has been closed~~ 30 days of closure. In such a situation, the counselor must process the case in a manner similar to an individual applying for the first time. Every effort should be made to review and arrive at a decision on the basis of the present rather than previous conditions. ~~Cases requiring only minor services will not be reopened in the same fiscal year.~~

REVIEW OF INELIGIBILITY DECISION

When a record of services is closed as ineligible, because there is no reasonable expectation ILR services will significantly improve the individual's ability to function independently, an annual review will take place no later than twelve (12) months from the date of ineligibility determination. This review will be conducted so the individual, their parent, guardian or representative is given full opportunity for consultation in the reconsideration of the decision of ineligibility.

SERVICES

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

MOTOR VEHICLE MODIFICATION POLICY

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

~~Note: For procedures refer to Section VI.~~

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

MODIFICATION FOR MOTOR VEHICLES

Case Service Code for Status 72 - 1398

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

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

The counselor will follow the State Purchasing guidelines.

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

PROCEDURES--MODIFICATION FOR MOTOR VEHICLES

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

- When device/service is received, verify the individual received device/service and can use device. Document in case file.
- When the billing statement is received, key the payment into the case management system.

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

VIII. Closure

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

PAGE

VIII-1 CLOSED NOT REHABILITATED DURING/ AFTER EVALUATION (Status 08)

Clarification of the statement : A Certificate of Ineligibility will be dated and signed by the counselor. Ineligibility ~~certification~~ determination will be made only after full participation and an opportunity for consultation with the individual or, if appropriate, the individual's representative, ~~after an opportunity for consultation.~~

VIII-4 PROCEDURES – CLOSED REHABILITATED – STATUS 26

The individual will complete the Consumer Satisfaction Survey form. This form can be given to the individual, mailed or accessed online.

VIII-5 PROCEDURES – POST-EMPLOYMENT (STATUS 32)

Deleted made every 90 days.

VIII. CLOSURE

CASES CLOSED FROM STATUS 00

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

CLOSED NOT REHABILITATED BEFORE/DURING EVALUATION (Status 08)

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

PROCEDURES – CLOSED NOT REHABILITATED BEFORE/DURING EVALUATION

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

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

CLOSED NOT REHABILITATED DURING/ AFTER EVALUATION (Status 08)

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

A Certificate of Ineligibility will be dated and signed by the counselor. Ineligibility certification determination will be made only after full participation and an opportunity for consultation with the individual or, if appropriate, the individual's representative, ~~after an opportunity for consultation.~~ In such cases, the counselor will notify the applicant in writing of the action taken, or by other appropriate modes of communication consistent with the informed choice of the individual, including the reasons for the ineligibility

determination. When appropriate, referral will be made to other agencies and programs that are part of the One-Stop service delivery system under the Workforce Investment Act.

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

PROCEDURES – CLOSED NOT REHABILITATED DURING/AFTER EVALUATION

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

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

CLOSED REHABILITATED (Status 26)

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

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

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

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

- 1) Name and address of the employer
- 2) Type of work performed. (Occupation)
- 3) Gross weekly earning and hours worked per week
- 4) Medical insurance coverage at closure
- 5) Public assistance at closure
- 6) The individual is compensated at or above minimum wage.
- 7) The wage and level of benefits are not less than that customarily paid by the employer for the same or similar work performed by non-disabled individuals.
- 8) How did the services provided contribute substantially to the individual's achievement of the employment outcome consistent with informed choice.

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

PROCEDURES – CLOSED REHABILITATED – STATUS 26

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

CLOSED NOT REHABILITATED (STATUS 28)

Cases closed not rehabilitated in Status 28 can only be closed from Statuses 44 18 -- 24. An individual's record of services will be closed as not rehabilitated when it is determined that suitable employment cannot be achieved or that employment resulted without benefit derived from VR services. The counselor will also provide the individual with information regarding services available from the Client Assistance Program and how to contact the Client Assistance Program.

PROCEDURES – CLOSED NOT REHABILITATED – (STATUS 28)

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

CLOSED NOT REHABILITATED (STATUS 30)

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

PROCEDURES – CLOSED NOT REHABILITATED – (STATUS 30)

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

POST-EMPLOYMENT – (STATUS 32)

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

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

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

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

PROCEDURES – POST-EMPLOYMENT (STATUS 32)

- The counselor must document in the case notes the need for Post-Employment.
- If **Post-Employment services are identified at the time of 26 Closure**, the counselor can complete the RS600-C to document all planned or anticipated services on the closure amendment. (See Forms Appendix E) **Close the case in Status 26 in ARIMIS the case management system and immediately reopen the case in ARIMIS the case management system in Status 32 by keying in the Social Security Number. (See ARIMIS Manual)**
- If Post-Employment services are identified after the 26 Closure, the counselor must complete an RS600-C to document all planned services. (See Forms Appendix E) **Reopen the case in ARIMIS the case management system directly into Status 32 by keying in the Social Security Number. (See ARIMIS Manual)**
- The original RS600-C will be placed in the case file and a copy of the RS 600-C will be given to the individual.
- A case narrative entry must be made every 90 days to document progress.

CLOSED FROM POST-EMPLOYMENT (STATUS 34)

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

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

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

PROCEDURES – CLOSED FROM POST-EMPLOYMENT (STATUS 34)

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

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

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

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

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

CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION (Status 38)

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

PROCEDURES CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION

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

CLOSED FROM POST-EMPLOYMENT (STATUS 39)

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

PROCEDURES – CLOSED FROM POST-EMPLOYMENT (STATUS 39)

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

IX. Caseload Management

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

Any and all references to "Status 14" and "Status 16" shall be replaced with "Status 18 Receiving Service Status."

Pages

IX-6 Cases Transferred Out – Deleted and placed into Procedures –Cases Transferred Out

IX. CASELOAD MANAGEMENT

CASELOAD MANAGEMENT

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

CASE STATUS CLASSIFICATIONS

Referral Status

00 Referral

Application Status

02 Applicant

Trial Work Experience/Extended Evaluation Status

06 Evaluation Status

Closures from Applicant (02)

08 Closed before, during, or after Evaluation

Closures from Trial Work Experience or Extended Evaluation (06)

08 Closed after Evaluation

ACTIVE STATUSES

Pre-Service Statuses

04 Service Delayed/Order of Selection

10 Certificate of Eligibility Completed

12 IWRP Completed

Service Statuses

18 Training Receiving Service Status

44 Counseling and Guidance only

46 Physical Restoration

20 Ready for Employment

22 In Employment

24 Service Interrupted

CLOSURES FROM ACTIVE STATUS

- 26 Closed Rehabilitated (After 90 days in Status 22)
- 28 Closed Not Rehabilitated AFTER IPE initiated (Status 44 18 through 24)
- 30 Closed Not Rehabilitated BEFORE IPE initiated (Status 10 through 12)
- 32 Post-Employment
- 38 Closed from Service Delayed /Order of Selection (closed from 04)

CLOSURES FROM POST-EMPLOYMENT SERVICES

- 34 Employment Maintained
- 36 Placed back in 02
- 39 Other

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

STATUS 00 – REFERRAL

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

~~ARIMIS will automatically drop this case from the system after 180 days.~~

STATUS 02 – APPLICANT

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

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

STATUS 04 – SERVICE DELAYED/ORDER OF SELECTION

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

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

STATUS 06 – TRIAL WORK EXPERIENCE/EXTENDED EVALUATION

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

~~ARIMIS The case management system will only allow 18 months in Status 06. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 10 or 08. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 08 – CLOSED FROM EVALUATION

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

STATUS 10 – CERTIFICATION OF ELIGIBILITY

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

~~ARIMIS will only allow 90 days in Status 10. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 04, 12, or 30. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 12 – INDIVIDUALIZED PLAN FOR EMPLOYMENT

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

~~ARIMIS will only allow 90 days in Status 12. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 14, 16, 18, or 30. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 18 RECEIVING SERVICE STATUS

Status 18 is used when the individual begins receiving training services. ~~(i.e. training in a public or private school, employment training, training at any facility).~~

14 – COUNSELING AND GUIDANCE

The counselor moves an individual in status 14 ~~18~~ after completing an IPE, which outlines counseling and guidance services are necessary to prepare the individual for employment.

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

~~Counselors will not use Status 14 to reflect the counseling and guidance taking place while other services are being provided (i.e. training, physical restoration, etc).~~

~~ARIMIS will only allow 6 months in Status 14. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 16, 18, 20, 24, or 28. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 16 – PHYSICAL AND/OR MENTAL RESTORATION

The counselor moves an individual into Status 16 ~~18~~ when the individual receives physical and/or mental restoration services as the primary service. Restoration services include medical, surgical, psychiatric, or therapeutic treatment, the fitting of prosthetic appliances, hospitalization, convalescent care or nursing services.

~~ARIMIS will only allow 90 days in Status 16. The counselor will justify in the case record for each 90-day period in Status 16. If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 18, 20, 24, or 28. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 18 – TRAINING

STATUS 20 – READY FOR EMPLOYMENT

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

~~ARIMIS will only allow 90 days in Status 20. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 14, 16, 18, 24, or 28. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 22 – EMPLOYED

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

~~ARIMIS will only allow 12 months in Status 22. (If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 14, 16, 18, 24, 26, or 28. The District Manager will forward the request to the Chief of Field Services.)~~

STATUS 24 – SERVICES INTERRUPTED

Status 24 is used when VR services are interrupted while in Status 14, 16, 18, 20, or 22. The individual will remain in Status 24 until the individual is able to return to one of the above-mentioned statuses or the individual's case is closed in Status 28.

STATUS 26 – CLOSED REHABILITATED

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

STATUS 28 – CLOSED NOT REHABILITATED AFTER IPE INITIATED

Status 28 is used to close an individual's case from Statuses 14, 16, 18, 20, or 22 when it has been determined the individual does not meet the criteria for Status 26 closure.

STATUS 30 – CLOSED NOT REHABILITATED BEFORE IPE INITIATED

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

STATUS 32 – POST-EMPLOYMENT SERVICE

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

~~(If the time is exceeded, the counselor must memo justification and required ARIMIS data to the District Manager requesting movement to Status 34, 36 or 39. The District Manager will forward the request to the Chief of Field Services.)~~

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

STATUS 34 – CLOSED FROM POST-EMPLOYMENT

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

STATUS 36 – CLOSED FROM POST-EMPLOYMENT TO BE REOPENED

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

STATUS 38 –CLOSED FROM SERVICE DELAYED/ORDER OF SELECTION

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

STATUS 39 – CLOSED FROM POST-EMPLOYMENT/OTHER REASONS

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

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

CASES TRANSFERRED OUT

~~A transfer will be made when an individual on a counselor's caseload in any status other than 22 permanently moves from one area to another counselor's area and requests a transfer. The transferring counselor will discuss the case with the receiving counselor. Status 22 cases will be transferred if the counselor believes this would be in the individual's best interest. Transfers will not be made during the same month the case is accepted and/or the IPE is completed and/or services are initiated.~~

PROCEDURES – CASES TRANSFERRED OUT

- ~~A transfer will be made when an individual on a counselor's caseload either permanently moves or request another counselor's within or out of that counselor's district.~~
- ~~The transferring counselor will discuss the case with the receiving counselor as well as notifying the District Manager. Both counselors should be in agreement before the case is transferred.~~
- ~~Status 22 cases will be transferred ONLY if the counselor believes this would be in the individual's best interest.~~
- ~~Transfers will not be made during the same month the case is accepted and/or the IPE is completed and/or services are initiated.~~
- Key data in case management system.
- Document in case narrative under "TRANSFER OUT", reason for transfer.

CASES TRANSFERRED IN

~~The receiving counselor will meet with the individual as soon as possible after receiving the case.~~

PROCEDURES– CASES TRANSFERRED IN

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

CASES TRANSFERRED IN FROM OTHER STATE REHABILITATION AGENCIES

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

OPENING CLOSED CASES

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

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

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

ANNUAL REVIEW OF CLOSED CASES – INELIGIBLE

Refer to Closure VIII.

XII. REFUNDS/CONTRIBUTIONS

Added language "or his/her designee" and delete a sentences no longer relevant.

XII. REFUNDS/CONTRIBUTIONS

CURRENT YEAR REFUNDS

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

PRIOR YEAR REFUNDS

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

INDIVIDUAL'S CONTRIBUTION

Individual contributions are to be paid to the vendor. If an individual contributes to ARS toward the cost of any services or goods, the authorization will be written for the agency of supplementation. ~~full amount of the service.~~ The contribution amount will be recorded in the IPE (RS-600 A). ~~All contributions, except HSRG cases, must be made by personal check, money order, or cashier's check payable to Arkansas Rehabilitation Services. The check, a memorandum giving the client's name, all pertinent information, and a Cancellation for the contribution amount will be sent to the Chief of Field Services. This amount will be credited to the counselor/area allotment balance. HSRG cases will make contributions to the Hot Springs Rehabilitation Center.~~

MARKUP adding additional approval language.

XIII. PRIOR APPROVAL

	<u>Page</u>
Prior Approval Policy	XIII-1
Prior Approval – New Counselors.....	XIII-1
Prior Approval – State Office	XIII-1

XIII. PRIOR APPROVAL

PRIOR APPROVAL POLICY

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

The State Office, a District Manager, or a counselor may request prior approval on a particular case, on types of cases, or on all cases. ~~Such requests will be considered ARS policy~~

PRIOR APPROVAL - NEW COUNSELORS

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

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

PRIOR APPROVAL - STATE OFFICE

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

Appendix B. Special Programs

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

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

Pages

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

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

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

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

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

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

B-18 Update Telecommunication Access Program

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

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

B-29 Added Supported Housing Office description.

TICKET TO WORK

Clients that receive SSI or SSDI as a disabled adult are eligible for the Ticket. A minor child of a disabled worker or a disabled adult child is not eligible for Ticket.

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

***Benefits Counseling**

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

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

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

INTAKE

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

(1) If the individual has a Ticket:

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

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

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

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

PLAN COMPLETION AND PAYMENT METHOD

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

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

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

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

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

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

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

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

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

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

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

REHABILITATION INITIAL DIAGNOSIS AND ASSESSMENT FOR CLIENTS (RIDAC)

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

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

PROCEDURES – RIDAC REFERRAL

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

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

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

SMALL BUSINESS ENTERPRISE PROGRAM

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

PROCEDURES – SMALL BUSINESS ENTERPRISE PROGRAM

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

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

ASSOCIATION OF REHABILITATION INDUSTRY AND BUSINESS, INC

EMPLOYMENT SERVICES

PROJECT GOAL

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

DEAF ACCESS EMPLOYMENT CENTER

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

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

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

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

Learning & Evaluation Center

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

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

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

LEARNING AND EVALUATION CENTER

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

CONSUMER SERVICES

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

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

~~EDUCATIONAL AND TRAINING SERVICES~~

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

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

~~CONSULTATION SERVICES~~

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

CLIENT ASSISTANCE PROGRAM

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

The purpose of the Client Assistance Program is to:

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

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

INCREASING CAPABILITIES ACCESS NETWORK

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

SERVICES:

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

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

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

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

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

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

For more information visit our website (www.ar-ican.org) or contact us at:

ICAN

Phone: 501-666-8868

Fax: 501-666-5319

Toll Free/TTY: 800-828-2799

INFORMATION

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

EQUIPMENT EXCHANGE

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

EQUIPMENT LOAN AND RECYCLING PROGRAM

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

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

Assistive Technology Program **AT @ Work**

REFERRAL AND ASSESSMENT PROCESS

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

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

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

- 12) The Counselor will be responsible for processing payment of authorized and purchased technology.

THE COUNSELOR WILL ALSO BE RESPONSIBLE FOR OBTAINING THE CONSUMER'S SIGNATURE ON THE RETENTION OF TITLE FOR NECESSARY EQUIPMENT.

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

~~REFERRAL AND ASSESSMENT PROCESS~~

~~REFERRAL~~

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

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

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

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

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

~~CONSULTATION/ASSESSMENT~~

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

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

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

~~FOLLOW UP SERVICES~~

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

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

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

TELECOMMUNICATIONS ACCESS PROGRAM (TAP)

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

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

All information is maintained confidential and TAP follows the ARS appeals process. Additional information and application forms may be obtained from TAP, ~~2204 Brookwood Dr., Suite 117, Little Rock, AR~~ by calling ~~(501) 686-9694 TTY only; (501) 686-9693 V/TTY or 1-800-981-4463 V/TTY. or 1-800-828-2799.~~

ARKANSAS TRANSITION PROGRAM

TRANSITION SERVICES

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

PROCEDURES FOR TRANSITION SERVICES

Age 14 or before:

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

Age 16 or before:

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

Before Graduation:

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

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

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

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

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

RESPONSE LETTERS FOR TRANSITION REFERRALS

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

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

The complete packet should include:

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

SAMPLE LETTER 1

Date

Student Name

Address

City, State, Zip Code

Dear Student's name:

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

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

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

Sincerely,

Counselor

ORDER OF SELECTION INFORMATION FOR TRANSITION SERVICES

CATEGORIES:

- 1) Individuals with the Most Significant Disabilities
- 2) Individuals with Significant Disabilities
- 3) Individuals with Non-Significant Disabilities ~~Needing Multiple Services~~
- 4) ~~Individuals with Non-Significant Disabilities~~

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

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

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

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

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

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

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

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

SAMPLE LETTER 2

Date

Student Name

Address

City, State, Zip Code

Dear Student's Name:

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

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

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

Sincerely,

Counselor

DISABILITY MANAGEMENT PROGRAM

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

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

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

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

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

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

ARKANSAS KIDNEY DISEASE COMMISSION

HISTORY AND LEGISLATIVE AUTHORITY

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

SERVICES AND PROGRAMS

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

PRESCRIPTION DRUGS

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

DENTAL SERVICES

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

MEDICAL SERVICES

The AKDC may assist in paying for some ESRD related medical treatment costs during the Medicare three-month waiting period or when other coverage does not exist.

Documentation of lack of coverage and prior approval is required. The availability of this service is dependent on funding.

TRANSPORTATION SERVICES

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

PATIENT EDUCATION

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

~~HISTORY AND LEGISLATIVE AUTHORITY~~

~~The Arkansas Kidney Disease Commission was established by the General Assembly of the State of Arkansas through Act 450 of 1971 to establish a program for the care and treatment of persons with chronic renal disease; to establish a State Kidney Disease Commission to administer the program; and for other purposes.~~

~~LEGISLATIVE FINDINGS AND PURPOSE~~

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

~~POWERS AND DUTIES OF THE COMMISSION~~

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

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

~~SERVICES AND PROGRAMS~~

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

~~OUTPATIENT MEDICATION~~

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

MEDICAL SERVICES

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

DENTAL SERVICES

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

PSYCHOLOGICAL SERVICES

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

SUPPORTED HOUSING OFFICE

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

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

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

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

Appendix C. Facility Programs

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

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

Pages

C-1 Added three bullets to General Referral Considerations

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

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

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

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

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

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

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

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

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

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

C-14 Community Rehabilitation Program added New Language for clarification

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

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

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

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

HOT SPRINGS REHABILITATION CENTER (HSRC) **ARKANSAS CAREER TRAINING INSTITUTE (ACTI)**

MISSION

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

SELECTION OF CLIENTS

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

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

ADMISSION GUIDELINES

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

GENERAL REFERRAL CONSIDERATIONS

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

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

BEHAVIOR CONSIDERATIONS FOR GROUP LIVING

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

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

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

GUIDELINES FOR SPECIFIC DISABILITIES

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

- 1) **Severe Brain Damage and Neurologically Impaired** -The individual must be medically stable and able to participate in a minimum of three (3) hours treatment per day. The individual must be free from behaviors that adversely affect others. This includes such behavior as physical aggression and other uncontrollable behaviors. Must have a Rancho Los Amigos score of VI or above.
- 2) Individuals who may require one-on-one medical care will be evaluated for admission on a case- by -case basis.
- 3) **Epilepsy** - Persons with seizures who are candidates for vocational programs must be stabilized on medication and possess a level of seizure control consistent with participation in a six hour per day learning environment. Persons interested in vocational programs such as Auto Technology, Auto Collision, Building—Trades Construction Technology, Small—Engines Outdoor Power Equipment Technology and Welding that require the use of dangerous equipment must be seizure free for one year.
- 4) **Psychiatric Disabilities** - Psychological and psychiatric services at HSRG ACTI are not equipped to provide primary mental health care. The psychiatric and psychological services available are designed to support and maintain those individuals who enter a Center ACTI program. For admission, individuals must meet the following criteria:
 - A. A current psychological or psychiatric assessment and report of mental disability and prognosis. There must be full disclosure of mental and/or psychiatric illness.(Completed within the last 6 months.)
 - B. The report of clear documented series of primary psychiatric or psychological treatment.
 - C. Stabilized on medication or otherwise determined stable by attending psychiatrist/psychologist. The reasonable assurance that enrollment will not be harmful to client or others.

5) **Mental-Retardation Intellectual Disabilities** - The Center ACTI does not provide close 24-hour supervision, nor are students confined to the facility environment. Students requiring close supervision and monitoring are not candidates for Center ACTI services. For admission, individuals must meet the following criteria:

- A. Have demonstrated a capacity to function independently and appropriately in-group living situations.
- B. Follow a prescribed schedule.
- C. Appropriately respond to direction.
- D. Manage free time, both within a structured environment and in the community.

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

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

See ACTI Policy Below:

Arkansas Career Training Institute (HSRC) Drug Policy

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

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

ACTI students are subject to random drug testing.

ADMISSION PROCEDURES FOR REHABILITATION CONSUMERS

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

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

HSRG ACTI REQUEST FOR SERVICES FORM (SEE APPENDIX E)

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

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

For Status 06 referrals

A completed IPE for EE Services (RS-600-A) will be submitted prior to the individual's admission for EE services. The RS-600-A will serve as the authorizing document in lieu of an authorization for services to be provided by HSRG ACTI. Services provided include those planned at entry as well as those that normally might be anticipated at a

later date, i.e. brace repairs, new braces, wheelchairs, etc.

For Status 12 and above referrals

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

CHECKLIST FOR CASES SUBMITTED TO ~~HSRC~~ ACTI ADMISSIONS COORDINATOR

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

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

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

SHORT-TERM ADMISSION FOR ~~HSRC~~ MEDICAL SERVICES

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

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

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

PROSTHETIC/ORTHOTICS AT HSRC

Case Service Code for Status 02 - 1198

Case Service Code for Status 06 - 1298

Case Service Code for Status 16 - 22 - 1398

Case Service Code for Status 32 - 1498

All new or initial wearers and individuals who have had difficulty wearing a limb may attend the HSRCH Amputee Clinic for evaluation. HSRG ACTI Admissions Coordinator will schedule the individual for admission to the Amputee Clinic. The individual's Field Counselor will submit the same materials, including recommendations from a physician that the stump residual limb is ready for fitting; the signed Application for Services; and the completed Request for HSRG ACTI Services.

When possible, the vocational objective or tentative objective should be indicated since this type of information is extremely helpful to the clinic team in their total evaluation. Although the amputees' initial evaluation normally lasts five days, the length of time for Center ACTI services may vary from case to case. The Admissions Coordinator will advise the prosthetist and the counselor when the individual must report to the Center ACTI. The Field Counselor will notify the individual. The individual should expect to return home when the initial evaluation is completed.

The appropriate prosthetist is required to attend the Clinic for the initial prescription or evaluation of the prosthesis. All replacement prostheses recommended through this clinic will be evaluated as outlined below. The prosthetists may be required to attend other clinics to help resolve prosthetic problems.

The appropriate Center ACTI Counselor will immediately notify the Field Counselor of the evaluation results. If the Clinic recommends a prosthesis, the Field Counselor may provide the limb in accordance with the recommendations. Actual construction of the new prosthesis (upper or lower extremity) should not begin before verbal or written authorization is received from the Field Counselor.

The details of measurement and fitting will be arranged by agreement between the Field Counselor, the individual, and the vendor. If the individual cannot travel to the limb

company for the measurement and/or initial fitting, the prosthetist should contact the Field Counselor. A copy of the IPE will be submitted to the Admissions Coordinator prior to the individual's returning to the Center HSRCH for the final fitting.

A prosthesis should be made and returned to the Center HSRCH for initial evaluation within two (2) weeks of initial measurement. The prosthesis will not be delivered to the individual's home unless it is a replacement prosthesis recommended outside the HSRCH Amputee Clinic.

The Field Counselor will notify the Center ACTI Counselor when the individual is ready to return to the Center for the first fitting of the prosthesis.

The final fitting will be performed at the HSRCH Amputee Clinic. The individual will remain at the Center HSRCH for training in the use of the limb. The prosthetist will notify the Field Counselor in writing with a copy of the notification to the individual and the Admissions Committee at least one week prior to the time the individual will be ready for final fitting. The individual will re-enter the Center HSRCH the day prior to the scheduled date.

DIRECT REFERRAL FROM ACUTE CARE HOSPITALS TO HSRC REHABILITATION HOSPITAL

The HSRCH accepts direct referrals from acute care hospitals throughout the State. Following is the procedure to accomplish a direct transfer

ARKANSAS REHABILITATION SERVICES CLIENTS

- 1) The Field Counselor or discharge planners at the hospital will contact the ACTI/HSRCH Admissions Coordinator.
- 2) The Admissions Coordinator will acquire the information necessary to complete the pre-admissions screen form.
- 3) Funding resources will be evaluated.
- 4) Pre Admission Information Needs form will be faxed to the discharge planner.
- 5) The remainder of the pre-admissions screen form will be completed by medical personnel and will be reviewed by the doctor for approval of transfer.
- 6) Acute care hospital personnel will be notified of the date and time of planned transfer.
- 7) Patient provides vocational information and goals and agrees to become a client of Rehabilitation Services.
- 8) Individual will commit to an employment outcome.

ADMISSIONS CRITERIA

Persons being considered for direct referral should satisfy the following medical criteria:

- 1) Current feasible rehabilitation goals
- 2) Medically stable without use of ventilator oxygen/IV medications

- 3) Status requires services of at least two of the rehabilitation components
- 4) Freedom from communicable disease which would require total isolation
- 5) Mental and physical capability to participate in an intensive rehabilitation program (minimum of three hours daily)
- 6) Motivation to participate in treatment
- 7) Patient can communicate through spoken, written, gestural/environment cues
- 8) If brain injured and mobile, Ranchos V
- 10) If brain injured and non-mobile, Ranchos IV
- 11) Has not completed acute inpatient rehabilitation in another facility
- 12) Approval by HSRCH physician
- 13) Appropriate for vocational assessment

CASE PROCESSING

Prior to the individual's entry into the ~~Center~~ ACTI in Status 12 or above, the results of the diagnostic study and a supporting IPE are to be provided. Even when this study is completed, the individual may be sent to the ~~Center~~ ACTI for additional diagnostic/evaluation services. Request for evaluation at ~~HSRC~~ ACTI will be addressed regardless of rehabilitation status.

Each consumer is assigned to an ~~Center~~ ACTI Counselor upon arrival. The ~~Center~~ ACTI Counselor becomes the extension of the Field Counselor in the case management and case processing while the individual remains at the ~~Center~~ ACTI. All communication regarding a student's program is communicated through the ~~Center~~ ACTI Counselor. The ACTI Counselor is ACTI's ~~Center~~ is the ~~Center's~~ liaison with the Field Counselor and service provider. The ~~Center~~ ACTI Counselor, and Field Counselor will negotiate authorizations for necessary services provided outside the ~~Center~~ ACTI. The ~~Center~~ ACTI Counselor who prepares the authorization and any additional documents such as Amendments to the IPE will be responsible for proper disposition of copies. The ~~Center~~ ACTI Counselor may authorize any services essential for the completion of the VR program.

All Statements of Account and related documents resulting from these authorizations will be sent to the Central Office after the ~~Center~~ ACTI Center Counselor has verified that services have been rendered. The Central Office will notify the ~~Center~~ ACTI Center Counselor when payment is made.

CLOTHING PRIOR TO ENROLLMENT

It is essential each individual arrive at the ~~Center~~ ACTI with a 5-day supply of clothes that would be considered appropriate on the job to maintain a clean and neat appearance. A suggested list of minimum clothing has been established and such clothing is to be purchased or otherwise provided prior to arriving at the ~~Center~~ ACTI. In planning with the individual, seasonal changes and the type of training must be considered.

CLOTHING AFTER ENROLLMENT

Requests for normal personal clothing after enrollment will be directed to the Field Counselor. The Field Counselor, after investigating the family resources, will determine what clothing ARS will provide and advise the ~~Center~~ ACTI Counselor. The ~~Center~~ ACTI Counselor will write the necessary Amendments and authorizations to provide the clothing. Designation of funds and preparation of authorization will be determined by the Field Counselor and ~~Center~~ ACTI Counselor.

TRANSPORTATION TO THE ~~CENTER~~ ACTI

When ARS provides transportation, planning should include the need for a round-trip. The Field Counselor should remind clients of the date to report to the ~~Center~~ ACTI approximately two weeks prior to the scheduled reporting date. Recommended time to arrive at HSRG ACTI is on Sunday between 8:00 a.m. and 4:00 p.m. unless otherwise specified in the admissions letter. This allows the student an opportunity to begin the orientation program on a timely basis. The difference, if any, between the estimated date for ~~Center~~ ACTI enrollment listed in Section I of RS-600-A under Objectives and the actual date given by the Admissions Coordinator should be explained to the individual to prevent individuals from arriving on the wrong date. If any changes are necessary, the Center should be notified. The Field Counselor should instruct the client to report to the Reception Office at HSRG ACTI immediately upon arrival.

TRANSPORTATION WHILE ENROLLED

The ~~Center~~ ACTI Counselor will write the amendment for transportation provided by an outside vendor if needed. Authorizations will not be written when such transportation is provided with ~~Center~~ ACTI vehicles and personnel. ~~Center~~ ACTI Counselor will authorize transportation only when the individual has no resources and only at times when the ~~Center~~ ACTI is initiating individual's leaving such as Christmas closing, time of discharge, or when client has an extreme emergency situation that necessitates leaving. The ~~Center~~ ACTI Counselor will not provide transportation for home visits or other non-emergency conditions.

INCREASED PER DIEM COSTS

Authorizations and Amendments will not be written to provide for increased per diem costs due to the client's receiving short stay hospital or evaluation services. The ~~Center~~ ACTI Counselor will inform the Field Counselor of such changes in the original planning.

MEDICAL TREATMENT OUTSIDE THE CENTER

The ~~Center~~ ACTI Counselor, upon recommendation by the HSRG ACTI physician, will authorize emergency medical treatment and non-emergency medical diagnosis. If the ~~Center~~ ACTI Counselor has current information that indicates medical services are necessary and recommended by a physician outside HSRG ACTI, the Field Counselor must be notified by telephone followed by a written memorandum explaining the

situation. The Field Counselor will determine whether or not the services are to be provided and complete the Amendment and authorization or request they be completed by the Center ACTI Counselor if the individual is expected to return to the Center ACTI following the needed medical treatment.

Exception: When there is evidence either from the individual or the Center ACTI Counselor, the family or individual can purchase or make a substantial contribution to the purchase of the necessary prosthesis, appliance, etc., and/or treatment. The Center ACTI Counselor will submit the recommendation to the Field Counselor. The Field Counselor, after further investigation, may write the amendments and authorizations to the vendor, or request the Center ACTI Counselor complete them.

In the event outside medical treatment is needed due to actions purposely or deliberately caused by the student (example: breaking a window in anger) the student may be responsible for all medical expenses resulting from the injury.

INCIDENTAL EXPENSES

This service will not be authorized unless the Center ACTI and Field Counselor agrees the service is needed. It is to be used for minor emergency needs only.

EMPLOYMENT READINESS TRAINING CENTER ADMISSIONS/SERVICES UTILIZING ABILITIES UNLIMITED

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

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

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

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

FINANCIAL PARTICIPATION

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

LEAVE POLICY FOR HSRC ACTI STUDENTS

Students enrolled in the ~~Center~~ ACTI are expected to remain until services outlined in the rehabilitation program are completed or otherwise terminated. However, leave may be granted to students when the ~~Center~~ ACTI Counselor and/or Field Counselor deem it necessary. Leave may be granted to a student because of illness, personal or family problems, or the need to return home to plan with the Field Counselor after evaluation services have been completed.

Students on leave will be discharged at the end of 30 days unless an extension of leave time has been requested and agreed upon by the Field and ~~Center~~ ACTI Counselor, and approved by the ~~Center Administrator~~ ACTI Counseling Supervisor. After a student has been discharged, an application must be submitted to the Admissions Coordinator before consideration for re-enrollment.

NON-RESIDENTS AT HSRC ACTI

HSRC ACTI is basically a residential facility. Exceptions may be for non-resident enrollment under certain conditions and upon specific request by the Field Counselor. These conditions are:

- 1) Students residing in Garland County and immediate area may be admitted for services as a non-resident student of the Field Counselor.
- 2) ~~The Center~~ ACTI has no family facility or living quarters for students with family or dependents. In the event two students become married to each other; they will be required to become non-residents as soon as arrangements can be made.

Non-residents are authorized to eat a noon meal in the ~~Center~~ ACTI's cafeteria on Monday through Friday as part of the usual ~~Center~~ ACTI services. After analyzing the individual's financial needs, the Field Counselor may request the individual be provided additional meals per day on maintenance services. The request for additional meals per day must be specified and authorized in the IPE and requested on the RS-344. These guidelines should be reviewed with and understood by students prior to admission.

Non-resident students will be provided normal/routine health care services from 7:30 a.m. to 4:30 p.m. Monday through Friday. Non-resident students will be required to arrange for their own emergency care other than these specified hours, unless special arrangements are made on an individual basis with appropriate HSRC ACTI staff.

HSRC FEE SCHEDULE

RESIDENTIAL

Dormitory.....	\$32.00 per diem
Attendant Care Dormitory.....	\$54.00 per diem
Inpatient Hospital.....	\$529.00 per diem
Bed Holding Fee.....	\$15.00 per diem

PROGRAM SERVICE AREAS

Adult Basic Education.....	\$4.00 per hour
Drivers Education.....	\$8.00 per hour
Placement.....	N/C
Internships.....	N/C
Employability Services.....	\$8.00 per hour
Vocational Evaluation.....	\$8.00 per hour
Psychological Services.....	\$90.00 per hour
Vocational Training Areas:	
— Accounting.....	\$6.00 per hour*
— Accounts Clerk.....	\$6.00 per hour*
— Auto Collision.....	\$8.00 per hour*
— Auto Maintenance Technician.....	\$8.00 per hour*
— Auto Partsperson.....	\$8.00 per hour*
— Auto Technology.....	\$8.00 per hour*
— Building Trades.....	\$6.00 per hour*
— CNA.....	\$6.00 per hour*
— Cosmetology.....	\$6.00 per hour*
— Data Entry.....	\$6.00 per hour*
— Environmental Systems	
— (600 hours Laundry and 600 hours Housekeeping).....	\$6.00 per hour*
— Food Service/Cafeteria.....	\$6.00 per hour*
— Food Service/Cafeteria/Baking.....	\$6.00 per hour*
— Food Service/Cafeteria/Cooking.....	\$6.00 per hour*
— Food Service/Cafeteria/Salad Making.....	\$6.00 per hour*
— Food Service/Cafeteria/Short Order.....	\$6.00 per hour*
— General Office Skills.....	\$6.00 per hour*
— Grounds Keeping.....	\$8.00 per hour*
— Marketing and Sales.....	\$6.00 per hour*
— Printing/Advanced Offset Press.....	\$8.00 per hour*
— Printing/Bindery/Beginning Offset Press.....	\$8.00 per hour*
— Printing/Camera, Stripping & Platemaking.....	\$8.00 per hour*
— Printing/Electronic Imaging.....	\$8.00 per hour*
— Secretarial/Word Processing.....	\$6.00 per hour*
— Small Engines.....	\$8.00 per hour*
— Welding.....	\$5.00 per hour*

SPECIAL PROGRAM/OTHER HOSPITAL SERVICES

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

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

HSRC HOSPITAL FEE SCHEDULE

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

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

COMMUNITY REHABILITATION PROGRAMS

Community Rehabilitation Programs (CRP's) are one resource available to Arkansas Rehabilitation Services (ARS) as it develops services to meet identified and anticipated individual's needs. Planning for the Agency's use of CRP's is integrated with the Agency's general planning about how to use its financial resources and must be coordinated with Vocational Rehabilitation case service planning .

GOAL OF THE COMMUNITY PROGRAM DEVELOPMENT SECTION

The goal of the ARS Community Program Development Section is to identify the individual service needs which can most appropriately be met through the purchase of services from non-profit CRP's. Once these needs are defined the Community Program Development Section, in coordination with the ARS General Agency, and through contracts with CRP's develops, and updates, as needed, an annual comprehensive certification document. The ARS Community Program Development Section requires annual comprehensive certification document (Arkansas Standards for Community Rehabilitation Program Certification.) which establishes benchmark standards and guidelines that must be followed by all contracting parties to assure the timely provision of quality rehabilitative services to eligible consumers. ARS works with CRP's to develop new initiatives and to update their facility to assure ARS consumer's are moving towards competitive employment outcome

In keeping with the provisions of the Arkansas Standards for Community Rehabilitation Program Certification, the Community Program Development Section ~~coordinates and conducts comprehensive annual ARS Certification Reviews of statewide CRP's, and~~ completes numerous on-site visits to assure on-going program compliance with established certification standards. The primary goal of ARS Community Program Development Section in contracting with CRP's is to secure time-bound, community based; vocationally oriented services leading to competitive employment within integrated work environments. The Community Program Development Section negotiates, and approves annual Professional Purchased Services Contracts between ARS and CRP's. The Community Program Development Section staff processes and authorizes monthly compensation payments to CRP's, provides continuous fiscal and programmatic oversight of contract guidelines, and provides technical assistance as indicated to contracting CRP's.

ARS Field will have a vocational rehabilitation counselor liaison to each funded CRP to assure communication is convenient and to assure the CRP and ARS are mutually in agreement to the service provisions seeking competitive employment.

The following definitions apply to consumer services in community rehabilitation programs:

Community Rehabilitation Program (CRP) - a work-oriented habilitation or rehabilitation program with a controlled working environment and individual vocational

goals, which utilizes planned goal-directed work experience and related services for assisting an individual with a disability to progress toward independent living and a productive vocational status.

Assessment - an investigative goal-directed process towards identifying and measuring the clients work related behaviors in order to determine the need for placement or additional rehabilitation services.

Work Adjustment - a system of goal-directed services or groups of services directed toward enhancement of the client's job seeking and job-keeping skills that facilitate movement toward a satisfactory vocational placement.

Extended Services - training provided over an extended period of time for individuals who appear employable and are in need of continued adjustment services. Individualized plans utilize social casework and adjustment services which are goal-directed and which maximize the individual's vocational, educational, personal, and social functioning.

Competitive Employment - refers to work in the competitive labor market that is performed full or part time in an integrated setting, and for which an individual is compensated at or above the minimum wage, or at a higher prevailing wage for the same or similar work in the local community performed by individuals who are not disabled.

Sheltered Employment – refers to the long-term employment of an individual with a disability within a CRP. This individual is non-agency sponsored, and is considered to be an employee of the CRP and cannot be closed vocationally as a Status 26 closure, unless the majority of their employment time is in an integrated setting. Sheltered employees in CRP's are typically paid at less than minimum wage depending on their productivity, and in accordance with special Department of Labor, Wage and Hour Division guidelines.

Supported Employment - means paid work in a variety of integrated settings, particularly regular work sites, especially designed for individuals with significant disabilities, irrespective of age or vocational potential (a) for whom competitive employment at or above the minimum wage has not traditionally occurred, and (b) who, because of their disability, need intensive ongoing post-employment support.

Specifically, significantly disabled employees in a supported employment setting must:

- 1) Be engaged in employment paid at or above minimum wage;
- 2) Need and be provided continuous high intensity, or periodic ongoing, support services in order to maintain employment including support and assistance provided to employers; and
- 3) Be provided opportunities during the workday to integrate with non-disabled individuals other than those providing direct support services to the employee.

Some types of supported employment are:

Job Coach - The trained job coach develops the job in industry, matches the individual to the job, trains the individual on the job until performance criteria are met and provides follow-up support to the individual as long as necessary.

Enclave - A group of significantly disabled persons (eight or less) perform work within a company. Work performed is the same amount and types as other employees are guaranteed. Pay is commensurate.

Mobile Work Crew - A small group (five or less) and a supervisor work in regular industry. Typically, service occupations lend themselves to the crew approach.

Entrepreneur - Establishes a small business, which employs both persons with significant disabilities and persons without disabilities.

Bench Work - Specific to electronics assembly. Small, single purpose, not-for-profit corporation provides employment and related services for up to 15 individuals.

ADMISSION PROCEDURES

Prior to admission, the following information will be submitted:

- 1) A VR Field Counselor's cover letter authorizing up to a ten (10) day CRP Assessment which contains:
 - A. The questions to be addressed during assessment;
 - B. The VR Field Counselor's impression of the client's aptitudes, interests, attitudes, and suggestions as to work tryout areas;
 - C. A comprehensive summary of medical, psychological, social, educational, and vocational assessment/evaluation results and an interpretation of how these results may influence CRP services; and
 - D. A statement informing the CRP personnel that if more complete information is needed, it is available for review from the file in the local rehabilitation office.
- 2) Copies of medical/psychological reports, which verify consumer's disability in accordance with the Department of Labor, Fair Labor Standards Act.
- 3) Copy of Client Referral and Survey Information Form (RS-4).

If the CRP accepts the individual into their program for the 10-day assessment, an Admission Cover Letter Voucher (RS-347) will be sent to the Community Program Development Section.

The CRP case manager is required to complete an assessment plan to facilitate the client's orientation into the program and to specify how the questions formulated by the VR Field Counselor will be answered. The CRP case manager will provide the VR Field Counselor a written report of the findings of the initial assessment. The report will contain the answers to the questions addressed and the case manager's

recommendations concerning further services needed by the individual. If Work Adjustment is recommended, the CRP case manager will submit a written work adjustment plan for the VR Field Counselor's review/approval. It will be necessary for the VR Field Counselor to maintain contact with the CRP staff in order to provide input and to be assured the authorized services are being provided.

WORK ADJUSTMENT

After assessment is completed a client may enter Work Adjustment and the VR Field Counselor reviews/approves a work adjustment plan which contains the following:

- 1) Documentation showing the individual was involved in plan development;
- 2) A clearly stated justification for recommending this phase of services, along with a listing of appropriate goals and objectives to be attained. Goals/objectives will be stated in terms of competitive employment, ~~sheltered employment (least desirable)~~, supported employment, or other training, i.e., vocational technical school, HSRG ACTI training, on-the-job training, or any other specific vocational skills training.
- 3) Program goals stated in terms of how the overall goal will be achieved (these are stated behaviorally and define what the individual will be doing when the goal is reached);
- 4) Measurable objectives leading toward achievement of each program goal;
- 5) Target dates for completion of all goals and objectives;
- 6) Name of the CRP case manager who has the responsibility to coordinate the rehabilitative process, make reports, and amend the plan when necessary.

The VR Field Counselor will authorize up to 60 days of actual attendance for Work Adjustment by completing the Authorization for Adjustment Services (RS-315). Copies of the RS-315 will be maintained in the individual's file and a copy sent to the Community Program Development Section.

Consumers may exit the Work Adjustment Program prior to completing the 60 days if the client achieves his/her rehabilitation goal. If an individual drops out of the Work Adjustment Program, he/she may be readmitted as long as they have eligible days remaining in the Work Adjustment Program. If the individual is officially discharged by the CRP, the individual may be readmitted by the VR Field Counselor completing a new RS-315. ~~For funding purposes, a CRP can only be credited with entry into a Work Adjustment Program one time during the program year.~~ Five or more hours of services (excluding transportation) constitutes one unit of full day services and three to five hours of service (excluding transportation) constitutes one unit of partial day service.

The VR Field Counselor may participate in scheduled staffing and will receive reports showing the plan is being implemented with reasonable progress being made toward achieving the overall goal, the program goals, and objectives. A written report will be completed by the CRP ~~when the individual completes this phase of training.~~ When Extended Services are recommended, the report will contain an estimate of the number of months ~~remaining~~ needed to complete an extended services program for the

individual.

EXTENDED SERVICES

The Extended Services Program is designed to meet the needs of persons with significant disabilities who would benefit from an extended Work Adjustment Program. The Field VR may authorize up to 9 calendar months of attendance for Extended Services by completing the RS-315. Movement into the Extended Services Program can be initiated only when the 60-day Work Adjustment Program has been fully utilized. Individuals may exit the Extended Services Program prior to completing the 9-month period if the individual has achieved a rehabilitation goal. If a consumer drops out of the Program, the consumer may be readmitted as long as there are months remaining on the consumer's Extended Services Program. If the CRP officially discharges an individual, the individual may be readmitted by the VR Field Counselor completing a new RS-315. ~~For funding purposes, a CRP can be credited with entry into an Extended Services Program only one time during the program year.~~

A consumer may enter Extended Services when the VR Field Counselor reviews/approves an Extended Services plan containing the following:

Documentation showing the client was involved in plan development;

- 1) A clearly stated justification for recommending this phase of services, along with a listing of appropriate goals and objectives to be attained. Goals/objectives will be stated in terms of competitive employment, ~~sheltered employment (least desirable), supported employment, or other training, i.e., vocational technical school, HSRC ACTI training, on-the-job training, or any other specific vocational skills training.~~
- 2) Program goals stated in terms of how the overall goal will be achieved (these are stated behaviorally and define what the individual will be doing when the goal is reached);
- 3) Measurable objectives leading toward achievement of each program goal;
- 4) Target dates for completion of all goals and objectives;
- 5) Name of the CRP case manager who has the responsibility to coordinate the rehabilitative process, make reports, and amend the plan when necessary.

Five or more hours of service (excluding transportation) constitutes one unit of full day service and three to five hours of client service (excluding transportation) constitutes one unit of partial day service.

The VR Field Counselor may participate in scheduled staffing and will obtain reports showing the plan is being implemented with reasonable progress being made toward achieving the overall goal, program goals, and objectives. A written report will be obtained from the CRP when the consumer completes this phase of training.

CLOSURE INFORMATION

When an individual exits a CRP, a Discharge Report (RS-348) will be completed and sent to the Community Program Development Section. The CRP should retain one copy for its record and send a copy to the VR Field Counselor.

WAGE AND HOUR REGULATIONS IN SHELTERED WORKSHOPS CRP'S

Most ARS client's in a CRP must be covered by a Department of Labor (DOL), Wage and Hour ~~Sheltered Workshop/Patient Worker~~ Certificate (WH-228-MIS, Rev. June 91). The CRP DOL Wage and Hour Certificate will cover an individual during enrollment in the CRP and will authorize the CRP to reimburse the individual at a rate below the current minimum wage if appropriate. Client's in CRP's will be paid on a piecework rate commensurate with the prevailing rate for the same type work being performed.

The Department of Labor Wage and Hour Certificate is required by the ARS Community Program Development Section as part of the Certification process.

Exception: If a CRP agrees to have ARS client's paid minimum wage or above the will be exempt from DOL Certification.

CERTIFICATION POLICY

Certification of a CRP's program of Assessment, Work Adjustment, and Extended Services is necessary to purchase services for eligible individual.

Certification is contingent upon:

- 1) Confirmation by the ARS District Manager of the need for a CRP (New CRP's only) within the community;
- 2) ~~A confirmation by the ARS District Manager, and VR Field Counselor's to use the CRP if indicated;~~
- 3) The capability of the CRP to provide the established services.
- 4) The Community Program Development Section recommends certification to the ARS Commissioner after investigation reveals compliance with the following prerequisites:
 - A. There is an organization with responsibility for providing building, equipment, staff, and leadership directed toward fulfilling the stated function of the CRP;
 - B. There is a written description of the program of services to be offered;
 - C. There is staff qualified to provide the services offered.
 - D. Sufficient workstations are identified and there is evidence that work will be available in sufficient quantity and type to meet program needs.
 - E. An annual budget is projected for the CRP's operation and approved by the parent organization, which sets forth estimated costs, and how these

costs will be met.

- F. There is an accessible physical plant of sufficient size and of adequate construction to meet program needs.

The Community Program Development Section will continually monitor each program through site surveys to determine its capability to provide authorized services. If it is noted that any of the six principles governing certification are not met, the Community Program Development Section will recommend corrective action to be taken. The program will be given a period of 30 to 60 days from the date of notification of recommendation to correct the deficiency. At the end of the specified time, if correction is not made, suspension of certification will occur. The certificate may be reinstated when the Community Program Development Section has documentation, which assures the program's capability to provide the authorized services has been restored.

PROCESSING STATEMENTS OF ACCOUNT

At the end of each month, the CRP will direct to the appropriate VR Field Counselor a Statement of Account. This statement will list the consumers, program, number of days each was in the program, and the amount charged to each. The per diem charged to each consumer reflects the cost of the provision of service for the month. ~~The per diem is calculated by dividing the expenses by the total consumer days.~~ The VR Field Counselor will, ~~within a 24-hour period,~~ review the statement. If the Statement of Account contains errors or lists unauthorized services, it will be returned to the CRP for correction.

The CRP is responsible to submit required information electronically from the Community Billing database to the ARS Community Program Development Section.

The VR Field Counselor will process all signed Statements of Account, including the Extended Services Statements, and forward a copy of the Statement of Accounts, the authorization forms, and required documents for payment ~~paperwork~~ to the Community Program Development Section. The Community Program Development Section will confirm the electronic data has been verified, consolidate the Statements of Account and attached necessary documents for payment processing to the appropriate ARS Finance staff. ~~paperwork and forward them to Accounts Payable for payment.~~ ~~All Extended Services Statements will be reviewed and signed by the VR Field Counselor and forwarded to the Community Program Development Section for processing.~~

COMMUNITY REHABILITATION PROGRAMS

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

White River Specialized Industries, Inc. — Batesville

Quachita Industries, Inc. — Camden

Ashley County Sheltered Workshop, Inc. — Crossett

Benchmark Industries, Inc. — El Dorado

Abilities Unlimited of Northwest Arkansas, Inc. — Fayetteville Rogers

Abilities Unlimited, Inc. of Fort Smith — Fort Smith

Fort Smith Skills Training Center, Inc. — Fort Smith

Rainbow of Challenges, Inc. — Hope

Abilities Unlimited, Inc. — Hot Springs

Pathfinder, Inc. — Jacksonville

Abilities Unlimited, Inc. — Jonesboro

Easter Seal Work Center, Inc. — Little Rock

Goodwill Industries of Arkansas, Inc. — Little Rock

Abilities Unlimited, Inc. — Magnolia

Jenkins Industries — Pine Bluff

Adult Development Center of Benton County, Inc. — Rogers

MARVA, Inc. — Russellville

Newhope Specialized Industries, Inc. — Searcy

Richardson Center Work Services — Springdale

Texarkana Resources for the Disabled — Texarkana

East Ark Enterprises, Inc. — West Memphis

Cross County Special Workshop, Inc. — Wynne

CERTIFIED CRP'S

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

~~Jobs Plus—Alma~~

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

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

~~Star Industries, Inc.—Russellville~~

Arkansas Rehabilitation Services (ARS) Community Program Development Section (CPDS) and Community Rehabilitation Program (CRP) Review Process and Resolution Protocol

CRP Review Procedures

Arkansas Rehabilitation Services (ARS) CPDS will provide programmatic and fiscal oversight to the CRP through scheduled visits by ARS Facility Specialists. Site visits are completed quarterly. Two of these visits are onsite, which includes the Annual Certification Review. The other visit may be via contacting the CRP as a follow up visit. The CPDS staff communicates on a regular basis with the CRP staff.

ARS has counselor liaisons assigned to their local CRP's. The ARS counselor liaison is to assure communication on a monthly basis at the local level for the establishment of good working relationships. In addition, the counselor liaison may request periodic conferences with ARS staff, CPDS staff, and the CRP staff to discuss Certification/Contract issues and scheduled programmatic/fiscal reviews.

The CPDS staff recertifies CRP's annually as per the Arkansas Rehabilitation Services Standards for Community Rehabilitation Program Certification. Before this process begins, CPDS staff will contact the counselor liaison to assure the local office supports recertification of the CRP and to provide technical assistance as needed.

Resolution Protocol

This resolution protocol is established to allow for communication by either ARS Field Staff or CRP staff, who may have an issue causing a barrier to services in assisting individuals with disabilities to receive vocationally oriented services toward quality, competitive employment outcomes in integrated settings

STEP ONE: ARS field services staff or the CRP staff discusses the issue(s) with the ARS counselor liaison. The ARS counselor liaison will contact the CSPD Facility Specialist for technical assistance.

STEP TWO: The ARS counselor liaison will discuss the issue with the ARS District Manager. The ARS District Manager contacts the CPDS Director for technical assistance or if a resolution is not reached.

STEP THREE: The CPDS Director will communicate with both parties to seek a resolution, which may require a meeting to develop a corrective action plan with time frames.

STEP FOUR: If the issue can not be resolved by the above steps, the ARS CPDS with approval from the ARS Chief of Field Services may recommend termination of the CRP's certification to the ARS Commissioner.

STEP FIVE: ARS Commissioner will review documents provided by memo from the ARS Chief of Field Services and the CPDS Director reflecting what process has taken place to seek a resolution. The final decision determined by the ARS Commissioner will be provided to the CRP within thirty (30) days from the date the ARS Chief of Field Services provides a memo requesting this review. A decision made through the ARS Commissioner shall be final.

APPENDIX E. FORMS AND INSTRUCTION

Page

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

E-26 Added AT @ Work deleted SEAT

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

E-49 Normal Living Requirements increased by \$400

CLIENT REFERRAL AND SURVEY INFORMATION INSTRUCTIONS (RS-4)

The RS-4 is a basic document for obtaining common data on all individuals served by ARS and in many instances, may be the most significant form found in the individual case record. This form must contain the basic information from which vital decisions affecting the rehabilitation program of the individual will be made. This form is intended to be a working document to be used by the counselor and individual in the development of a rehabilitation program. It will be completed during the initial interview with the individual. All items are to be completed. For the most part, the completion of the form is self-explanatory, but to insure everyone has a common understanding, the following information should be studied.

All information should reflect the situation at the time of referral.

1. Referral Information

SOCIAL SECURITY NUMBER: Record the individual's social security number.

COUNSELOR: Record your 3-digit counselor identification number.

AGENCY CODE: Enter the Agency Code from the following:

Code Definition

10	General Agency
30	ODHI - VR Caseload
32	ODHI - Independent Living, Deaf
80	General Agency - ILRS

APPLICANT NAME: Enter applicant's last name, first name and middle initial. Do not use punctuation or symbols.

STATUS: Enter Status 02.

EFFECTIVE DATE: Record the year, month, and day. This date should be entered in two digits; i.e., January 4, 2002, should be entered as 020104.

SSDI/SSI STATUS HISTORY: Enter the appropriate 1-digit code for the SSDI/SSI statuses at referral from the following list of codes:

Code Definition

0	Not an Applicant
1	Applicant allowed benefits or currently a beneficiary or recipient
2	Applicant denied benefits
3	Applicant - status of application pending

- 4 Not known if an applicant
- 5 Benefits discontinued or terminated

0, Not An Applicant - Use Code 0 only for those cases known definitely not to be an applicant for benefits prior to referral. (In the past three years.)

1, Applicant Allowed Benefits - Use Code 1 to report the status of all individuals who are receiving benefits.

2, Applicant Denied Benefits - Use Code 2 to report all individuals who have filed an application for benefits and have received notice they have been denied. If the applicant has been denied benefits but has requested reconsideration or appealed the decision, record the case as Code 2, Denied, rather than Code 3, Pending, since the denial was the last official decision. Do not use Code 2 if an individual's benefits have been discontinued or terminated (See Code 5 below).

3, Applicant Status - Application Pending - Use Code 3 when it is known the individual is an applicant for benefits but the status of the application is pending at the point in time during which this item is being coded. If the applicant has been denied benefits but has requested reconsideration or appealed the decision, record the case as Code 2, Denied, rather than Code 3, Pending, since the denial was the last official decision and the request for reconsideration of the appeal is not considered a new application.

4, Not Known if an Applicant - This code has been provided for the use of the counselor in those instances where it is not possible to determine definitely whether or not the person referred is an applicant for benefits. The use of this code must be limited to those instances where the counselor does not receive a referral from Disability Determination Unit and is unable to establish contact with the referred individual. It may not be used for any individual certified for extended evaluation (Status 06) or accepted for active services (Status 10-24).

5, Benefits Discontinued or Terminated - Use Code 5 for those individuals who were allowed benefits but have either been discontinued or terminated and who have not subsequently been allowed or denied benefits. If an individual's benefits were discontinued and later resumed, current status would be reported as Code 1. If an individual's benefits were terminated and a subsequent application for benefits is pending, he would be given Code 3, Applicant Status of Application Pending, since the acceptance of the application was the last official decision.

STREET ADDRESS – BOX OR ROUTE: Record the address by street and number, or rural route and box number, or whatever is necessary so the individual can be located easily.

CITY: Enter the name of the town or city of the individual's mailing address.

COUNTY CODE: Enter the 2-digit county code for the county of residence for the applicant. For institutionalized individuals, record the county of legal residence. Refer to Code Section of Manual.

ZIP CODE: Enter the zip code.

TELEPHONE NUMBER: enter the applicant's telephone number or the number at which the applicant may be reached.

TELEPHONE TYPE: _record voice or TDD.

FEDERAL SPECIAL PROGRAM CODE: Enter the appropriate code from the list of codes below. Add the numbers assigned to each category and enter this sum as the Special Program Code.

Code Definition

- 000 None or Not known at this time - The individual is not identified with any of the Federal special program groups.
- 001 Social Security Disability Beneficiary/Trust Fund (SSDI) - The individual is receiving SSDI benefits.
- 002 Veteran--The individual served in the Armed Services in active duty and was discharged or released under conditions other than dishonorable.
- ~~004 The individual being closed is scheduled for annual review because of ineligibility determination and refers to those being closed Status 08 from 02, Status 08 from 06, and Status 28 or 30.~~
- ~~010 Migratory Agricultural Worker - The individual is identified as being in a Migratory Agricultural Workers Project.~~
- 020 Individuals referred to ARIB Job Placement Specialist.**
- 040 Brain Injured - An individual who sustained a traumatic accident resulting in some degree of brain damage that led to the major or secondary disabling condition. The disabling condition may be orthopedic, visual, aural, neurological, perceptual/cognitive, mental/emotional in nature. **Do not** use this code as a cause for mental retardation.
- 100 Deaf/Blind - An individual who is both deaf and blind regardless of any other disability. For example, a person with a major disabling condition of blindness has a secondary disabling condition of mental retardation. If this individual is also deaf, use Code 100 to signify a deaf/blind person. It is not necessary for either the blindness or deafness to be the major or secondary disabling condition. The presence of both disabilities is sufficient for the individual to be considered deaf/blind.
- 200 Supplemental Security Income (SSI) - the individual is receiving SSI benefits.
- 400 Significantly Disabled - All individuals identified as significantly disabled. Use this code if at any time during the VR process, the individual meets the definition of significant disability. Do not change this designation if the

individual's condition improves to the extent that the individual is no longer considered significantly disabled at the time of closure.

Examples

- 1) If a case is not in any of the projects mentioned above, the code 000 must be used.
- 2) If the case is receiving SSDI, 401 is to be entered. 400 (Significantly Disabled + 001(SSDI Recipient) = 401.

COMPARABLE BENEFITS: Enter the applicable current comparable benefits 3 – digit code. (Refer to Part 6 on the RS-4 for appropriate code)

DATE OF BIRTH: Enter Year, Month and Day

GENDER: Check appropriate box.

RACE - ETHNICITY: Check appropriate box:

PREFERRED RACE - ETHNICITY: Record preferred race/ethnicity.

1. White
2. Black/African American
3. American Indian or Alaskan Native
4. Asian
5. Native Hawaiian/other Pacific Islander
6. Hispanic or Latino

REFERRAL SOURCE AND CODE - Record the referral source and enter the 2-digit referral code from the list below. Wherever possible and appropriate, record an agency, organization or institution rather than an individual as the source of referral. For example, if a state employment service employee refers a person to the VR Agency, the proper referral source would be the State Employment Service (Code 53) and not an individual. An effort should be made to ascertain whether the coding for an applicant appearing to be self-referred might more properly be assigned to an agency, organization or institution.

Educational Institutions (Public and Private)

- 10 College or university (institution offering higher than secondary education including junior college)
- 12 Vocational School (including business, trade, and other technical)
- 14 Elementary or high school
- 16 School for persons with physical or mental disabilities
- 19 Other educational institution

Hospitals and Sanatoriums (Public and Private)

- 20 Mental Hospital
- 22 Other chronic condition or specialized hospital or sanatorium
- 24 General hospital
- 29 Other hospital or clinic (except public health clinic)

Health Organizations and Agencies

- 30 Community Rehabilitation Program (except community mental health center)
- 32 Community Mental Health Center
- 34 Children and Family Services
- 38 Other public health department, organization, or agency (including public health nurse or clinic)
- 39 Other private health organization or agency

Welfare Agencies

- 40 Public welfare agency (State and local government)
- 44 Private welfare agency (including labor union welfare funds and civic community welfare organization)
- 46 TEA/TANF

Public Organizations and Agencies (Not Specifically Educational, Health, or Welfare)

- 50 Social Security Disability Determination Services
- 51 Social Security District Office
- 52 Workers' Compensation Agency (Federal and State)
- 53 State Employment Service
- 54 Selective Service System
- 55 State Vocational Rehabilitation Agency
- 56 Correctional institution, court, or officer (Federal, State, or local)
- 59 Other public organization/agency (including public official not representing above organizations or agencies)

Private Organizations and Agencies (Not Specifically Educational, Health, or Welfare)

- 60 Prosthetic/orthotic vendor
- 62 Employer
- 69 Other private organization or agency

Individuals

- 70 Self referred person
- 72 Physician not elsewhere classified
- 79 Other individual not elsewhere classified
- 80 One Stop Center

MEDICAL INSURANCE COVERAGE AT APPLICATION – Check appropriate box.

DIRECTIONS TO RESIDENCE: Record if applicable.

2. Disability Factors

PRIMARY DISABILITY: Record primary disability

DISABILITY CODES: Enter the 4 –digit code that best describes the individual's primary physical or mental impairment that causes or results in a substantial impediment to employment. The number reported is a combination of the impairment code and cause/source code. The first two digits designate the impairment (sensory, physical or mental), and the last two digits indicate the cause or source of the impairment.

If the person is found not to have a disability, this item should be coded 0000.

CODES FOR IMPAIRMENTS

00 No impairment

SENSORY/COMMUNICATIVE IMPAIRMENTS:

- 01 Blindness
- 02 Other Visual Impairments
- 03 Deafness, Primary Communication Visual
- 04 Deafness, Primary Communication Auditory
- 05 Hearing Loss, Primary Communication Visual
- 06 Hearing Loss, Primary Communication Auditory
- 07 Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc.)
- 08 Deaf-Blindness
- 09 Communicative Impairments (expressive/receptive)

PHYSICAL IMPAIRMENTS:

- 10 Mobility Orthopedic/Neurological Impairments
- 11 Manipulation/Dexterity Orthopedic/Neurological Impairments
- 12 Both mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments
- 13 Other Orthopedic Impairment (e.g., limited range of motion)
- 14 Respiratory Impairments
- 15 General Physical Debilitation (fatigue, weakness, pain, etc.)
- 16 Other Physical Impairments (not listed above)

MENTAL IMPAIRMENTS

- 17 Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)

- 18 Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)
- 19 Other Mental Impairments

CODES FOR CAUSES or SOURCES OF IMPAIRMENTS

- 00 Cause unknown
- 01 Accident/Injury (other than TBI or SCI)
- 02 Alcohol Abuse or Dependence
- 03 Amputations
- 04 Anxiety Disorders
- 05 Arthritis and Rheumatism
- 06 Asthma and other Allergies
- 07 Attention-Deficit Hyperactivity Disorder (ADHD)
- 08 Autism
- 09 Blood Disorders
- 10 Cancer
- 11 Cardiac and other Conditions of the Circulatory System
- 12 Cerebral Palsy
- 13 Congenital Condition or Birth Injury
- 14 Cystic Fibrosis
- 15 Depressive and other Mood Disorders
- 16 Diabetes Mellitus
- 17 Digestive
- 18 Drug Abuse or Dependence (other than alcohol)
- 19 Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
- 20 End-Stage Renal Disease and other Genitourinary System Disorders
- 21 Epilepsy
- 22 HIV and AIDS
- 23 Immune Deficiencies excluding HIV/AIDS
- 24 Mental Illness (not listed elsewhere)
- 25 Mental Retardation
- 26 Multiple Sclerosis
- 27 Muscular Dystrophy
- 28 Parkinson's Disease and other Neurological Disorders
- 29 Personality Disorders
- 30 Physical Disorders/Conditions (not listed elsewhere)
- 31 Polio
- 32 Respiratory Disorders other than Cystic Fibrosis or Asthma
- 33 Schizophrenia and other Psychotic Disorders
- 34 Specific Learning Disabilities
- 35 Spinal Cord Injury (SCI)
- 36 Stroke
- 37 Traumatic Brain Injury (TBI)

AGE AT ONSET: Record age at onset of disability.

CAUSE: Record cause of primary disability.

LAST TREATMENT OR EXAMINATION: Record the information requested.

SECONDARY DISABILITY: Record secondary disability.

SECONDARY DISABILITY CODE: Record the 4-digit disability code.

AGE AT ONSET: Record age at onset of disability.

CAUSE: Record cause of secondary disability.

LAST TREATMENT OR EXAMINATION: Record the information requested.

PROSTHESIS USED: Record the information requested.

PRIMARY PHYSICIAN: Record the primary physician.

3. Social Factors

MARITAL STATUS: Check appropriate box

HOUSEHOLD MEMBERS-NAME: Record persons living in the household.

Date Of Birth – Relationship - Employment: Record the information as requested.

LIVING ARRANGEMENT AT APPLICATION: Indicate the living arrangements of the individual, either temporary or permanent, on the date of application to the State VR Agency. Enter the 2-digit code from the following:

- 01 Private Residence (independent, or with family or other persons)
- 02 Community Residential/Group Home
- 03 Rehabilitation Facility
- 04 Mental Health Facility
- 05 Nursing Home
- 06 Adult Correctional Facility
- 07 Halfway House
- 08 Substance Abuse Treatment Center
- 09 Homeless/Shelter
- 10 Other

FAMILY MONTHLY INCOME: Record family monthly income amount.

PRIMARY SOURCE OF SUPPORT AT APPLICATION: The individual's primary source of support is simply the individual's largest single source of public support at application although it may account for less than 50 percent of the total support. The general rule is that the support should be attributed to a particular source only when it is related directly to the individual, or the individual is directly involved.

A common source of error in coding source of support involves assigning earnings of, or payment to, source to record. For example, a female client who is supported through the current earnings of her husband or by his unemployment insurance checks should be recorded for primary source of support as "family and friends" and not as "current earnings" or "unemployment insurance." In determining the largest single source, combinations of public assistance payments should be considered as one single source in making the determination. For example, a person receives public assistance payments because of his/her disability and additional public assistance as aid to his/her dependent children. The total amount of public assistance, including both Federal and non-Federal, should be considered as one single source. Code 04 will be used only when the public assistance is General Assistance entirely and is the largest single source of support.

Institutionalized clients will be recorded as "Public institution-tax supported" if they are supported in the institution by public institution funds. However, if the person is being maintained in the institution by other financial sources such as the family, or hospitalization insurance, or other funds, the appropriate source of the funds will be recorded

Enter the **1-digit** code from the following list of codes:

Code Definition

- 1 Personal Income (earnings, interest, dividends, rent)
- 2 Family and Friends
- 3 Public Support (SSI, SSDI, TANF, etc.)
- 4 All other sources (e.g. private disability insurance and private charities)

PUBLIC ASSISTANCE AT APPLICATION: Enter 0 if not receiving. Enter 1 if receiving and enter the monthly amount.

PERSONS THROUGH WHOM INDIVIDUAL MAY BE CONTACTED: Record the requested information.

NAME - ADDRESS - TELEPHONE NUMBER - RELATIONSHIP: Record the requested information.

Note: It is very important this part be thoroughly completed. Ask for persons who will maintain close contact with the applicant and whose residence is permanent or stable.

4. Educational Factors

HIGHEST GRADE COMPLETED IN HIGH SCHOOL – YEAR - NAME AND LOCATION OF INSTITUTION: Record requested information.

IEP: Record yes or no if the individual had an IEP in high school.

OTHER TRAINING OR COURSE – YEAR - NAME AND LOCATION OF SCHOOL OR INSTITUTION: Record requested information.

5. Vocational Factors

CURRENTLY EMPLOYED: Check appropriate box.

HOURS PER WEEK - PRESENT OR LAST EMPLOYER NAME - TYPE OF WORK PERFORMED - WEEKLY EARNINGS - MONTHS EMPLOYED - DATE LAST EMPLOYED: Record requested information.

EMPLOYMENT INTERRUPTED: Check appropriate box. If yes, state reason.

PREVIOUS EMPLOYMENT: Beginning with most recent employment, list employers, type of work performed, and length of employment.

6. Comparable Benefits

COMPARABLE BENEFITS: Record the requested information and check the appropriate box or boxes.

COMPARABLE BENEFITS CODE: To arrive at the comparable benefit code, add the numbers assigned to each of the benefits checked. Record the total comparable benefits code.

MIGRANT AND SEASONAL FARM WORKERS: Check appropriate box.

7. Application

List the services and vendors requested by the applicant.

APPLICANT'S SIGNATURE AND DATE: Secure the applicant or representative's signature. Record the date of application.

Assistive Technology @ Work

REFERRAL AND ASSESSMENT PROCESS

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

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

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

- 12) The Counselor will be responsible for processing payment of authorized and purchased technology.

THE COUNSELOR WILL ALSO BE RESPONSIBLE FOR OBTAINING THE CONSUMER'S SIGNATURE ON THE RETENTION OF TITLE FOR NECESSARY EQUIPMENT.

~~SUCCESSFUL EMPLOYMENT THROUGH ASSISTIVE TECHNOLOGY (SEAT) REFERRAL INSTRUCTIONS~~

REFERRAL PROCEDURES

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

ORDER OF SELECTION – PRIORITY CATEGORY INSTRUCTIONS

1. The counselor will record the individual's name, Social Security Number, and check Yes or No for question #1.
2. The counselor will complete the Assessment For Determining Priority Category For Services. Utilizing the information below, the counselor will determine the Priority Category.
3. The counselor will check Yes or No if multiple services over an extended period of time are necessary.
4. The counselor will select the placement of Priority for Services by checking Category I, II, or III, ~~or IV~~.
5. If the placement category is I or II, the counselor will check Status 10.
6. If the placement category is III ~~or IV~~, the individual will be given the option of being placed on a waiting list for services (Status 04) or closed Status 30. If the individual chooses placement on the waiting list, the counselor will check Status 04.
7. The counselor will sign and date the form.

ORDER OF SELECTION

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

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

Description of Priority Selection

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

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

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

Priority Category I - Most Significantly Disabled

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

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

Priority Category II - Significantly Disabled

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

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

Priority Category III – Non-Significantly Disabled

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

- 1) Seriously limits one functional capacity area (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of employment outcome;
- 2) Whose vocational rehabilitation can be expected to require multiple VR services* over an extended period of time**; and

3) Who has one or more physical or mental disabilities as defined below***:

Definitions:

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

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

*** One or more physical or mental disabilities resulting from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

PRIORITY OF CATEGORIES TO RECEIVE VR SERVICES UNDER THE ORDER

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

Priority Category I -- Most Significantly Disabled

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

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

Priority Category II -- Significantly Disabled

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

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

*****Definition:**

~~One or more physical or mental disabilities resulting from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation. 29 U.S.C. 705(21)(A)~~

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

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

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

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

Definitions:

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

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

FINANCIAL RESOURCES INSTRUCTIONS (RS -16)

A properly executed RS-16 must be included in the case record of each individual prior to the provision of any services based on financial need. **Individuals receiving SSI/SSDI are exempt from financial need assessment, but the form should be completed to assess comparable benefits.** The RS-16 is used to document financial resources and comparable benefits of the individual. (The RS-600-A and RS-600-C are used to summarize and compute the amount of supplementation necessary.) Instructions for completion of the RS-16 are to be followed to assure compliance with State policies and regulations.

If the individual is 24 23 years of age or under and unmarried, the parent(s) assets must be verified with a copy of the parent(s) income tax forms. If the parent(s) do not support the individual, the individual must provide documentation of non-support.

Exception: If the client's family states the client will not be claimed on next year's income tax, the client will no longer be considered a dependent. The client will be required to verify their source(s) of income to cover their expenses.

- Record the individual's name, date, and the total number in household.

Capital Assets

1. Liquid Assets: Liquid assets of the individual and spouse will be interpreted as meaning cash and those instruments that can readily be turned into cash. (Example - money on hand, savings, bonds, securities, and other negotiable papers.) Deduct the first \$6,000 for persons (without dependent children), or \$12,000 for persons with dependent children and enter the remainder of liquid assets on the blank line. If none, enter 0. If the individual is 24 23 years of age or under and unmarried, the parent(s) assets must be included. A copy of the parent(s) income tax forms must be provided for this purpose. If the parent(s) do not support the individual, the individual must provide documentation of non-support.

2. Other: Enter any other capital assets.

3. Total: Enter the sum of the amounts in Lines 1-2. If none, enter 0.

Monthly Income

Reported income must be verified. (See manual Section V)

If the individual or parent(s) reports zero income or did not file income tax forms, the individual must sign a written statement of verification. If the individual is 24 23 years of age or under and unmarried, the parent(s) income must be included. A copy of the parent(s) income tax forms must be provided for this purpose. If the parent(s) do not support the individual, the individual must provide documentation of non-support.

4. Net Salary: Deduct 25% of the gross income from the most recent paycheck computed on a monthly basis for a regular full-time employee.

Deduct 25% of the adjusted gross income computed on a monthly basis if the information is obtained from income tax returns or the PELL grant summary.

For farmers, teachers, or part-time employees, the amount entered will be the monthly average for the past 12 months. If income has ceased at the time of application or will not be continuing, enter 0 in the amount column.

5. Retirement/Pension: Enter the amount.

6. VA Disability (Client Only): Enter the amount.

7. SSDI (Client Only): Enter the amount.

8. SSI (Client Only): Enter the amount.

9. Annuities (Client Only): Enter the amount.

10. Private Insurance (Client Only): Enter the amount.

11. TANF (Client Only): Enter the amount.

12. Other (Client Only) Enter the source and the amount of any other income such as contributions, rent, board, etc. received. Enter the family income from parent(s) or spouse. If the individual is 24 23 years of age or under and unmarried, parent(s) income must be included.

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

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

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

Number of Persons	Monthly Amount	
1	\$2,800.00	\$3,200.00
2	\$3,200.00	\$3,600.00
3	\$3,600.00	\$4,000.00
(\$400.00 for each additional family member)		

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

17. Total: Enter the sum of Lines 14 through 16.

Client's Available Resources - Do not complete for SSI/SSDI Recipients.

Each individual is expected to use all resources available for the rehabilitation program.

18. Monthly Income Available Line 17 minus Line 13. (If line 17 is greater than line 13 enter 0.)

19. Income Available (Line 18 times Number of Months): This amount represents continuing income available to the client. In all instances, any amount exceeding the NLR will be entered and used.

20. Capital Assets: Enter the amount from Line 3. If none, enter 0.

21. Total: Enter the sum of Lines 19 and 20.

Comparable Benefits - Estimate if exact amount is not available.

The essential purpose of providing the Comparable Benefits Section is to establish a way to document that a search for comparable benefits has been made. It should also be a tool in helping deal with financial planning. This list will provide a checklist of some of the well-known financial resources counselors will use as comparable benefits. The counselor must advise the individual where to go and who to call for each source of comparable benefits and monitor the search.

22. Medicaid: Check yes or no and enter the amount. If "no", enter 0.

23. Medicare: Check yes or no and enter the amount. If "no", enter 0.

24. Pell Grant: Check yes or no and enter the amount of grant as determined by the Financial Aid Administrator in the institution. If "no", enter 0.

25. Insurance: Check yes or no and enter the amount of insurance benefits available as determined by client statement or review of policy. The name of the company and policy number will be entered, if known. If "no", enter 0.

26. Veteran's Administration (Educ/Trng Only): Check yes or no. Enter the amount. If "no", enter 0.

27. Workers' Compensation: Check yes or no. Enter the amount. If "no", enter 0.

28. Other: Specify any other comparable benefits. Enter the amount. If none, enter 0.

29. Total: Enter the sum of Lines 22 through 28. If none, enter 0.

Comments: Additional information or explanation may be included in this section.

Individual and Counselor Signature: The individual and counselor will manually sign in the appropriate space.

APPENDIX F SUBSTANCE FREE POLICY

F-5 Delete program no longer exist

~~DEAF OUTREACH CENTER (DOC)~~

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

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

Customer's Signature: _____

Parent/Guardian: _____

Customer's Printed Name: _____

SSN: _____

Date: _____

APPENDIX H ARKANSAS TRANSITION PILOT PROJECT

New Appendix to the ARS Manual

APPENDIX H
ARKANSAS TRANSITION PILOT PROJECT

Purpose

Referral and Assessment Services

Eligibility

Individualized Transition Plan

Services

Closure

Caseload Management

Development, Maintenance and Destruction of the Case Record

Memorandum of Understanding

Functions and Responsibilities

Sample Activities

Forms

ARKANSAS TRANSITION PILOT PROJECT

TRANSITION SERVICES

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

PURPOSE

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

The integrated 8 continuum of services will:

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

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

REFERRAL AND ASSESSMENT SERVICES

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

Referral Procedures:

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

ELIGIBILITY

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

Youth/young adults must:

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

MARKUP NEW TO ARS MANUAL

Appropriate Releases of Information are required prior to individual services being rendered.

CLOSURE

Transition cases are closed when students are deemed VR eligible and begin receiving services through ARS VR Counselor.

CASELOAD MANAGEMENT

ATP Counselors may carry up to 125 active cases. Those students who graduate but are not deemed VR eligible will be followed along for 5 years by the ARS Transition Counselor.

DEVELOPMENT, MAINTENANCE AND DESTRUCTION OF THE CASE RECORD

In accordance with Federal and State regulation, ATP will maintain case record documentation on each applicant or eligible individual. A record of services will be established for each individual placed in 01 status and maintained until transferred to VR or follow along is complete and the designated time when it may be destroyed.

MEMORANDUM OF UNDERSTANDING

A formal Memorandum of Understanding (MOU) is entered into by interested high schools and ATPP prior to services being rendered. MOUs are reviewed annually and updated/revised as needed.

FUNCTIONS AND RESPONSIBILITIES

As outlined in the MOU ATPP/High School agree to cooperate in providing appropriate transition services to youth/young adults with identified disabilities, in order to assure the youth/young adult's entry into suitable employment, postsecondary education or training, and independent living. It is mutually agreed that the following steps and procedures will be utilized to accomplish this goal:

- A. At the beginning of each academic year, ARS Transition Counselor will meet with appropriate school personnel (i.e., counselors, department heads, principals, transition coordinators) to provide an overview of the comprehensive transition services available through this agreement, including eligibility requirements and services offered.

- B. Following the meeting between ARS Transition Counselor and the participating high school, special education teachers will identify youth/young adults, beginning no later than grade 10 or age 16, with identified disabilities for likely referral to the ARS/ATPP or other service providers if appropriate. If the youth/young adult and/or parent/guardian are interested, communication will take place to determine the general appropriateness of each referral, leading to obtaining a completed release of information form from the school (or other sponsor agency) prior to the referral. Periodic updates will be provided for school personnel and others that have a stake in the youth/young adult's life.
- C. ARS Transition Counselor will provide consultative services in the areas of vocational and career planning, postsecondary education/training support strategies, internship possibilities, and employment preparation to school personnel, as requested, to facilitate preparing youth/young adult for transition to "adult service agencies". Consultation may occur at any time during the youth/young adult's secondary training, as appropriate to the needs of the individual youth/young adult.
- D. ARS Transition Counselor agrees to commit to attend and participate in all appropriate IEP, Transition Team, and Advisory Board meetings.

ROLES AND RESPONSIBILITIES OF THE ARS TRANSITION COUNSELOR

1. Support empowerment and the exercise of informed choice by the youth/young adult with a disability.
 - Convey a high expectation of youth/young adults with disabilities.
 - Inform youth/young adult about the array of available community options.
 - Assist youth/young adults in understanding information and options throughout the decision-making process.
 - Connect youth/young adults with peer mentors.
 - Advocate for youth/young adults' rights.
2. Build partnerships
 - Provide leadership in the transition community to build a shared vision.
 - Assist in the leadership of Local Transition Coordinating Councils (LTCCs) to develop solutions and strategies.
 - Link to consumer groups and peer support. Develop mentoring opportunities.
 - Partner with community rehabilitation providers, training facilities, and institutions of higher education.
 - Involve employers in transition planning activities.

3. Provide technical assistance and consultation services (to groups of youth/young adults, parents, educators, and/or other transition partners). Topics may include:

- Career exploration;
- Job readiness training;
- Soft skill development;
- Self-advocacy skills;
- Information about VR legislation, programs, available services, and comparable benefits;

- Career fairs;
- Transition planning; and
- Disability awareness.

4. Transition Planning

- Establish and maintain a process for receiving referrals of youth/young adults who receive special education and Section 504 services.
- Develop comprehensive assessment.
- Determine eligibility for Transition Services.
- Engage in the on-going development of the Individualized Education Program (IEP).
- Provide vocational counseling and guidance.
- Provide and coordinate VR and other services.
- Coordinate comparable benefits.
- Develop accommodation strategies for employment.
- Provide assistive technology programs and services for employment.
- Provide placement services.

COMPETENCIES

The role of the VR counselor is instrumental in transition planning for youth/young adults who are eligible for services from the State VR agency. This role can take many forms and must incorporate philosophical and ethical considerations.

According to the Commission on Certified Rehabilitation Counseling Association (CRCC), the scope of practice for the VR counselor includes the following:

Rehabilitation counseling is a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting

possible though the application of the counseling process. The counseling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions. The specific techniques and modalities utilized within the rehabilitation counseling process may include, but are not limited to:

- assessment and appraisal;
- diagnosis and treatment planning;
- career (vocational) counseling;
- individual and group counseling treatment interventions focused on facilitating adjustments to the medical and psychosocial impact of disability;
- case management, referral, and service coordination;
- program evaluation and research;
- interventions to remove environmental, employment, and attitudinal barriers;
- consultation services among multiple parties and regulatory;
- job analysis, job development, and job placement services including assistance with employment and job accommodations; and
- the provision of consultation about and access to rehabilitation technology (CRCC, 2003, pp 4-5)

SAMPLE IDEAS OF ACTIVITIES

Transition counselors are able to work outside the box when planning activities for youth/young adults they serve. Possible activities include: relationship building with schools and youth/young adults; community mapping of resources; life skills classes/seminars; individual meetings with youth/young adults; career fairs; establish new mentoring program and/or utilize existing program; public relations for ATPP and ARS in the community; establish volunteer and paid work opportunities using community resources and networking; play an active role in IEPs of eligible youth/young adults.

FORMS

Application
ATP Database
Transition Plan
Release of Information